

An Investigation into the Socioeconomic and Cultural Factors Influencing Type 2 Diabetes Management Among South Asian Communities in the UK

3. Search Strategy

Searches were conducted across:

- Google Scholar
- PubMed
- PsycINFO
- Scopus
- ONS
- NHS Digital
- Public Health England

Keywords & Boolean Operators

- “Type 2 diabetes” AND “South Asian communities”
- “Cultural beliefs” OR “dietary practices”
- “Socioeconomic status” AND “health inequalities”
- “UK” AND “diabetes management”
- “Access to healthcare” AND “ethnic minorities”

Filters

- English language
- 2014–2025
- UK-based or UK-relevant
- Peer-reviewed or official reports

Example

Scopus search: “Type 2 diabetes” AND “South Asian” AND “UK” AND (“cultural beliefs” OR “dietary practices”) — 95 results before filters applied.

Initial results: 280

After screening: 64

Final included sources: 32

1. Introduction

Type 2 diabetes disproportionately affects South Asian communities in the UK, with prevalence rates up to three times higher than the national average (ONS, 2023). Cultural beliefs, dietary practices, socioeconomic disadvantage, and barriers to accessing healthcare contribute to poorer disease management and delayed diagnosis (NHS Digital, 2024).

Research Aim

To explore how socioeconomic status and cultural beliefs shape diabetes management behaviours, access to services. and patient outcomes among South Asian communities in the UK.

4. Inclusion & Exclusion Criteria

Inclusion

- UK-based studies on diabetes and ethnicity
- Research focusing on South Asian communities
- Peer-reviewed articles, government reports, policy documents
- Studies published within the last 10 years

Exclusion

- Studies focusing solely on biomedical aspects
- Non-UK contexts unless theoretically relevant
- Opinion pieces or non-academic sources
- Outdated research (>10 years old)

5. Source Tracking & Evaluation (Condensed)

Author & Year	Method	Key Findings	Relevance
Gujral et al. (2021)	Review	South Asian diabetes disparities	High
Patel et al. (2019)	Qualitative	Cultural dietary barriers	High
Ahmed et al. (2020)	Mixed methods	Digital exclusion	Medium
Nazroo (2015)	Quantitative	Socioeconomic inequalities	High
Ali et al. (2018)	Qualitative	Ramadan fasting & adherence	Medium

(Full table in Appendix A)

5. Data Analysis: Thematic Analysis

Thematic analysis followed Braun & Clarke’s (2006) six-step framework. Key Coding Categories:

- Cultural dietary practices
- Religious influences (e.g., fasting, traditional remedies)
- Socioeconomic barriers (income, housing, employment)
- Access to culturally sensitive healthcare
- Health literacy and language barriers
- Trust and engagement with NHS services
- Themes were refined to ensure accuracy and depth.

Codes that appeared repeatedly across multiple studies were grouped into broader themes based on frequency, conceptual similarity, and relevance to the research aim.

Final Themes

- Cultural influences on diabetes management
- Socioeconomic barriers and structural inequalities
- Healthcare access and service-level challenges
- Intersectional and identity-based experiences

6. Ethical Considerations

- No primary data collected
- All sources referenced using Harvard style
- Sensitive, non-stigmatising language used
- Cultural awareness and respect maintained
- Avoidance of stereotyping or deficit

2. Research Approach

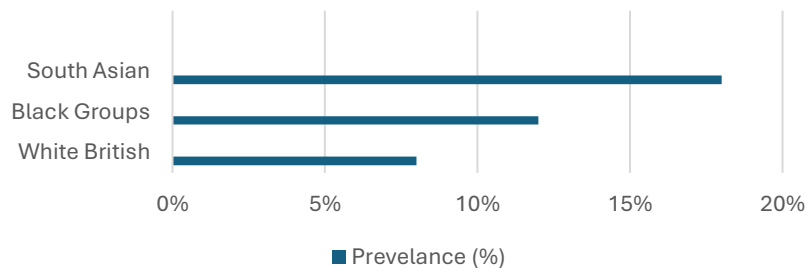
- A qualitative secondary research design was selected due to:
- Ethical sensitivity around chronic illness and cultural beliefs
- Ability to synthesise large-scale datasets and peer-reviewed evidence
- Suitability for analysing cultural, social, and structural determinants
- Alignment with undergraduate research expectations

This approach enabled thematic exploration of existing literature, policy documents, and national statistics.

8. Limitations

- Secondary research cannot capture lived experiences directly
- Limited UK-specific psychological research on South Asian diabetes management
- Some datasets lack detailed cultural breakdowns
- Potential publication bias

10. Data Visual Prevalence of Type 2 Diabetes by Ethnic Group (ONS, 2023)



11. Reference List (Poster Version)

Bhattacharya (2018); Gujral et al. (2021); NHS Digital (2024); ONS (2023); Public Health England (2022); Patel et al. (2019); Ahmed et al. (2020); Ali et al. (2018); Nazroo (2015); Braun & Clarke (2006).

7. Quality Appraisal: CRAAP Test

The CRAAP Test assessed:

- Currency
- Relevance
- Authority
- Accuracy
- Purpose

CRAAP Consistency

Sources scoring below 18/25 were excluded to ensure quality and relevance.

A full CRAAP table is included in Appendix C.