

**Title:**

**Family beliefs about care for older people in Central, East, South, West (CESW)  
Africa and Latin America**

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**Abstract:**

The UN *Decade of Healthy Ageing 2020-2030* states that reliance on family care alone is unsustainable. This scoping review synthesises knowledge on family beliefs about care for older people in CESW<sup>1</sup> Africa and Latin America. The PRISMA guidelines were followed; 35 articles published from 2010-2020 were included. The review highlights the challenges arising from embedded beliefs in family obligations to care.

**Key words/short phrases:**

older adults, Africa, Latin America, family care

**Word count (including references):**

8104

<sup>1</sup> We use Central, East, Southern and West (CESW) Africa as opposed to sub-Saharan Africa which is increasingly viewed as a problematic binary that reflects racist perspectives (e.g. Pailey, 2020) and is not a category recognised by the African Union.

## Introduction

The responsibility for care to older persons with chronic health problems and disabilities is increasingly part of national policy agendas. Such discourses about care are important given that values underpinning government approaches will influence policy decisions that will in turn affect the lives of older persons and their carers. Across regions of the world, families are central in these national discourses. This is more so in the Global South where organised systems of long-term care are generally lacking and families are the main source of care for older people (WHO 2015).

The United Nations Decade of Healthy Ageing (2021-2030) (WHO, 2020) provides a focal point for understanding the embeddedness of beliefs about family responsibility for care and its impact on older people and their carers. The United Nations (UN) Plan (WHO, 2020) that will guide work during this decade builds on the Madrid Plan of Action on Ageing (2002) and is aligned with the UN Agenda 3030 on Sustainable Development (UN 2015). The Plan was developed following extensive consultation and draws directly on the World Report on Ageing and Health (WHO 2015). One of the four areas for action identified in the Plan is for every country to offer long term care for older adults. The action item notes that holding families as solely responsible for care is unsustainable and inequitable, especially for women (WHO, 2020). This position acknowledges the challenges and limitations associated with familist discourses that advocate a care framework centred entirely on family relationships.

Familism is a core construct framing discussions about care. It is defined as “beliefs about the centrality and responsibility for families for their individual members (Mucchi-Faina et al, 2010)” (Keating, 2022, p4). In analyses of state approaches to assigning responsibility for care, researchers have described how family responsibility may be entrenched through a lack of legislative or programme support (familism by default); or actively through legislation of programmes such as income transfers to carers (supported familism) (Ting and Woo, 2009; Saraceno, 2016). In the Global North, researchers have documented a shift toward more familist approaches. In their analyses of countries in Europe and Asia, Kodate and Tinomen (2017) have labelled changes that have occurred through the gradual withdrawal of public care programmes as “families by stealth.”

In Latin America, individuals’ obligations to meet family needs are seen as important cultural values (Hernandez and Bamaca-Colbert, 2016); while in Central, East, South, West (CESW) Africa, families have long been viewed as central to Africa’s identity. Within this paper we use the term CESW Africa as opposed to the term sub-Saharan Africa, since the latter is increasingly viewed as a problematic binary (Pailey, 2020) and it is not a category recognised by the African Union. The tone of familist discourses from these two regions of the Global South is positive. These discourses reflect an ideology of “families by acclamation”, that is accompanied by widespread belief that governments should reinforce traditional values in which elders are part of systems of family support (Aboderin and Hoffman, 2015).

1 Across both regions, familism is often expressed as a core societal belief, that is formalised  
2 by legislation. There is evidence of policies supporting familism in 19 out of 22 Latin  
3 American countries, with legislation holding descendants, especially children, responsible for  
4 the care of older family members. Examples include Cuba's Family Code (Republica de  
5 Cuba, 1975) and the Integral Law in Protection of Older Adults and Retired Persons in  
6 Honduras (National Congress of Honduras, 2007). In CESW Africa, the Protocol to the  
7 African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa,  
8 indicates that States shall "identify, promote and strengthen traditional support systems to  
9 enhance the ability of families and communities to care for older family members" (African  
10 Union, 2016, p.6). Two examples of state legislation affirming familism in CESW Africa are  
11 found in Kenya's National Policy on Older Persons and Ageing (Republic of Kenya, 2014),  
12 and in South Africa's Boberg's Law of Persons and the Family of 1977 (Carnelley and  
13 Mamashela, 2016).

19 Given the pervasiveness of familism and the UN Decade Call for Action, it is timely to  
20 explore and respond to notions of familism and its potential for impact on families. To date,  
21 there has been very little examination of the extent to which familism is embraced by family  
22 members themselves, or about how the concept of familism relates to contemporary contexts  
23 of care (Hoffman and Pype, 2016). In this paper we address the challenge of framing  
24 responsibility for care within familist discourses by undertaking a review of the state of  
25 knowledge of beliefs of family members about care for older people in CESW Africa and  
26 Latin America. We examine the ways and extent to which families in these regions believe  
27 they are responsible for the care of older relatives and the beliefs that shape the obligation to  
28 care.

34 This scoping study was conceived during a collaborative meeting between academics, policy  
35 makers and third sector organisations in Nairobi, Kenya that drew upon expertise from across  
36 Africa and the UK. As the idea for the review developed, the opportunity to include team  
37 members who had research experience in Latin America and who could review papers in  
38 Spanish and Portuguese expanded the scope of the review to include the two regions. This  
39 was a unique opportunity to review and analyse research on beliefs about family care in parts  
40 of the Global South. The research addressed the question: What is the scope of family beliefs  
41 about the provision of family care for older people in CESW Africa and Latin America?  
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## 47 **Methods**

### 49 *Study design*

51 A scoping review was selected as the method to meet the research aims because its purpose is  
52 to allow for a broad topic and question (Arksey and O'Malley, 2005) and to "identify key  
53 characteristics (...) related to a concept" (Munn et al, 2018, p.2). This scoping review was  
54 conducted following the PRISMA-Extension Guidelines (Tricco et al, 2018). PRISMA stands  
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1 for Preferred Reporting Items for Systematic Reviews and Meta-Analyses and is the  
2 recognised standard for reporting evidence in literature reviews. Standard databases and those  
3 specific to Latin America and CESW Africa were utilised to allow for the most local and  
4 relevant literature. A parallel search strategy enabled searches to be completed both in  
5 English and in Spanish, the two main languages of the regions. Ten databases were searched:  
6 6 in English; 4 in Spanish. Using English search terms, the databases MEDLINE, CINAHL  
7 Complete, PsycInfo, SocINDEX with Full Text (via EBSCO), Web of Science Core  
8 Collection, Scopus, Social Care Online, Sociological Abstracts, and AJOL African Journals  
9 Online were consulted. Using Spanish search terms, the databases SciELO Citation Index in  
10 Spanish, LILACS (Spanish acronym for Latin American and Caribbean Health Science  
11 Literature), CLASE (Spanish acronym for Latin American Citation in Social Sciences and  
12 Humanities), and DialNetPlus were searched. Language filters were not used in any of the  
13 searches, allowing for results in the other regional languages: Afrikaans, French, and  
14 Portuguese. A multilingual research team was available to screen records in all the languages.

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Accessing journals and manuscripts from the two regions, that might not be accessible  
through standard English language databases, was an important part of this study. This  
approach did increase the effort in performing the searches and extracting and consolidating  
the results. This is due to the variety of search and extraction methods presented across the  
databases. At the same time, we are confident that this method led to a more complete review  
of the extant literature on the topic.

### ***Inclusion and Exclusion criteria***

Inclusion criteria included peer reviewed sources published between 2010 and 2021; in  
English, Spanish, Portuguese, or French; from a Latin American or CESW African country.  
The key search terms were determined in both English and Spanish, maintaining culturally  
appropriate terms for the search concepts. The population of interest was families. The  
concept of interest was responsibility for care of older adults. The context of interest was the  
countries of Latin America (23), including Cuba and the Dominican Republic, and CESW  
Africa (53). Papers were excluded if they did not meet these criteria and/or if the focus was  
not older adults, or if the full text was irretrievable.

### ***Search Terms***

Key words were determined in English and then translated into Spanish. Spanish key terms  
were discussed in team consultations to confirm relevance and syntax. Examples of key  
search terms in English representing the population of interest were "informal\* OR non-  
professional\* OR nonprofessional\* OR unpaid\* OR spous\* OR sibling\* OR son\* OR  
daughter\* OR husband\* OR wife OR partner\* OR filial OR friend\* OR fictive kin\*".  
Appendix 1 provides information on the key search terms for both English and Spanish.

