





The Current Status of Culturally Appropriate Self-management Education Programs For Women of Reproductive Age Living with Hiv/aids: Scoping Review



Alhassan Basour Adam^{1,*} , Maurine Rofhiwa Musie² , Abdul Razak Doat³  and Nombulelo Veronica Sepeng² 

¹Department of Nursing, School of Nursing and Midwifery, University for Development Studies, Northern Region, Tamale, Ghana

²Department of Nursing Science, Faculty of Health Science, University of Pretoria, Pretoria, South Africa

³Department of Nursing, C. K. Tedam University of Technology and Applied Science (CKT-UTAS), Upper East Region, Navrongo, Ghana

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*Address correspondence to this author at the Department of Nursing, School of Nursing and Midwifery, University for Development Studies, Northern Region, Tamale, Ghana; Emails: abadam@uds.edu.gh, u24795242@tuks.co.za

Published: June 05, 2026

Cite as: Adam A, Musie M, Doat A, Sepeng N. The Current Status of Culturally Appropriate Self-management Education Programs For Women of Reproductive Age Living with Hiv/aids: Scoping Review. Open Public Health J, 2026; 19: e18749445445712. <http://dx.doi.org/10.2174/0126669587425897260219083535>



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Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review. The Current Status on Culturally Appropriate Self-Management Education Programs for Women of Reproductive Age Living With HIV/AIDS: Scoping Review	Front page
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist. This scoping review was conducted following the methodological framework outlined by Arksey and O'Malley (2005), and further refined by Levac et al. (Levac et al. 2010). The review also adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines to ensure methodological transparency and rigor.	Page 4, paragraph 7
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge. Studies conducted in Ghana and other parts of Africa have documented that traditional belief systems play a central role in shaping women's perceptions and responses to HIV/AIDS self-management. However, educational programs often neglect these cultural dimensions, undermining their impact and acceptability. While some initiatives demonstrate promise, they remain fragmented, uncoordinated, and insufficiently grounded in culturally relevant theoretical frameworks. In light of these challenges, there is a need to systematically explore the landscape of existing culturally tailored self-management education program for women of reproductive age living with HIV/AIDS. This scoping review seeks to identify, map, and critically analyse existing educational programs that integrate cultural and contextual components, with particular emphasis on their relevance, effectiveness, and alignment with the lived realities of women in diverse settings.	See page 4, paragraph 4 and 5

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Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses. The main research question guiding this review was: What is the current status on culturally appropriate self-management education programs (SMEPs) for women of reproductive age (WRA) living with HIV/AIDS? Secondary questions explored the nature of these programs, their degree of cultural adaptation, and their documented outcomes.	See page 4, paragraph 6
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses. Studies were included if they met the following criteria: Targeted women of reproductive age (15-49 years) living with HIV/AIDS, described or evaluated a self-management education program (SMEP), or any structured educational intervention aimed at improving self-care behaviours, incorporated or assessed cultural adaptation strategies (<i>e.g.</i> , religious tailoring, linguistic accommodation, integration of local customs or norms), reported outcomes related to implementation, uptake, knowledge, adherence, self-efficacy, or psychosocial impact, articles published in full-text and accessible format in English. Exclusion criteria include; interventions focused purely on clinical management without educational or behavioural components, studies unrelated to women or not disaggregated by sex, and populations outside the specified age range or studies lacking cultural focus.	Page 6, paragraph 1 and 2
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted. A comprehensive literature search was undertaken from January to December 2024 across four electronic databases: PubMed, Scopus, Web of Science, and Google Scholar. Keywords and MeSH terms included combinations of "HIV/AIDS", "women", "self-management", "education program", "cultural adaptation", "Africa", and related synonyms, using Boolean operators to optimize retrieval. Grey literature was also searched through institutional repositories such as the WHO, UNAIDS, and UNDP websites. Reference lists of eligible studies were manually reviewed for additional sources.	Page 5, paragraph 2
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used. Keywords and MeSH terms included combinations of "HIV/AIDS", "women", "self-management", "education program", "cultural adaptation", "Africa", and related synonyms, using Boolean operators to optimize retrieval. Grey literature was also searched through institutional repositories such as the WHO, UNAIDS, and UNDP websites.	Page 5, paragraph 2
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process. This scoping review was conducted following the methodological framework outlined by Arksey and O'Malley (2005), and further refined by Levac et al. The review also adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines to ensure methodological transparency and rigor. The process followed five distinct stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting the results. Inclusion was restricted to English-language literature published between January 2013 and March 2024, reflecting contemporary programmatic and contextual realities. To determine the primary ideas included in the "review question" and provide direction for the search method, the study used the "Population, Concept, and Context (PCC) framework".	Page 4 and 5
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process. This scoping review was conducted following the methodological framework outlined by Arksey and O'Malley (2005), and further refined by Levac et al. The review also adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines to ensure methodological transparency and rigor. The process followed five distinct stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting the results. Inclusion was restricted to English-language literature published between January 2013 and March 2024, reflecting contemporary programmatic and contextual realities. To determine the primary ideas included in the "review question" and provide direction for the search method, the study used the "Population, Concept, and Context (PCC) framework".	Dr. Sukirazu

