A Scoping Review of Sociocultural Influence on Diabetes Self-Management in West Africa: Implications for Culturally Responsive, Evidence-Based Care

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Introduction

- Type 2 Diabetes (T2D) is rapidly increasing in West Africa, especially among adults aged 20-79 years[1]
- Although preventable, T2D remains major contributor to morbidity and mortality in the region[1]
- Late diagnoses, poor follow-up, and limited access to care compound outcomes in resource-constrained settings like West Africa[2]
- Cultural beliefs, traditional medicine, religious practices, and social norms influence diabetes self-management (DSM)[3,4,5] and often intersect with systemic barriers such as cost, distance to facilities, and weak health infrastructure[1]
- Culturally informed DSM may reduce disparities and improve outcomes[6,7]
- **Purpose**: To explore how sociocultural factors influence DSM among people with T2D in West Africa

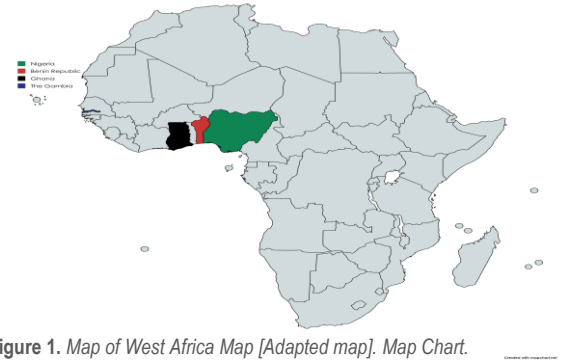

Figure 1. *Map of West Africa Map [Adapted map]. Map Chart.* https://www.mapchart.net/terms.html

Methods

- **Design:** Scoping Review (using Arksey and O'Malley PRISMA guidelines)
- **Screening:** Title/abstract and full-text screening by 3 reviewers using Covidence
- **Inclusion Criteria: Studies** published in English between 2019-2025 with focus on T2D and Sociocultural factors among participants in West Africa
- Data Extraction: Mirosoft Excel
- Data Charting: PRISMA Flow Chart
- Quality Assessment: Joanna Briggs Institute Critical appraisal tool
- Final Review: 24 articles

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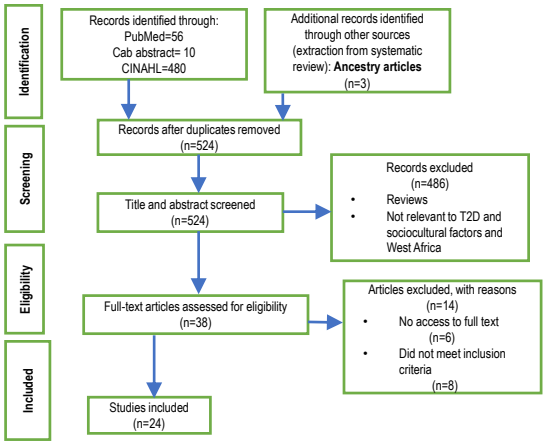

Figure 2. PRISMA Flow Chart of Study selection Process and results. Adapted from Opoku et al. (2023)[8,9]

Results

- Most of the studies were conducted in Ghana (14)
- Study designs were primarily Cross-sectional and quantitative (13)
- Participants were predominantly Female (21)
- The Mean ages fell within the middle-aged range (44–60.9 years)
- Commonly reported Sociocultural Influences on DSM include: Religion, Traditional medicine use, Community norms
- Sociodemographic variables: education, gender, marital status, age, urban vs rural affected medication and dietary adherence.
- Critical facilitators: Social support and neighborhood context.
- Several studies highlighted the need for: culturally-tailored DSM education, improved medication access, and attention to patients' lived experiences and beliefs

Conclusions/Implications

- Sociocultural and contextual factors play pivotal role in shaping DSM in West Africa
- Nurse-led, culturally adapted interventions that reflect psychosocial realities and systemic barriers are needed
- Embedding cultural competence into DSM practices is essential to improving outcomes and advancing chronic disease self-management equity in diverse populations

Significance

- The review highlights how sociocultural factors shape diabetes self-management in West Africa, emphasizing the need for culturally responsive and nurse-led interventions, particularly for heterogenous and underserved populations
- By linking cultural beliefs, social contexts, and systemic barriers, the findings offer direction for equity-driven strategies to improve chronic disease outcomes in underserved populations

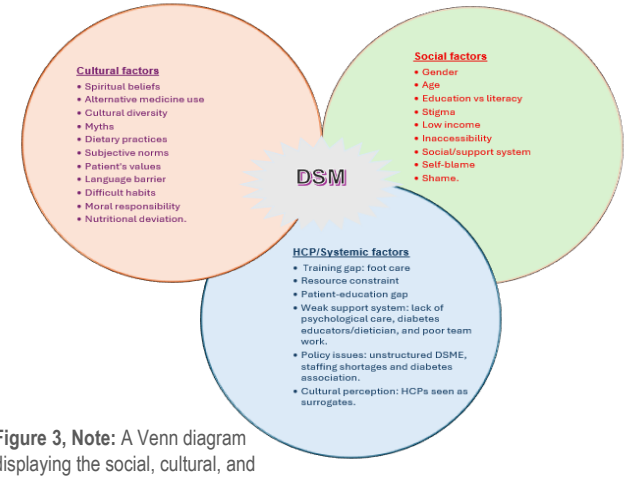

Figure 3, Note: A Venn diagram displaying the social, cultural, and Systemic factors related to T2D self-management.

Limitations

- Language restrictions
- Database coverage
- Contextual nuances

References

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