1 [Figure 1. PRISMA flow chart insert near here]

2 **Alt Text** Flow chart showing PRISMA process of inclusion.  
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### 4 *Studies included for full review*

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6 Thirty-five studies were included in the review (Table 1). Of the 35 studies, 28 included  
7 findings from Latin America and eight included findings CESW Africa; one study had  
8 findings from both regions and four had findings from multiple countries within Latin  
9 America. The countries included in the studies from Latin America were Argentina (n=2);  
10 Brazil (n=10); Chile (n=8); Colombia (n=2); Mexico (n=7); Peru (n=3); Uruguay (n=1); and  
11 from CESW Africa: Ghana (n=4); Kenya (n=1); Nigeria (n=3); South Africa (n=1); Tanzania  
12 (n=1). Of these 35 studies, 24 used qualitative methods, three used a quantitative research  
13 design, six used mixed methods and two were systematic literature reviews.  
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### 19 *Data extraction and analysis*

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21 The flowchart (Figure 1) illustrates the initial screening process which yielded 911 records  
22 after removing duplicates and adding key articles. The records were then screened by title  
23 and maintained in separate groups according to the search language (English or Spanish).  
24 This method allowed for one reviewer to screen Spanish titles and any Portuguese and French  
25 titles, while the other reviewer screened the English language titles. Cross checks for  
26 agreement were made on random samples, and inclusion/exclusion discussed across the  
27 researchers. The title screening excluded a total of 603 records, 140 English language articles  
28 and 84 Spanish and Portuguese articles, leaving 308 for the abstract screening. Through the  
29 same method used to screen titles, 308 records were screened by abstract, 128 were excluded  
30 and 180 were included for the full text screening phase. This final screening excluded 145 of  
31 the articles which did not meet the inclusion criteria; 35 were included in the data synthesis  
32 for this study. Inclusion and exclusion agreement between the reviewers was tested in each  
33 phase and where dissonance occurred discussions ensued until agreement was reached.  
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40 Data extraction at the full text stage was undertaken by both reviewers who annotated  
41 emerging main themes regarding the beliefs about family responsibility for the care of older  
42 adults. The extraction was also completed in parallel, with one reviewer extracting from the  
43 results of the Spanish language searches and the other from the English language results. As a  
44 validity check, a small number of articles were reviewed by both reviewers to ensure  
45 consistency. Regular meetings of the reviewers were used to address any issues arising from  
46 the complexities of reviewing across the languages.  
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50 Data extracted in the full text review phase were inputted into separate Excel tables, which  
51 were subsequently consolidated to allow for thematic analysis conducted by the researchers  
52 (Braun and Clarke 2006). A working data table was developed that included the title, citation,  
53 country, and study design for each full text included in the review. The themes emerging  
54 from each article were coded. Relevant codes, statistics, and qualitative data including  
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1 relevant quotes were logged in a separate data table to enrich the description of the findings.  
2 The independent coding completed by each researcher combined into eleven initial codes on  
3 beliefs about families' responsibility to care for older adults. Through further analysis, team  
4 meetings and discussions, the codes were reassessed and regrouped into four main themes  
5 and subthemes, which were subsequently reassessed, rearranged and finalised with  
6 unanimous agreement as outlined in Table 2.  
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12 [Table 1. Thematic codes table insert near here]  
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17 [Table 2. Thematic codes legend insert near here]  
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## 22 **Findings**

23  
24 This review finds strong and consistent beliefs around the premise that families are obliged to  
25 care for their older adults. Beliefs are driven by moral, cultural or religious norms and by  
26 exchanges within families. There is evidence of beliefs that guide who should provide care  
27 and about where care takes places. While there is evidence of some differences within and  
28 across and regions, the overall message is of familist beliefs. A traditional definition of  
29 family is used within the papers included in this review that comprises the descendants of a  
30 common ancestor and their spouses.  
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35 Four themes illustrate beliefs that shape the obligation that families feel to provide care for  
36 their older relatives: families have a duty to care; responsibility to care is based on exchange;  
37 responsibility to care is gendered; and responsibility to care implies families provide care at  
38 home. Table 1 shows all of the included studies, with the themes and subthemes found in  
39 each.  
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### 43 ***Theme 1: Families have a duty to care***

44  
45 The most common theme emerging from the review is that providing care for an older adult  
46 is a duty. Thirty-one studies included the belief that there is familial duty to provide care  
47 (Table 1.). This duty is not shared equally across family members; children are the most  
48 strongly obligated. Within this theme we found three sub-themes: filial duty, moral  
49 responsibility and religious or spiritual beliefs about care.  
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#### 53 ***Filial duty***

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55 Filial duty, also described as filial piety, filial obligation, and filial responsibility was most  
56 prevalent (n=26). There is a strong sense that responsibility for taking care of older persons  
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1 lies with their children (Fernandez et al, 2014; Hanrahan, 2018; Ramirez-Pereira et al, 2018;  
2 Aires et al, 2019a; Aires et al, 2019b). Filial duty is a powerful sociocultural norm (Silvia and  
3 Garcia, 2014; Lorca and Ponce, 2015; Gutierrez and Ochoa, 2021). This norm is reflected in  
4 studies from both CESW Africa and Latin America (Faller et al, 2017; Six et al, 2019;  
5 Adonteng-Kissi et al, 2020). Most older adults also subscribe to this norm as reflected in a  
6 Brazilian study in which most older adults expect to be cared for by their children (Mocellin  
7 et al, 2019). Similarly, filial piety in Mexicans is linked to a sense of loyalty and ‘homage’  
8 (Nance et al, 2018). Spouses are not expected to provide care because of their similar age and  
9 likelihood of having their own health conditions (Robles and Perez 2012). There is evidence  
10 that these beliefs have been passed across generations placing family, and more specifically  
11 women, as obligated to care (Pedreira and Oliveria, 2012; Robles and Perez, 2012; Troncoso  
12 Miranda, 2015; Sant’Ana and D’Elboux, 2019a; Sant’Ana and D’Elboux, 2019b). Emotional  
13 and financial support are assumed (Aires et al, 2019a; Aires et al, 2019b).

### 20 *Moral responsibility*

22 Twelve studies from CESW Africa and Latin America discuss the moral sense of  
23 responsibility that underscores the unconditional nature of obligations for parent care (Nance  
24 et al, 2018; Oyegbile and Brysiewicz, 2016; Aires et al, 2019a; Aires et al, 2019b). Also  
25 referred to as a moral debt with parents (Silvia and Garcia 2014), moral obligation arises  
26 from the belief that children owe their lives to their parents (Friedemann-Sánchez, 2012).  
27 Evidence from Kenya, Mexico and Nigeria illustrates expectations that children make  
28 sacrifices for older people and support them (Hernandez 2016; Faronbi et al, 2019; Six et al,  
29 2019). In Chile, the moral duty is dictated by the standing relationship between the older  
30 adult and the adult child; if good, the child will take care of the parent; if the older adult is  
31 considered a bad parent, the adult child is not morally obliged to provide care (Troncoso  
32 Miranda, 2015).

### 38 *Religious or spiritual beliefs*

40 Spiritual and religious beliefs also guide care for older people as found in twelve studies.  
41 Religious and spiritual notions of having God's help to endure the duty to care are highlighted  
42 in a study in Mexico (Nance et al, 2018). In studies from CESW Africa, karma is described as  
43 a motivator for providing care for older relatives as the carer believes they are doing  
44 something good that will be rewarded (Faronbi et al, 2019). In Ghanaian and Kenyan cultures  
45 care for older people may be driven by a fear of being cursed if care is not provided  
46 (Oyegbile and Brysiewicz, 2016; Hanrahan, 2018). Similarly in Nigeria there is fear of  
47 repercussions if an older person is abandoned (Faronbi et al, 2019). In a study in several  
48 CESW African countries, the belief that wrong-doing in early life may lead to long term  
49 health problems and the need for care later in life is presented (Adonteng-Kissi et al, 2020).

