

Social Engagement and Older Adults in Rural Sub-Saharan Africa. A Rapid Realist Review Protocol

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Introduction

As people get older, their ability to remain socially engaged may change depending on their physical, mental and cognitive health. Lack of social engagement at older age has been linked to cognitive decline [1] and the risk of developing dementia [2]. Social engagement is defined as “a person’s involvement in activities providing interactions with others in community life and in important shared spaces...”. The sub-Saharan African (SSA) region will realise the greatest increase in the number of older adults (those aged 60 years and above) in the coming years [3] yet most countries in SSA have not prioritised older adults’ health and social care needs in national health and social policies [4] and research targeting this population, while growing, is still limited [5]. Being socially engaged can have health promoting benefits, including promoting mental health and well-being [6–8]. Social engagement has been recognised as part of debates about determinants of social health which highlights that one can experience well-being despite a medical condition “by maintaining a dynamic balance between opportunities and limitations in the context of social and environmental challenges”[9].

There is evidence of a link between place and social engagement and remaining active in local communities of place can support people to age well, as the wealth of research, policy and practice on ‘age-friendly’ places indicates [10]. In the field of dementia, for example, research has demonstrated the role that neighbourhoods can play in limiting people with dementia, but equally the opportunities that such neighbourhoods present [11]. However, this work is predominantly based in higher income nations. The link between place and ageing in low-income nations, and particularly among rural populations is less clear.

There is growing evidence (albeit from a few SSA countries) of the factors that impact the health and well-being of older adults in the region; Poverty [12], loneliness [13], social

isolation [14] and physical inactivity [6,15] are factors that impact levels of social engagement. Promoting social engagement among older adults can have knock-on effects; It can enhance peer and social networks, which can be a source of social, emotional or material support with the potential to improve well-being [16]. While more research is needed to inform the development or improvement of interventions targeting older adults in SSA, it is particularly important to better understand how such interventions work, or do not work in particular contexts, and how these interact to bring about a certain outcomes [17].

This study protocol outlines the steps to be undertaken in conducting a rapid realist review (RRR) that examines what mechanisms and contextual factors promote or hinder social engagement among older people in rural SSA. RRR is a methodology that is based on realist approaches [18] which seek to determine how and why programs /interventions work, for whom they work, in what contexts, and to what extent [18,19].The fundamentals of realist approaches lie in identifying linkages between interventions (I), contexts (C), mechanisms (M), and outcomes (O) [18] and based on these configurations, generate program theories that help to explain how contexts and mechanisms may interact to bring about particular outcomes [20]. The RRR is part of a wider research project, ENGAGE (dEvelopiNG A neiGhbourhood model for dEmentia), which examines how rural neighbourhoods and communities of place can better support people with dementia and caregivers in rural Kenya to improve their social connection and engagement and ultimately their well-being. The RRR will follow the RAMESES publication standards [21] which aims to improve how realist syntheses is reported.

The RRR methodology has been proposed as a useful approach for synthesising knowledge in a relatively short period of time, knowledge that can be useful to guide policy making decisions [20].Given the dearth of evidence and interventions in relation to older adults and social engagement in rural SSA, the information gathered as part of the planned RRR will be shared with policy makers and can guide the design of social engagement strategies for this population. The RRR methodology has been used previously in the context of assistive technologies with older adults [22], age-friendliness [23] and in acute care settings [24]. These studies are mainly in high-income settings.

Consistent with the RRR approach [20] the purpose of the review and research question were developed collaboratively with a reference panel comprising of community health promoters, local leaders, and representatives from organisations supporting older adults in rural Kenya. This step was needed to ensure that the RRR was grounded in the local context and can produce findings that are applicable to policy and practice in that context. The main research questions for the RRR are as follows:

- i. What contextual factors promote or hinder older adults' social engagement in rural SSA
- ii. What are the mechanisms or psychological/sociological processes that enhance or hinder social engagement among older people in rural SSA
- iii. How are these mechanisms and contextual factors reflected in the Kenyan rural context?

Study design

The RRR process will involve the use of content experts, who comprise academics, researchers and practitioners in the fields of geriatrics, gerontology, dementia and those employing community participatory techniques in their practice/research. The experts will be involved throughout the review, from the identification and refining of the review question to the interpretation of the evidence.

This RRR involves the following steps and echoes the approach used elsewhere [25]

- i. Determining and defining the purpose of the review and research question
- ii. Determining relevant databases and searching for the evidence
- iii. Appraising the information gathered
- iv. Synthesising the information
- v. Interpreting the information

Search strategy

The review team will develop an initial search strategy which will be shared with the reference panel and members of the expert panel for input and suggestions. The updated search strategy will then be shared with a University librarian from Trinity College Dublin, Ireland to provide feedback and suggest potentially relevant databases for the search. Some of the databases we target for the search include Web of Science, Scopus, PubMed & Google Scholar.

The initial search will be conducted using the following search terms 'older people' 'social engagement' 'neighbourhoods' 'community' 'rural' and 'sub-Saharan Africa'. The search will be complemented by a search of articles from Google scholar, policy documents and documents from international organisations such as the UN and the WHO. We will also search reference lists of key publications such as systematic reviews for potentially relevant material. The search will be limited to publications in the English language and published between 2010 and 2024.

Screening and selection of relevant articles

Records that meet the inclusion criteria will be exported to Rayyan for full text screening. Rayyan <https://www.rayyan.ai> is a tool used by researchers to upload documents, screen and select relevant documents for knowledge synthesis. Two members of the review team will screen the titles and abstracts of identified records and publications/documents will need to meet the following criteria;

- i. Be based in rural SSA
- ii. Focus on older adults (60 + years of age)[In SSA age 60 has been proposed as a suitable marker with which to determine eligibility to health, social and research programmes [26]
- iii. Discuss social engagement interventions/ strategies in relation to older adults in SSA
- iv. OR discuss barriers/facilitators to social engagement in the context of older adults
- v. Qualitative, quantitative, mixed methods, reviews, policy documents in relation to social engagement and older people SSA

Data extraction

The first author will develop a data extraction form in line with the current RRR's research questions. The form will be shared with co-authors for feedback and input. The form will include information about the study title, author(s), publication dates, country, study designs and participants' information. The form will also have a section where the context, mechanisms and outcomes related to social engagement and older people in rural SSA will be recorded. Two members of the review team will extract the data which will be shared with other team members for further discussions.

Data analysis and synthesis

Data analysis and synthesis will follow a thematic analysis approach [27]. Analysis will be an iterative process, with findings being shared with content experts and the reference panel for discussions and feedback. This will ensure that the findings are reliable and have contextual relevance.

ENGAGE will combine data from this RRR (that will assess the evidence in relation to social engagement for older people more generally in SSA) with a local in-depth exploration of social engagement for people with dementia and their caregivers. Ultimately ENGAGE will use this evidence and local knowledge to create a bespoke Dementia Neighbourhood Model (DNM). The process of creating the DNM will be reported elsewhere.

Dissemination

The findings could be useful to organisations developing interventions to enhance social engagement among older adults in rural SSA. We plan to present the findings at academic conferences and publications will be shared on social media platforms. We will also collaborate with local organisations and the reference panel members who will be involved in the review process to disseminate the findings to policy makers and organisations supporting older adults in SSA.

Anticipated Duration of the RRR

April 2024 to October 2024

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