Section and Topic	Item #	Checklist item	Location where item is reported
Data items	10a	<p>List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.</p> <p>Outcomes for which data were sought. Defined Outcomes: The inclusion criteria required studies to report outcomes related to: Implementation, Uptake, Knowledge, Adherence, Self-efficacy, Psychosocial impact.</p> <p>Extent of Results Sought: All results compatible with each outcome domain were sought, regardless of study design (qualitative, quantitative, or mixed-methods). Variability was noted across studies in reporting program components, cultural adaptation strategies, and implementation processes, which limited the ability to conduct meta-analysis.</p> <p>Methods for Selecting Results: A standardized data charting form was used to extract outcomes measured, key findings, and results. This included all available measures and time points presented in the studies.</p>	<p>Page with Study Selection and Eligibility Criteria (para beginning "Studies were included if they met...").</p> <p>Limitations of the Study section (para beginning "Third, the heterogeneity of interventions...")</p> <p>Data Extraction and Charting section</p>
	10b	<p>List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.</p> <p>Other variables for which data were sought. Variables Collected: Using the standardized charting form, the following were extracted from each included study: Citation and author(s), Year of publication, Full title, Country or setting, Study objectives/aims, Study design or methods, Population details and context.</p> <p>Intervention description: Outcomes measured: Key findings or results, Implementation details: Barriers or facilitators, Relevance to review objectives, Themes and subthemes.</p> <p>Funding Source: The review itself was supported by the corresponding author. However, University of Pretoria Postgraduate Doctoral Bursary helped in payment of my school fees.</p> <p>Assumptions for Missing/Unclear Data: The manuscript acknowledges that: Studies varied in reporting of outcomes, program components, and cultural adaptation strategies. Some studies were qualitative/descriptive, making causal inferences limited. There was limited representation from rural/indigenous populations, which constrained interpretation</p>	<p>Data Extraction and Charting section (para beginning "A standardized data charting form...")</p> <p>Funding (under Supplementary information)</p> <p>Limitations of the Study (multiple paragraphs)</p>
Study risk of bias assessment	11	<p>Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.</p> <p>Methods used to assess risk of bias. Tool(s) used: The scoping review did not employ a formal risk of bias tool (e.g., Cochrane ROB, ROBINS-I, CASP). Instead, methodological rigor was addressed by following Arksey and O'Malley's framework and PRISMA-ScR guidelines for transparency.</p> <p>Reviewer process: Screening and selection: Two independent reviewers (ABA, MRM) screened titles and abstracts using Rayyan, a web-based systematic review tool that allows blinded and collaborative screening.</p> <p>Conflict resolution: Discrepancies were resolved by consensus or with input from a third reviewer</p> <p>Data extraction: Three reviewers (ABA, MRM, NVS) extracted data using a standardized Excel charting form. Two reviewers (MRM and NVS) then confirmed the extraction forms</p> <p>Independence of reviewers: Yes, reviewers worked independently during the initial screening phase via Rayyan, then cross-checked and validated extractions collaboratively</p> <p>Automation tools: The only automation tool used was Rayyan, which facilitated blinded independent screening of titles and abstracts. No AI-based or machine-learning automation was applied.</p>	<p>Methods - Study Selection and Eligibility Criteria (para beginning "The screening and selection process were conducted using Rayyan...")</p> <p>Methods - Data Extraction and Charting (para beginning "A standardized data charting form was developed...")</p>
Effect measures	12	<p>Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.</p> <p>Effect measures varied by outcome: odds ratios (ART adherence, viral suppression, PrEP awareness), percentages (knowledge, uptake), means with SDs and correlations (stress, depression, self-rated health), and regression coefficients (social capital predicting self-management). For implementation and psychosocial themes, results were presented narratively without quantitative effect measures.</p>	<p>Results - Characteristics of Included Studies & Table 2 (reports ORs, percentages, means/SDs, regression values for different outcomes)</p> <p>Theme 2: Impact of Cultural Alignment on HIV Self-management Outcomes (narrative with effect measures: ORs, percentages, regression outputs, correlations)</p>