1 ***Theme 2: Responsibility for care is based in exchange***

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3 A second theme is that family responsibility for care is based on the history of exchanges and  
4 reciprocity in families. Twenty-nine articles illustrate this theme (Table 1). Two subthemes  
5 are: reciprocal exchanges of care and material exchanges.  
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8 *Reciprocal exchange*

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10 Reciprocity is presented as a reason that children are expected to care for their parents. The  
11 notion of reciprocal exchanges was found in eleven studies from Latin America and five  
12 studies from CESW Africa. It is based on the idea that children care for a parent because that  
13 parent cared for them when they were a child, creating a pattern of past and future exchanges  
14 of care across the life course (Fernandez et al, 2014; Silva and Garcia, 2014; Lorca and  
15 Ponce, 2015; Coe, 2016; Oyegbile and Brysiewicz, 2016; van der Geest, 2016; Nance et al,  
16 2018; Gutierrez and Ochoa, 2021; ). These beliefs are sometimes termed as ‘retribution’  
17 (Mocellin et al, 2019) or ‘oblique’ reciprocity (Silva and Garcia, 2014), based on the  
18 principle that returns from caring for children are deferred until later life. Participants in a  
19 study by Aires et al (2019b) talked about paying a debt to their parents through the provision  
20 of care. This exchange may also be from a daughter to a mother who has provided care for a  
21 grandchild (Jesus et al, 2013). Hanrahan (2018) found that older women felt entitled to care  
22 from their children in exchange for care given when the children were young. Participants in  
23 a qualitative study in Ghana believe that providing good care for their children strengthens  
24 the exchange between generations and ensures good care for them when they become old  
25 (Van der geest, 2016). In a study from Chile, care is also found to be enhanced when children  
26 see their parents providing loving care to their grandparents and then model that behaviour  
27 when their parents become older (Fernandez et al, 2014). Older people reported feelings of  
28 hurt where reciprocity is not fulfilled (Gempp and Benadof, 2018).  
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32 Love and affection for the older person are seldom the main motivators for care. However,  
33 studies from Argentina, Brazil, Chile, Columbia, Kenya, Mexico, Peru, and Uruguay  
34 demonstrate that the quality of care provided is strongly affected by the relationships between  
35 older people and family members who care for them (Friedemann-Sanchez, 2012; Silva and  
36 Garcia, 2014; Faller et al, 2017; Lloyd-Sherlock et al, 2017; Six et al, 2019; Aires et al,  
37 2019b; Gutierrez and Ochoa, 2021). Positive relationships strengthen bonds and may improve  
38 experiences of care. Gutierrez and Ochoa (2021) demonstrate that people who felt closer to  
39 their grandparents are more likely to undertake time and resource intensive care tasks. For  
40 those providing the care there is a sense that care for reasons of love and friendship brings its  
41 own rewards through closer relationships (Silva and Garcia, 2014, Oyegbile and Brysiewicz,  
42 2016) and people in Nigeria report that they feel pride from caring for their older relatives  
43 (Faronbi et al, 2019). For older people, being provided with good care within their family  
44 also brings rewards, such as feelings of happiness reported by adults in Brazil (Faller et al,  
45 2017), and in closer relationships reported in a study from Kenya (Oyegbile and Brysiewicz,  
46 2016).  
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1 Where relationships between older people and their family members are strained, this can  
2 lead beliefs about care obligations being ignored or denied. The exchange of care could be  
3 disrupted if the relationship between parent and child has been difficult. Findings from a  
4 study in Colombia (Friedemann-Sanchez, 2012) demonstrate that when a parent has been  
5 violent towards a child, the obligation to care is relieved and older people may end up in  
6 institutional care. In Ghana, parents who did not provide good care for children forfeit the  
7 right to receive care when they become older (van der Geest, 2016). A study from Chile  
8 (Gempp and Benadof, 2018) found that dementia can also disrupt people's relationships and  
9 sense of obligation to care. Participants in this study believed that the person with dementia is  
10 no longer present, therefore does not need family care and can be placed in an institution or  
11 abandoned.  
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### 17 *Material exchange*

18 Material exchanges also influence beliefs about family care and are described in ten studies.  
19 Care responsibility is based on a promise of material advantage such as inheritance of the  
20 family home in exchange for care. Where resources are scarce and little material advantage  
21 can be offered, there may be a breakdown of family care for older people.  
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25 Research in Mexico and Columbia finds that care may be provided in expectation of  
26 inheritance of the family home (Friedemann-Sanchez, 2012; Silva and Garcia, 2014) but this  
27 is dependent on a will being in place. One study, undertaken in Peru and Mexico, found that  
28 children who benefit from being residents in the family home are expected to provide care,  
29 exchanging care for a place to live (Bustamante-Edquen et al, 2018). A study in Ghana  
30 similarly found that women who return to the family home following divorce or other life  
31 events are then expected to provide care in exchange for residence (Coe, 2016). Friedemann-  
32 Sanchez (2012) found that property ownership is key within negotiations about care in later  
33 life in Columbia and can be used to leverage care from family members. Family members  
34 who do not provide hands-on care may provide financial support instead (Lloyd-Sherlock et  
35 al, 2017), especially for migrant children who live at a distance from the family home  
36 (Hernandez, 2016).  
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43 There is some indication that material exchange may be more important in resource-limited  
44 settings. Coe's (2016) research with women in Ghana found that family members who return  
45 to the family home to provide care may do so knowing they will benefit from financial  
46 assistance from other family members. A study in Columbia found that people on low  
47 incomes or where employment opportunities are limited may resist normative expectations to  
48 care for older relatives (Friedemann-Sanchez, 2012). Research in CESW Africa found that  
49 increasing levels of poverty have reduced the ability of families to care for older people  
50 (Adonteng-Kissi et al, 2020).  
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55 Material exchange is not acceptable in all contexts, participants in one study shared their  
56 reluctance to discuss monetary aspects of care exchange and young people in Mexico believe  
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1 that money should only be paid for care when it is not provided by a family member (Lloyd  
2 Sherlock et al, 2017). There is some indication that financial support from older people can  
3 strengthen beliefs of filial duty to care among children in Brazil (Aires et al, 2019a; Aires et  
4 al, 2019b).

### 7 ***Theme 3: Responsibility for care is gendered***

9 Within families, responsibility for care may fall on different family members and beliefs  
10 dictate who within the family should take on the caring role. Mexican and Peruvian family  
11 members bargain about who takes the carer role (Lloyd-Sherlock et al, 2017) with socio-  
12 economic status and resources, and those with the least to offer found to usually be assigned  
13 the role in Colombia (Friedemann-Sánchez, 2012). The strongest influence on who provides  
14 care is gender with 21 studies presenting the gendered nature of care (Table 1).

#### 18 *Gender roles in care*

20 Gender roles in families' beliefs about care for older adults emerge clearly and consistently in  
21 both CESW African and Latin American literature. Most carers participating in the studies  
22 included in this review are female, and most participants in studies view the carer role as  
23 women's duty (Pedreira & Oliveria, 2012; Jesus et al, 2013; Fernandez et al, 2014; Lloyd-  
24 Sherlock et al, 2017; Aires et al, 2019a; Aires et al, 2019b; Sant'Ana and D'Elboux, 2019a;  
25 Sant'Ana and D'Elboux, 2019b; Six et al, 2019; Gutierrez and Ochoa, 2021; Agyeman et al,  
26 2019). Participants in one study report that the ideal carer is a woman, and ideally one wants  
27 to be cared for by a woman (Robles and Perez, 2012). A woman is expected to fulfil her  
28 responsibilities as a daughter, wife, and mother with the provision of care perceived to be an  
29 integral part of this (Hanrahan, 2018). In Chile, the likelihood of women providing care is  
30 9.88 times that of men providing care (Lorca and Ponce, 2015).

36 The outright rejection of men in the carer role also emerges in two Latin American studies  
37 (Robles and Perez, 2012; Mocellin et al, 2019) because men are perceived to lack the virtues  
38 necessary for care. Men are reported to be less loving, less patient and less available than  
39 women, so the quality of care is expected to be lower (Robles and Perez, 2012).

42 Male carers in Acapulco, Mexico contradict the gendered social construct by claiming it is  
43 not related to femininity, instead they see a carer as needing to be brave, strong, and  
44 dedicated (Nance et al, 2018). In some cases, men fell into the carer role due to circumstances  
45 and learnt how to care as a necessity (Troncoso Miranda, 2015), but felt out of place in a  
46 feminine role (Ramirez-Pereira et al, 2018).

50 There is also evidence that specific care responsibilities are gendered, with direct care  
51 assigned to women and indirect care, such as organising and paying for care, more commonly  
52 undertaken by men. This is the case in Andean central Colombia where direct care duties fall  
53 on the women and indirect tasks are assigned to the men of the family (Friedemann-Sánchez,  
54 2012). Men assume the decision making in the Yoruba culture of Nigeria (Faronbi et al,  
55 2012).

1 2019) and are the economic providers in Argentina (Venturiello, 2014). In Ghana, Coe (2016)  
2 found that women are dependent on their male family members, where structural inequality  
3 leads them to take on the carer role (Coe, 2016). However, Agyeman et al (2019) found that  
4 Ghanian women providing care may also take on wider financial decision-making for the  
5 family (Agyeman et al, 2019).  
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9 A study in Brazil indicates that traditions may be changing across generations with older  
10 people no longer choosing to have many children to ensure they are cared for in later life but  
11 instead focusing on ensuring their children have good lives (Mocellin et al, 2019). The  
12 availability of women to provide care is also changing, reflecting wider demographic shifts.  
13 According to Adonteng-Kissi and colleagues' (2020) review, the number of women caring  
14 for older adults in African countries is shrinking due to women's increased education,  
15 employment, and migration coupled with lower fertility rates.  
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#### 20 ***Theme 4: Care occurs at home***

21 This review found consistent beliefs about the preferred location of care in nine of the articles  
22 included (Table 1). Two subthemes emerged: care should be provided within the family  
23 home; and paid and institutional care are of poor quality.  
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##### 26 *Care within the family home*

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28 There are strong beliefs that older adults should live within a family home (Faller et al, 2017;  
29 Lloyd-Sherlock et al, 2017; Rosa et al, 2017; Gempp and Benadof, 2018; Hanrahan, 2018;  
30 Ramirez-Pereira et al, 2018; Aires et al, 2019b; Mocellin et al, 2019; Galvis-Palacios et al,  
31 2019; ). Where families are providing complex and demanding care, Brazilian families feel  
32 pressured to keep their older family members at home because institutionalisation is deemed  
33 abandonment (Aires et al, 2019b) or an admission of helplessness (Mocellin et al, 2019).  
34 Older people themselves are found to reject the idea of living anywhere besides their family  
35 home (Gempp and Benadof, 2018; Mocellin et al, 2019). For carers and older adults in  
36 Columbia, paid care is believed to be necessary only in a dire situation where life is at risk,  
37 and the preferred traditional remedies do not work (Galvis-Palacios et al, 2019). In Chile,  
38 older adult carers fear institutionalisation of their relative, preferring to provide care  
39 themselves even if other relatives do not help (Ramirez-Pereira et al, 2018).  
40 Institutionalisation is considered wrong by older Brazilians and Paraguayans. It is linked to  
41 becoming useless and being sent away (Faller et al, 2017). Families would rather rely on  
42 neighbours, faith-based networks, or community members for unpaid care than place an older  
43 family member in a care home; thus preserving the older person's strength, optimism, and  
44 financial stability (Venturiello, 2014; Hanrahan, 2018; Adonteng-Kissi et al, 2020; ).  
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53 Co-residence with the older person may be a factor further obligating family members to care  
54 for their parents in Mexico and Peru, where care could evolve as a consequence from living  
55 together continuously (Lloyd-Sherlock et al, 2017). A study in Ghana describes a tradition  
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1 where sons live in their father's home or village and take care of their own families, while  
2 daughters move to live in the husband's home and take care of their families (Hanrahan,  
3 2018).  
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### 6 *Paid and institutional care*

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8 The duty families feel to provide care is reinforced by a widely held belief that paid care is  
9 poor quality, with negative perceptions of long-term care institutions (Faller et al, 2017; Aires  
10 et al, 2019b; Mocellin et al, 2019). Previous negative experiences with institutions  
11 corroborate and strengthen the cultural beliefs that care should be provided by family  
12 members at home (Rosa et al, 2017). The review reveals that limited or non-existent social  
13 services in communities, lead to care being imposed on families as there is no other option  
14 (Pedreira and Oliveria, 2012; Venturiello, 2014; Troncoso Miranda, 2015; Rosa et al,  
15 2017; Ramirez-Pereira et al, 2018; ). One Brazilian family member's father was mistreated  
16 and poorly taken care of in a nursing home, and another family member confirms that even if  
17 the care is good in a care home, it would not be considered desirable since it would never be  
18 the older person's home (Mocellin et al, 2019).  
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24 As noted in the discussion of exchange above, there are circumstances where it is considered  
25 appropriate for an older person to receive care outside the family home within an institutional  
26 setting in both CESW Africa and Latin America. These include when the person has  
27 dementia (Gempp and Benadof, 2018) and when the older person has been violent or abusive  
28 towards their child or children (Friedemann-Sanchez, 2012; Van der geest, 2016).  
29

30 Furthermore, findings also indicate that under some circumstances such as if the family is no  
31 longer able to provide care at home, because of changes in family structure or an increase in  
32 an older adult's medical needs, institutionalisation would be considered if it were financially  
33 accessible (Mocellin et al, 2019). There is recognition that external support would be helpful  
34 to families (Rosa et al, 2017).  
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## 40 **Discussion**

41 The United Nations (WHO, 2020) suggests that reliance on family care is unsustainable. Yet  
42 our review suggests that the obligation families believe they have to care for older relatives is  
43 deeply held and consistent and there are few opportunities to opt out of it. Families,  
44 especially women, are bound into care through ingrained familist beliefs that are reinforced  
45 through the sociocultural context and passed on through family generations in both regions  
46 included in this review. Care is believed to be best provided within the family home both  
47 through a sense of this being the right place to care and due to a lack of acceptable  
48 alternatives in these regions. Beliefs about care fall into two main categories: those  
49 underpinned by sociocultural and religious norms about duty, and those about exchange  
50 within families based in intergenerational relationships. In turn, these beliefs frame  
51 expectations about who should provide care and where that care is best provided.  
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1 The review highlighted how beliefs interact with relational and structural factors and can be  
2 strengthened or diminished by them. The strong sense of responsibility for care is further  
3 strengthened by feelings of attachment and close relationships within families but can also be  
4 disrupted where relationships have been poor, or children have experienced abuse from their  
5 parents or older relatives. Findings suggest that structural inequalities may weaken people's  
6 adherence to beliefs where they are living in poverty and are not able to provide care due to  
7 financial constraints. Further, individuals may not be able to give up work to provide care or  
8 may require material exchange if they are expected to care. These findings suggest an urgent  
9 need for governments to recognise the gaps within care systems that rely solely on families  
10 and to recognise the cost of care for families.  
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12 The belief in the family and the family home as the provider and place of care for older  
13 people appears within findings to be reinforced by the poor quality of paid alternatives. The  
14 poor quality of paid services and support in these regions provides further stimulus to  
15 families' sense of responsibility and obligation to provide care within the family home. This  
16 context underscores the urgency of the UN Decade call for action to develop systems of long-  
17 term care for those who need them.  
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19 While the gendered nature of care has long been recognised (Leira and Saraceno, 2002), the  
20 belief that women should provide direct care within families needs to be considered in the  
21 context of global initiatives such as the drive for gender equality anchored in UN Sustainable  
22 Development Goal 5 (United Nations, 2015). To the extent that women are trapped within  
23 these gendered familist beliefs about care, equity will not be achieved. There is evidence that  
24 as more women join the paid workforce, they start to resist familist beliefs about care  
25 (Adonteng-Kissi et al, 2020). Alongside gender, socio-economic equalities, play an important  
26 role in care for older people in these regions. As Kröger (2022) suggests, a focus on  
27 inequalities in care may provide a useful lens to understand the complexities and intersections  
28 among beliefs found in this review.  
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30 In the context of wider demographic changes leading to increasing numbers of older people  
31 across the Global South (United Nations 2019) and higher numbers of women in paid  
32 employment (Ortiz-Ospina et al, 2018) the strain on family care and familist beliefs will  
33 continue to increase. Our review clearly highlights the need to understand these complex  
34 beliefs and crucially how they interact with policy, with service provision, with structural  
35 inequalities and with ongoing social and demographic change.  
36