Section and Topic	Item #	Checklist item	Location where item is reported
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)). Eligibility for synthesis was determined in three steps: (i) applying predefined inclusion/exclusion criteria, (ii) screening via blinded independent review in Rayyan with consensus resolution, and (iii) tabulating intervention and outcome characteristics in a standardized charting form. Studies were then grouped into five thematic domains (cultural competence, outcomes, facilitators, barriers, strategies), ensuring that each synthesis incorporated only studies aligned with its planned conceptual focus.	Location in Manuscript: •Methods – Study Selection and Eligibility Criteria (p. 7, para beginning “Studies were included if they met...”) •Methods – Data Extraction and Charting (p. 9, para beginning “A standardized data charting form...”) •Results – Characteristics of Included Studies & Table 2 (p. 13 onward)
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions. The review did not use statistical methods such as data imputation or conversions, reflecting its scoping nature. Instead, data preparation focused on standardized extraction, tabulation, and thematic grouping. Quantitative findings (odds ratios, means, percentages, correlations) were presented as reported, while qualitative evidence was synthesized narratively and thematically. Missing or unclear information was acknowledged, but not mathematically adjusted.	Location in Manuscript: •Methods – Data Extraction and Charting (p. 9, para beginning “A standardized data charting form...”) •Limitations of the Study (p. 33, paras on heterogeneity and missing information) •Results – Table 2 (p. 13 onward)
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses. The review used tables (PCC framework, study summary table), a PRISMA flow diagram, and a country distribution figure to tabulate and visually present results. Quantitative findings were presented as reported (ORs, percentages, means, correlations) and integrated into thematic domains, while qualitative findings were narratively synthesized and categorized into five core themes.	Location in Manuscript: •Methods – Data Extraction and Charting (p. 9) •Results – Characteristics of Included Studies & Table 2 (p. 13 onward) •Figure 2 (PRISMA flow diagram), Figure 3 (Countries for included studies), Table 1 (PCC framework).
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used. Results were synthesized through a descriptive analytical and thematic approach, integrating quantitative results (ORs, means, correlations, percentages) narratively with qualitative evidence (themes and subthemes). This approach was chosen because of heterogeneity in interventions, outcomes, and methods across included studies, which made meta-analysis inappropriate. No statistical pooling, heterogeneity tests, or specialized software were used.	Methods – Data Synthesis (p. 10, para beginning “Data synthesis was guided by a descriptive analytical approach...”) Results – Themes 1-5 (pp. 15-28, narrative thematic presentation) Limitations of the Study (p. 33, heterogeneity prevented meta-analysis)
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression). The review did not conduct subgroup analysis, sensitivity analysis, or meta-regression. Instead, heterogeneity was explored narratively by grouping studies into thematic domains and comparing patterns across interventions, populations, and geographical settings. This approach was chosen because of the scoping review design and the diversity of included evidence, which precluded statistical heterogeneity assessment.	•Methods – Data Synthesis (p. 10, descriptive analytical approach and thematic grouping) •Results – Themes 1-5 (pp. 15-28, where variations across contexts and interventions are described narratively) •Limitations of the Study (p. 33, paras noting heterogeneity prevented pooling)
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results. No sensitivity analyses were undertaken due to the scoping nature of the review and the heterogeneity of included studies. Instead, robustness of results was supported through transparent processes (dual independent screening, conflict resolution, standardized data extraction, and thematic grouping).	•Methods – Data Synthesis (p. 10, describes descriptive/thematic synthesis without mention of sensitivity testing). •Limitations of the Study (p. 33, notes heterogeneity and lack of meta-analysis/sensitivity analysis).
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases). No statistical methods were used to assess risk of bias from missing results due to reporting biases. Instead, the review minimized risk through broad database and grey literature searching, inclusion of multiple study designs, and hand-searching of references. Nonetheless, potential reporting bias remains, particularly due to language restrictions and incomplete reporting in included studies.	•Methods – Data Sources and Search Strategy (p. 7-8, comprehensive database and grey literature searching) •Limitations of the Study (p. 33, acknowledges language restrictions and incomplete reporting across studies)