## 37 **Conclusion**

38 This review suggests key implications for policy makers in the Global South in how they  
39 engage with and support families to provide care for older adults. With evidence of an  
40 increasing return to familism in countries in Europe and Asia (Kodate and Tinomen, 2017)  
41 these policy implications will also have resonance around the globe. Policy makers in Latin  
42 America and CESW Africa must be convinced that there is a pressing need to develop a paid  
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1 social care sector that provides good quality provision, responds sensitively to local beliefs,  
2 and provides affordable care that families are willing and able to access. Policy that assumes  
3 families will provide care or compels them to do so fails to take into account wider  
4 demographic changes and global goals to promote gender equality and eradicate poverty. The  
5 UN's Decade of Healthy Ageing calls for a "whole-of-government and whole-of-society  
6 partnership" response to achieve its aims (WHO, 2020, p 21). The beliefs discussed in this  
7 review need to be understood and incorporated within these partnership discussions to find  
8 consensus on what positive partnerships between paid and unpaid care ought to look like in  
9 each national context.  
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### 14 **Limitations and suggestions for future research**

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16 As a scoping review our intent was to present the current state of knowledge on beliefs about  
17 family responsibility to care. When reflecting on the methodologies and frameworks of the  
18 articles reviewed the authors noted gaps in deeper understandings of beliefs, and assumptions  
19 in some research that beliefs are normative, shared, and do not require further exploration.  
20 Further research could unpack the nuances in beliefs within and across regions to provide a  
21 more detailed and culturally specific understanding.  
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30  
31

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33  
34 The authors report no conflict of interest.  
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36

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### 49 **References**

50  
51 Aboderin, I. & Hoffman, J. (2015) 'Families, Intergenerational Bonds, and Aging in Sub-  
52 Saharan Africa', *Canadian Journal on Aging*, 34(3): 282-289.  
53 doi:10.1017/S0714980815000239  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 Adonteng-Kissi, B., Moyle, W., & Grealish, L. (2020) 'Informal care of older adults with  
2 chronic life-limiting illness in Africa: an integrative review', *International Social Work*,  
3 00(0): 1-15. <https://doi.org/10.1177/0020872819901164>  
4

5 African Union 26th Ordinary Session of the Assembly (2016) 'Protocol to the African  
6 Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa',  
7 [https://au.int/sites/default/files/pages/32900-file-](https://au.int/sites/default/files/pages/32900-file-protocol_on_the_rights_of_older_persons_e.pdf)  
8 [protocol\\_on\\_the\\_rights\\_of\\_older\\_persons\\_e.pdf](https://au.int/sites/default/files/pages/32900-file-protocol_on_the_rights_of_older_persons_e.pdf)  
9

10 Agyeman, N., Guerchet, M., Nyame, S., Tawiah, C., Owusu-Agyei, S., Prince, M. J., &  
11 Mayston, R. (2019). "'When someone becomes old then every part of the body too becomes  
12 old": experiences of living with dementia in Kintampo, rural Ghana', *Transcult Psychiatry*,  
13 56(5): 895–917. <https://doi.org/10.1177/1363461519847054>  
14  
15

16 Aires, M., Mocellin, D., Dal Pizzol, F. L., Bierhals, C., Chappell, N., Pinheiro de Morais, E.  
17 & Paskulin, L. (2019) 'Association between attitudes of filial responsibility and parent  
18 caregiving behaviour', *Educational Gerontology*, 45(3): 191-200.  
19 <https://doi.org/10.1080/03601277.2019.1600844>  
20

21 Aires, M., Pizzol, F.L., Bierhals, C.C.B.K., Mocellin, D., Fuhrmann, A.C., Santos, N.O.D.,  
22 Day, C.B. & Paskulin, L.M.G. (2019) 'Responsabilidade filial no cuidado aos pais idosos:  
23 estudo misto', *Acta Paulista de Enfermagem*, 32(6): 691–699. [https://doi.org/10.1590/1982-](https://doi.org/10.1590/1982-0194201900095)  
24 [0194201900095](https://doi.org/10.1590/1982-0194201900095)  
25

26 Beatriz Zegers, P. (2012) 'Hijos adultos mayores al cuidado de sus padres, un fenómeno  
27 reciente', *Revista Médica Clínica Las Condes*, 23(1): 77–83. [https://doi.org/10.1016/s0716-](https://doi.org/10.1016/s0716-8640(12)70276-6)  
28 [8640\(12\)70276-6](https://doi.org/10.1016/s0716-8640(12)70276-6)  
29  
30

31 Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research*  
32 *in Psychology*, 3(2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>  
33

34 Bustamante-Edquén, S., Victoria Mori, F.M.L., Ojeda-Vargas, M.G., Rojo-Vera, D.,  
35 Rodríguez-Méndez, R. & Fajardo-Ramos, E. (2018) 'Principles of caring to the elderly in  
36 Peruvian and Mexican families: comparative study', *Salud Uninorte*, 34(1): 112–118.  
37 <https://doi.org/10.14482/sun.34.1.10667>  
38

39 Carnelley, M., Mamashela, M. (2016) 'The Duty to Support the Indigent Elderly in South  
40 Africa: A Public or Private Duty?', *Obiter*, 37(2):, 293-311.  
41 <https://journals.co.za/doi/pdf/10.10520/EJC19744>  
42

43 Coe, C. (2016) 'Orchestrating care in time: Ghanaian migrant women, family, and  
44 reciprocity', *American Anthropologist*, 118(1): 37–48. <https://doi.org/10.1111/aman.12446>  
45

46 Faller, J.W., Zilly, A., Alvarez, A.M. & Marcon, S.S. (2017) 'Cuidado filial e o  
47 relacionamento com o idoso em famílias de diferentes nacionalidades', *Revista Brasileira de*  
48 *Enfermagem*, 70(1): 22–30. <https://doi.org/10.1590/0034-7167-2015-0050>  
49

50 Faronbi, J.O., Faronbi, G.O., Ayamolowo, S.J. & Olaogun, A.A. (2019) 'Caring for the  
51 seniors with chronic illness: The lived experience of caregivers of older adults', *Archives of*  
52 *gerontology and geriatrics*, 82: 8-14. <https://doi.org/10.1016/j.archger.2019.01.013>  
53

54 Fernández, M.B. & Herrera, M.S. (2016) 'Distrés en hijas adultas que brindan apoyo a sus  
55 padres mayores', *Psyche (Santiago)*, 25(1): 1–14. <https://doi.org/10.7764/psyche.25.1.710>  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1 Fernández, M.B., Barros, C. & Herrera, M.S. (2014) 'Nociones sobre la familia y las  
2 interrelaciones entre sus miembros de parte de los mayores de 45 años', *Psicoperspectivas*.  
3 *Individuo y Sociedad*, 13(1). [https://doi.org/10.5027/psicoperspectivas-vol13-issue1-fulltext-](https://doi.org/10.5027/psicoperspectivas-vol13-issue1-fulltext-264)  
4 264  
5
- 6 Friedemann-Sánchez, G. (2012) 'Caregiving Patterns in Rural Andean Colombia', *Feminist*  
7 *Economics*, 18(3): 55-80. <https://doi.org/10.1080/13545701.2012.714471>  
8
- 9 Galvis-Palacios, L., López-Díaz, L. & Florisa-Velásquez, V. (2019) 'La telaraña del cuidado  
10 familiar para el adulto mayor en situación de discapacidad y pobreza', *Salud Uninorte*, 34(3):  
11 597–606. <https://doi.org/10.14482/sun.34.3.649.8>  
12
- 13 García, C.R., da Silva Falcão, D.V. & Pimentel, L. (2019) 'Marriage and care of a spouse  
14 with dementia: a cross-cultural study Brazil-Portugal', *Psicologia Em Estudo*, 24: 1-18.  
15 <https://doi.org/10.4025/psicoestud.v24i0.41482>  
16
- 17 Gempp, L. & Benadof, D. (2018) 'Percepción de apoyo familiar de adultos mayores  
18 residentes en establecimientos de larga estadía', *Revista Chilena de Salud Pública*, 21(2):  
19 142. <https://doi.org/10.5354/0719-5281.2017.48911>  
20
- 21 Gutierrez, F.J. & Ochoa, S.F. (2021) 'Making visible the invisible: understanding the nuances  
22 of computer-supported cooperative work on informal elderly caregiving in Southern Cone  
23 families', *Personal and Ubiquitous Computing*, 25. [https://doi.org/10.1007/s00779-020-](https://doi.org/10.1007/s00779-020-01404-4)  
24 01404-4  
25
- 26 Hanrahan, K.B. (2018) 'Caregiving as mobility constraint and opportunity: married daughters  
27 providing end of life care in northern Ghana', *Social & Cultural Geography*, 19(1): 59-80.  
28 <https://doi.org/10.1080/14649365.2016.1257734>  
29
- 30 Hernandez Lara, I. (2016) 'Prácticas familiares transnacionales en familias indígenas  
31 oaxaqueñas con hijos adultos migrantes en Estados Unidos', *Desacatos*. 52: 50-67.  
32
- 33 Hernandez, M. & Bamaca-Colbert, M. (2016) 'A behavioural process model of familism', *J*  
34 *Fam Theory Rev*, 8(December): 463–483. <https://doi.org/10.1111/jftr.12166>  
35
- 36 Hoffman, J. & Pype, K. (eds) (2016) *Ageing in Sub-Saharan Africa: Spaces and Practices of*  
37 *Care*. Bristol: Policy Press. DOI:10.1332/policypress/9781447325253.001.0001  
38
- 39 Jesus, M.C.P.D., Merighi, M.A.B., Caldeira, S., Oliveira, D.M.D., Souto, R.Q. & Pinto,  
40 M.D.A. (2013) 'Taking care of the elderly mother in home care context: daughters'  
41 perspective', *Text Context Nursing, Florianópolis*, 22(4): 1081–1088.  
42 <https://doi.org/10.1590/s0104-07072013000400026>  
43
- 44 Keating, N. (2022) 'A research framework for the United Nations Decade of Healthy Ageing  
45 (2021–2030)', *European Journal of Ageing*, <https://doi.org/10.1007/s10433-021-00679-7>  
46
- 47 Kodate, N. & Tinomen, V. (2017) 'Bringing the family in through the back door: the stealthy  
48 expansion of family care in Asian and European long-term care policy', *J Cross Cult*  
49 *Gerontol*, 32: 291–301. <https://doi.org/10.1007/s10823-017-9325-5>  
50
- 51 Kröger, T. (2022) *Care Poverty: When Older People's Needs Remain Unmet*, Cham:  
52 Palgrave Macmillan  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65



- 1 Leira, A. and Saraceno, C. (2002) 'Care: actors, relationships and contexts', *Contested*  
2 *Concepts in Gender and Social Politics*, 10(3): 55-83.  
3
- 4 Lloyd-Sherlock, P., Mayston, R., Acosta, A., Gallardo, S., Guerra, M., Sosa, A.L., Montes de  
5 Oca, V. & Prince, M. (2018) 'Allocating family responsibilities for dependent older people in  
6 Mexico and Peru', *The Journal of Development Studies*, 54(4): 682-701.  
7 <https://doi.org/10.1080/00220388.2017.1308489>  
8
- 9 Lorca, M.B.F. & Ponce, M.S.H. (2015) 'Normative, structural, and individual factors that  
10 predispose adult children to provide social support to their elderly parents', *Journal of*  
11 *Comparative Family Studies*, XLV1(4): 517-540. <http://www.jstor.org/stable/24573603>  
12
- 13 Miranda, D.T. (2015) 'Cuidado informal a mayores dependientes en Chile: quiénes cuidan y  
14 con qué políticas sociales cuentan', *América Latina Hoy*, 71: 83-101.  
15 <https://doi.org/10.14201/alh20157183101>  
16
- 17 Mocellin, D., Aires, M., Fuhrmann, A.C., Pizzol, F.L.F.D. & Paskulin, L.M.G. (2019)  
18 'Responsabilidade filial: quais as atitudes dos filhos sobre a institucionalização dos pais  
19 idosos?', *Revista Gaúcha de Enfermagem*, 40. [https://doi.org/10.1590/1983-](https://doi.org/10.1590/1983-1447.2019.20180377)  
20 [1447.2019.20180377](https://doi.org/10.1590/1983-1447.2019.20180377)  
21
- 22 Munn, M., Peters, M.D.J., Stern, C., Tufanaru, C., McArthur, A. & Aromatari, E. (2018)  
23 'Systematic review or scoping review? Guidance for authors when choosing between a  
24 systematic or scoping review approach', *BMC Medical Research Methodology*, 18(143): 1-7.  
25 <https://doi.org/10.1186/s12874-018-0611-x>  
26
- 27 Nance, D.C., Rivero-May, M.I., Flores-Padilla, L., Moreno-Nava, M. & Deyta-Pantoja, A.L.  
28 (2018) 'Faith, Work, and Reciprocity: Listening to Mexican men caregivers of elderly family  
29 members', *American Journal of Men's Health*, 12(6): 1985-1993.  
30 <https://doi.org/10.1177/1557988316657049>  
31
- 32 National Congress of Honduras, (2007) 'Integral law in protection of older adults and retired  
33 persons'.  
34 [http://www.poderjudicial.gob.hn/CEDIJ/Leyes/Documents/LeyProteccionAdultoMayor-y-](http://www.poderjudicial.gob.hn/CEDIJ/Leyes/Documents/LeyProteccionAdultoMayor-y-Jubilados.pdf)  
35 [Jubilados.pdf](http://www.poderjudicial.gob.hn/CEDIJ/Leyes/Documents/LeyProteccionAdultoMayor-y-Jubilados.pdf)  
36
- 37 Ortiz-Ospina, E., Tzvetkova, S. & Roser, M. (2018) 'Women's employment'  
38 <https://ourworldindata.org/female-labor-supply>  
39
- 40 Oyegbile, Y.O. & Brysiewicz, P. (2016) 'Family caregiver's experiences of providing care to  
41 patients with end-stage renal disease in South-West Nigeria', *Journal of Clinical Nursing*, 26:  
42 2624-2632. <https://doi.org/10.1111/jocn.13689>  
43
- 44 Pailey, R.N. (2020) De- centring the 'white gaze' of development. *Development and*  
45 *Change*, 51(3), pp.729-745.  
46
- 47 Pedreira, L.C. & Oliveira, A.M.S. (2012) 'Cuidadores de idosos dependentes no domicílio:  
48 mudanças nas relações familiares', *Revista Brasileira de Enfermagem*, 65(5): 730-736.  
49 <https://doi.org/10.1590/s0034-71672012000500003>  
50
- 51 Ramírez-Pereira, M., Aguilera Morales, R., Salamanca Ferrada, C., Salgado Cuervo, C., San  
52 Martín Silva, C. & Segura Díaz, C. (2018) 'Mayores cuidando mayores: sus percepciones  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 desde una mirada integral', *Enfermería: Cuidados Humanizados*, 7(2): 83.  
2 <https://doi.org/10.22235/ech.v7i2.1653>

3  
4 Republic of Kenya Ministry of Labour, Social Security and Services (2014) 'National Policy  
5 on Older Persons and Ageing', Revised edition, [http://www.partners-](http://www.partners-popdev.org/ageing/docs/National_Policy_on_Older_Persons_and_Ageing_Kenya.pdf)  
6 [popdev.org/ageing/docs/National\\_Policy\\_on\\_Older\\_Persons\\_and\\_Ageing\\_Kenya.pdf](http://www.partners-popdev.org/ageing/docs/National_Policy_on_Older_Persons_and_Ageing_Kenya.pdf)

7  
8 Republica de Cuba (1975) 'Ley No. 1289 Código de la Familia', [https://oig.cepal.org/sites/](https://oig.cepal.org/sites/default/files/1975_ley1289_cub.pdf)  
9 [default/files/1975\\_ley1289\\_cub.pdf](https://oig.cepal.org/sites/default/files/1975_ley1289_cub.pdf)

10  
11 Robles, L. & Pérez, A.C. (2012) 'Expectativas sobre la obligación filial: comparación de dos  
12 generaciones en México', *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*,  
13 10(1): 527-540. <http://www.umanizales.edu.co/publicaciones/campos/cinde/index.html>

14  
15 Rosa, B.V.C., Girardon-Perlini, N.M.G., Begnin, D., Rosa, N., Stamm, B., Coppetti, L.C.  
16 (2017) 'Resilience in families of people with cancer colostomy: a look from the belief  
17 system', *Ciência, Cuidado e Saúde*, 15(4): 723-730.  
18 <https://doi.org/10.4025/cienccuidsaude.v15i4.34739>

19  
20 Sant'Ana, L.A., & D'Elboux, M.J. (2019) 'Comparison of social support network and  
21 expectation of care among elderly persons with different home arrangements', *Revista*  
22 *Brasileira De Geriatria e Gerontologia*, 22(3): 1-11. [https://doi.org/10.1590/1981-](https://doi.org/10.1590/1981-22562019022.190012)  
23 [22562019022.190012](https://doi.org/10.1590/1981-22562019022.190012)

24  
25 Sant'Ana, L.A., & D'Elboux, M.J. (2019) 'Suporte social e expectativa de cuidado de idosos:  
26 associação com variáveis socioeconômicas, saúde e funcionalidade', *Saúde Em Debate*,  
27 43(121): 503-519. <https://doi.org/10.1590/0103-1104201912117>

28  
29 Saraceno, C. (2016) 'Varieties of familialism: comparing four southern European and East  
30 Asian welfare regimes', *Journal of European Social Policy*, 26(4): 314-326.