Section and Topic	Item #	Checklist item	Location where item is reported
Certainty assessment	15	<p>Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome. The review did not formally assess certainty in the body of evidence using GRADE or CERQual. Instead, confidence in the evidence was addressed narratively through acknowledgment of study design heterogeneity, reporting variability, limited geographical representation, and language restrictions. This approach is consistent with the scoping review methodology, which emphasizes breadth and mapping of evidence rather than formal certainty grading.</p>	<ul style="list-style-type: none"> • Limitations of the Study (p. 33, paras noting reliance on qualitative/descriptive designs, limited geographical representation, language restriction) • Discussion (pp. 28-31, emphasis on variability in reporting and absence of standardized frameworks).
RESULTS			
Study selection	16a	<p>Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram. The search yielded 446 studies from data bases including 260 from grey literature. After removing 105 duplicates, titles and abstracts were screened, which yielded 341 citations, and 313 records were excluded after a full-text screening was done. Out of the remaining 28 studies, 7 studies were reports which was not retrieved, and 6 reports excluded. Overall, the total of 15 studies were included. This scoping review aimed to synthesize the existing evidence on culturally appropriate self-management education programs (SMEPs) tailored for women of reproductive age living with HIV/AIDS. The selection process resulted in fifteen studies that met the eligibility criteria. These studies were analyzed thematically, leading to the identification of five dominant themes: Cultural Competence in Provision of HIV/AIDS Care, Impact of Cultural Alignment on HIV Self-Management Outcomes, Facilitators of Program Implementation, Barriers to Effective Implementation, and Strategies for Implementing Culturally Appropriate SMEPs.</p>	Page 8, paragraph 2
	16b	<p>Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded. After removing 105 duplicates, titles and abstracts were screened, which yielded 341 citations, and 313 records were excluded after a full-text screening was done. Out of the remaining 28 studies, 7 studies were reports which was not retrieved, and 6 reports excluded. Overall, the total of 15 studies were included.</p>	Page 8, paragraph 2
Study characteristics	17	<p>Cite each included study and present its characteristics. Overall, fifteen (n=15) studies were included in this review. Most studies employed qualitative research methodologies. Some utilized mixed-methods designs or quantitative evaluations. Geographically, the studies spanned diverse settings including the USA (n=7), Canada (n=1), Kenya (n=3), Zimbabwe (n=1), Iran (n=1), China (n=1), and the United Kingdom (n=1). Most of the studies were conducted in sub-Saharan Africa (particularly Kenya, Ghana, and South Africa) and the United States, with a smaller number from Asia and Europe. The majority adopted qualitative (n=9), or mixed-methods approaches (n=2), while a few used cross-sectional or quasi-experimental designs (n=2), among others. Most studies involved women groups specifically, primarily drawn from urban communities and often within clinical or community health settings.</p>	Page 8, paragraph 4
Risk of bias in studies	18	<p>Present assessments of risk of bias for each included study. Not assessed.</p>	
Results of individual studies	19	<p>For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimates and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.</p>	
Results of syntheses	20a	<p>For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies. Risk of bias was not assessed</p>	
	20b	<p>Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. This was not done in our study</p>	
	20c	<p>Present results of all investigations of possible causes of heterogeneity among study results. The review did not statistically investigate heterogeneity but narratively attributed it to study design differences, population diversity, varied intervention types, and inconsistent outcome reporting. Cultural and contextual variations were the most prominent sources of heterogeneity across studies.</p>	Results - Themes 1-5 (pp. 15-28, discussing variations across contexts and interventions).
	20d	<p>Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results. No sensitivity analyses were performed. Robustness was instead supported by transparent review methods (independent screening, standardized extraction, thematic grouping). The absence of statistical sensitivity analysis was recognized as a limitation of the review.</p>	