31  
32 Silva, L.R. & García, M.D.R. (2014) 'Herencia y cuidado: transiciones en la obligación filial,  
33 *Desacatos. Revista de Ciencias Sociales*, 45: 99-112. <https://doi.org/10.29340/45.1293>

34  
35 Six, S., Musomi, S. & Deschepper, R. (2019) 'Are the Elderly Perceived as a Burden to  
36 Society? The perspective of family caregivers in Belgium and Kenya: a comparative study',  
37 *Journal of Transcultural Nursing*., 30(2): 124-131.  
38 <https://doi.org/10.1177/1043659618784358>

39  
40 Ting, G. H. Y. & Woo, J. D. (2009) 'Elder care: is legislation of family responsibility the  
41 solution?' *Asian Journal Gerontology and Geriatrics*, 4(2): 72-75.

42  
43 Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K.K., Colquhoun, H., Levac, D., Moher, D.,  
44 Peters, M.D.J., Horsely, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J.,  
45 Stewart, L., Hartling, L., Aldcroft, A., Wilson, M., ... Straus, S.E. (2018) 'PRISMA  
46 Extension for Scoping Reviews (PRISMA ScR): Checklist and Explanation', *Annals of*  
47 *Internal Medicine*, 169: 467-473. <https://tinyurl.com/3t3pweez>

48  
49 United Nations (2002) *Political Declaration and Madrid International Plan of Action on*  
50 *Ageing, second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002*. New York City  
51 (NY): United Nations

52  
53 United Nations (2015a) *Transforming our world: the 2030 agenda for sustainable*  
54 *development*. New York City (NY): United Nations

1 United Nations (2015) *UN Sustainable Development Goals*, Available at:  
2 <https://sdgs.un.org/goals>  
3

4 United Nations (2019) *World Population Ageing 2019*  
5 <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>  
6  
7

8 Van der geest, S. (2016) ‘Will families in Ghana continue to care for older people? Logic and  
9 contradiction in policy’, In J. Hoffman & K. Pype (eds), *Ageing in Sub-Saharan Africa: Spaces and Practices of Care*. London: Policy Press, pp. 21-41.  
10  
11 <https://doi.org/10.1332/policypress/9781447325253.003.0002>  
12

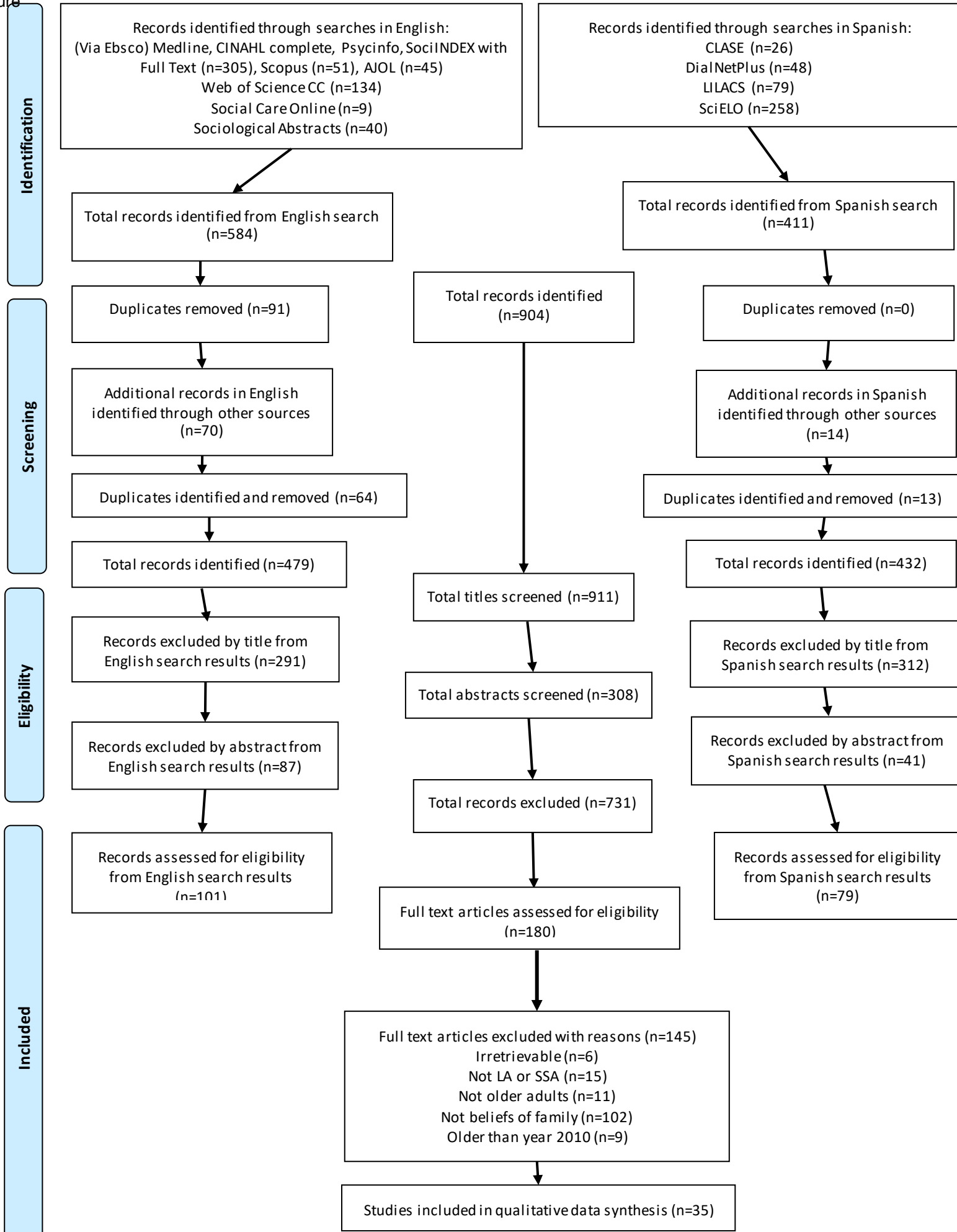
13 Venturiello, M.P.. (2014) ‘Los adultos con discapacidad motriz y sus familiares: la  
14 organización del hogar, los afectos y el trabajo’, *Revista Española de Discapacidad*, 2(2):  
15 103–120. <https://doi.org/10.5569/2340-5104.02.02.06>  
16  
17

18 World Health Organisation (2015) *World report on ageing and health*, Geneva: World Health  
19 Organization. <https://www.who.int/ageing/events/world-report-2015-launch/en/>  
20

21 World Health Organisation (2020) *UN Decade of Healthy Ageing: plan of action*,  
22 <https://www.who.int/initiatives/decade-of-healthy-ageing>  
23  
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27 **[Appendix 1 Key concepts and search terms insert near here]**  
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Figure



Table

Author(s)	Country	Region	Study Design	Study Sample	Theme(s)
Adonteng-Kissi et al., 2020	Nigeria, Peru, Mexico, China, South Africa,	LA, SSA	Literature review		A1, A3, B1, B2, C
Agyeman et al., 2019	Ghana	SubSaharan Africa	Qualitative	10 families with dementia	B2, C
Aires et al., 2019a	Brazil	Latin America	Mixed methods	100 adult children carers	A1, A2, B2, C
Aires et al., 2019b	Brazil	Latin America	Qualitative	100 adult children carers	A1, A2, B1, B2, C, D1, D2
Bustamante-Edquén et al., 2018	Peru & Mexico	Latin America	Qualitative	20 families (10 in each country)	A1, B2
Coe, 2016	Ghana	SubSaharan Africa	Qualitative	93 foster parents and 80 of their children	B1, B2, C
Faller et al., 2017	Brazil	Latin America	Qualitative	33 elders	A1, B1, D1, D2
Faronbi et al., 2019	Nigeria	SubSaharan Africa	Qualitative	15 carers	A2, A3, B1, C
Fernandez and Herrera, 2016	Chile	Latin America	Mixed methods	609 participants 45-75+ yo	A1
Fernandez et al., 2014	Chile	Latin America	Mixed methods	609 participants 45-75+ yo	A1, B1, C
Friedemann-Sánchez, 2012	Colombia	Latin America	Qualitative	38 adult children carers	A1, A2, B1, B2, C
Galvis-Palacios et al., 2019	Colombia	Latin America	Qualitative	40 family carers	A3, B1, D1
Garcia et al., 2019	Brazil & Portugal	Latin America	Mixed methods	6 carers (wives) of men with dementia or stroke	A1, A2, B1, B2, D1
Gempp and Benadof, 2018	Chile	Latin America	Qualitative	10 older adults	A1, B1, D1
Gutierrez and Ochoa, 2021	Chile, Argentina, & Uruguay	Latin America	Qualitative	51 adult carers & families	A1, B1, C
Hanrahan, 2018	Ghana	SubSaharan Africa	Qualitative	4 older widowed women	A1, A3, C, D1
Hernandez, 2016	Mexico	Latin America	Qualitative	22 families (children in US, parents in MX)	A1, A2, B1, B2
Jesus et al., 2013	Brazil	Latin America	Qualitative	10 informal caregiving daughters	A1, B1, C
Lloyd-Sherlock et al., 2017	Mexico & Peru	Latin America	Mixed methods	19 (+ larger numbers in contextual datasets)	A1, B1, B2, C, D1
Lorca and Ponce, 2015	Chile	Latin America	Quantitative	609 participants age 60-74; 45-59 and 75+	A1, B1, C
Mocellin et al., 2019	Brazil	Latin America	Qualitative	100 carers	A1, A3, B1, C, D1, D2
Nance et al., 2018	Mexico	Latin America	Qualitative	61 older adults, 57 primary caregivers 45-60 yo	A1, A2, A3, B1, C
Oyegbile and Brysiewicz, 2016	Nigeria	SubSaharan Africa	Qualitative	15 family caregivers	A2, A3, B1
Pedreira and Oliveria, 2012	Brazil	Latin America	Qualitative	8 informal caregivers	A1, C, D2
Ramirez-Pereira et al., 2018	Chile	Latin America	Qualitative	6 older adults 60+, carers for min 2 yrs,	A1, A3, B1, C, D1, D2
Robles and Perez, 2012	Mexico	Latin America	Qualitative	101 older adults, 32 young adults 18-y 30 yo	A2, A3, B1
Rosa et al., 2017	Brazil	Latin America	Qualitative	7 families	B2, D1, D2
Sant'Ana and D'Elboux, 2019a	Brazil	Latin America	Qualitative	348 older adults 60+	A1, A3, C
Sant'Ana and D'Elboux, 2019b	Brazil	Latin America	Mixed methods	348 elderly	A1, C
Silvia and Garcia, 2014	Mexico	Latin America	Qualitative	17 older adults	A1, A2, B1, B2
Six et al., 2019	Kenya	SubSaharan Africa	Qualitative	15 caregivers of older adults in Kenya	A1, A2, A3, B1, C
Troncoso Miranda, 2015	Chile	Latin America	Qualitative	19 informal caregivers of 65+	A1, A2, A3, B1, C, D1
Van der geest, 2016	Ghana	SubSaharan Africa	Qualitative	35 older/younger	B1
Venturiello, 2014	Argentina	Latin America	Qualitative	19 people with motor disabilities	C, D1
Zegers, 2012	Chile	Latin America	Literature review		A1

Table 2. Legend thematic codes

<b>Theme</b>	<b>Subtheme(s)</b>	<b>Codes</b>
A. Families have a duty to care	Filial/family duty	A1
	Moral responsibility	A2
	Religious/spiritual	A3
B. Responsibility for care is based in exchange	Reciprocity	B1
	Material exchange	B2
C. Responsibility for care is gendered	Gender	C
D. Care occurs at home	Family home	D1
	Formal and institutional car	D2

## Appendix 1. Key concepts and search terms

### A. Key concepts and search terms in English

A. Population of Interest	B. Concept	C. Context	D. Exclusion Criteria
Informal unpaid family caregivers/carers	Beliefs about responsibility for care of older adults	CESW Africa (n=48) Latin America (n=20), Cuba, DR	NOT care of children or youth
<p><b>A1.</b> informal* OR non-professional* OR nonprofessional* OR unpaid* OR spous* OR sibling* OR son* OR daughter* OR husband* OR wife OR partner* OR filial OR friend* OR fictive kin*)</p> <p><b>A2. AND</b> (care giv* OR caregiv* OR carer*)</p>	<p><b>B1.</b> tradition* OR culture* OR filial piety OR filial OR duty OR belief* OR taboo* OR obligation* OR choice behavior OR reciprocity OR expectation* OR dynamics OR attitude* OR view* OR perception*</p> <p><b>B2. AND</b> older adult* OR elderly OR parent* OR aged OR older OR elderly people OR old people OR old people OR senior*</p>	<p><b>AND</b> Africa OR Sub-Saharan Africa OR Angola OR Benin OR Botswana OR Burkina Faso OR Burundi OR Cabo Verde OR Cameroon OR Central African Republic OR Chad OR Comoros OR Congo OR Côte d'Ivoire OR Djibouti OR Congo OR Equatorial Guinea OR Eritrea OR Eswatini OR Ethiopia OR Gabon OR Gambia OR Ghana OR Guinea OR Guinea-Bissau OR Kenya OR Lesotho OR Liberia OR Madagascar OR Malawi OR Mali OR Mauritania OR Mauritius OR Mozambique OR Namibia OR Niger OR Nigeria OR Rwanda OR Sao Tome and Principe OR Senegal OR Seychelles OR Sierra Leone OR Somalia OR South Africa OR South Sudan OR Sudan OR Tanzania OR Togo OR Uganda OR Zambia OR Zimbabwe OR Latin America OR Mexico OR Central America OR South America OR Guatemala OR El Salvador OR Honduras OR Nicaragua OR Belize OR Costa Rica OR Panamá OR Argentina OR Bolivia OR Brazil OR Chile OR Colombia OR Ecuador OR Guyana OR Paraguay OR Peru OR Suriname OR Uruguay OR Venezuela OR Cuba OR Dominican Republic</p>	<p><b>NOT</b> child* OR infant* OR urban OR city</p>

B. Key concepts and search terms in Spanish

A. Población de interés	B. Concepto	C. Contexto	D. Criterio de exclusión
Cuidador primario, informal, no remunerado	Creos sobre responsabilidad de cuidado de adultos mayores	CESW Africa (n=48) Latino America (n=20) + Cuba, DR	NO cuidado de niños o jóvenes
<p><b>A1.</b> Informal OR no profesional OR no remunerado OR cónyuges OR hermanos OR hijos OR filial OR amigos</p> <p><b>A2. AND</b> cuidador</p>	<p><b>B1.</b> tradición OR cultura OR devoción filial OR obligación OR comportamiento elegido OR reciprocidad OR expectativa OR dinámica OR actitud OR visión OR estrategias de cuidado</p> <p><b>B2. AND</b> adulto mayor OR ancianos OR viejos OR padres o pariente OR señores</p>	<p><b>AND</b> África OR África subsahariana OR Angola OR Benin OR Botswana OR Burkina Faso OR Burundi OR Cabo Verde OR Camerún OR República Centroafricana OR Chad OR Comoros OR Congo OR Côte d'Ivoire OR Djibouti OR Congo OR Guinea Ecuatorial OR Eritrea OR Eswatini OR Etiopía OR Gabón OR Gambia OR Ghana OR Guinea OR Guinea-Bissau OR Kenia OR Lesotho OR Liberia OR Madagascar OR Malawi OR Mali OR Mauritania OR Mauricio OR Mozambique OR Namibia OR Níger OR Nigeria OR Ruanda OR Santo Tomé y Príncipe OR Senegal OR Seychelles OR Sierra Leona OR Somalia OR Sudáfrica OR Sudán del Sur OR Sudán OR Tanzania OR Togo OR Uganda OR Zambia OR Zimbabwe OR América Latina OR México OR América Central OR América Del Sur OR Guatemala OR El Salvador OR Honduras OR Nicaragua OR Belice OR Costa Rica OR Panamá OR Argentina OR Bolivia OR Brasil OR Chile OR Colombia OR Ecuador OR Guyana OR Paraguay OR Perú OR Surinam OR Uruguay OR Venezuela OR Cuba OR República Dominicana</p>	<p><b>NO</b> niños o jóvenes o hijos</p>