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Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed. The review judged risk of bias due to missing results as moderate to high across most syntheses, especially for psychosocial, implementation, and strategy outcomes, where reporting was largely descriptive. The risk was somewhat lower for ART adherence and viral suppression, where effect estimates were available, but still present due to inconsistent reporting across studies.	Limitations of the Study (p. 21 & 22, acknowledges risk of bias due to incomplete reporting and English-only restriction).
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed. Overall, confidence in the evidence is strongest for outcomes related to ART adherence and viral suppression, which were supported by quantitative data across multiple studies. For other outcomes, particularly psychosocial wellbeing, implementation, and strategies, confidence remains low to moderate due to reliance on qualitative studies, heterogeneity in reporting, and limited rigorous evaluation.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence. This scoping review synthesized evidence on culturally appropriate self-management education programs (SMEPs) for women of reproductive age living with HIV/AIDS. The findings indicate that interventions incorporating cultural tailoring—such as faith-based approaches, indigenous storytelling, language adaptation, and peer-led education—are associated with improvements in ART adherence, viral suppression, HIV knowledge, psychosocial wellbeing, and self-efficacy. These results are consistent with broader evidence showing that culturally congruent interventions enhance patient engagement and health outcomes across chronic disease management, particularly where stigma, gender norms, and structural barriers limit access to care. The review also highlights that most available evidence comes from urban or clinical settings in sub-Saharan Africa and North America, with fewer studies addressing the needs of women in rural or indigenous contexts. This aligns with previous systematic and narrative reviews that emphasize persistent gaps in reaching marginalized populations, where cultural, religious, and gender dynamics strongly shape HIV self-management practices. Similar to evidence in diabetes and mental health care, this review confirms that cultural adaptation is not only a facilitator of program uptake but also a determinant of sustainability and long-term impact. At the same time, the heterogeneity of study designs and outcomes, combined with the predominance of qualitative and descriptive evidence, limits the strength of causal inferences. This finding echo other scoping reviews in HIV and chronic illness education, which report a lack of standardized frameworks for designing, evaluating, and scaling culturally tailored programs. Taken together, the review suggests that while there is compelling qualitative evidence and some quantitative support for the effectiveness of culturally adapted SMEPs, the global evidence base remains fragmented. Building on existing findings, future research should prioritize high-quality, context-sensitive studies that integrate cultural adaptation with implementation science principles. This would strengthen the case for scaling up culturally appropriate self-management program as part of comprehensive HIV care for women of reproductive age.	Location supported by manuscript: • Results - Themes 1-5 (pp. 16-19, showing cultural alignment, barriers, and facilitators). • Discussion (pp. 28-31, contextualizing findings against global HIV and cultural adaptation literature). • Limitations (p. 21, noting heterogeneity and need for rigorous studies).
	23b	Discuss any limitations of the evidence included in the review. This scoping review was subject to several limitations. First, the review only included studies published in English, which may have led to the exclusion of relevant research published in other languages, particularly from non-English-speaking regions with rich cultural diversity. This language restriction potentially limits the comprehensiveness of the cultural perspectives captured. Second, although the review incorporated a range of study designs, the majority of included studies were qualitative or descriptive in nature, with relatively few employing rigorous experimental or longitudinal designs. As such, causal inferences about the effectiveness of culturally adapted self-management education programs (SMEPs) remain limited.	Page 21, paragraph 5
	23c	Discuss any limitations of the review processes used. Third, the heterogeneity of interventions, outcome measures, and cultural contexts made it challenging to conduct any form of meta-analysis or direct comparison across studies. Variability in the reporting of program components, cultural adaptation strategies, and implementation processes further constrained the ability to synthesize findings quantitatively. Lastly, most of the included studies were conducted in urban or clinical settings, with limited representation of rural populations, indigenous communities, or humanitarian settings where cultural dynamics and healthcare access may differ substantially. These limitations underscore the need for broader and more inclusive research to fully understand and optimize culturally tailored SMEPs for diverse populations of women living with HIV/AIDS.	Page 21, paragraph 6

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	23d	Discuss implications of the results for practice, policy, and future research. Culturally appropriate educational materials should be developed to reflect local beliefs, languages, and gender norms in order to enhance program relevance and participation. Peer-led and community-based models are encouraged, as they utilize shared lived experiences to foster trust, promote disclosure, and support adherence to antiretroviral therapy (ART). Self-management education programs should also integrate psychosocial support components to address stigma, mental health challenges, and self-efficacy, which are essential for sustained engagement in HIV care. Healthcare providers and facilitators require training in cultural competence, participatory teaching methods, and gender-sensitive communication to deliver programs effectively. Standardized monitoring frameworks are necessary to capture both clinical and psychosocial outcomes, allowing for consistent program evaluation and improvement. Finally, these programs should be incorporated into national HIV response strategies, supported by dedicated funding and policy mechanisms to ensure sustainability and alignment with broader health system priorities.	Page 22, paragraph 1
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered. The review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared. A protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol. The review was not registered.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review. The study did not gain any funding, however except bursary for payment of school fees.	
Competing interests	26	Declare any competing interests of review authors. The authors have no conflicts of interest to disclose.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review. Public Availability of Materials <ul style="list-style-type: none"> • Template Data Collection Forms: A standardized data charting form (Excel spreadsheet) was developed and pilot-tested for the review. • Not publicly available. The manuscript does not provide a link to the form or deposit it in a repository. • Data Extracted from Included Studies: Extracted data (study characteristics, outcomes, themes) were summarized in Table 2 (Characteristics of Included Studies) within the manuscript. • Not otherwise publicly available. No supplementary file with raw extraction tables is mentioned. • Data Used for All Analyses: Data came directly from published studies (qualitative, quantitative, and mixed-methods). • Synthesized into narrative and thematic summaries and tabulated in the results. • Not publicly available as a dataset. Only summarized in manuscript tables/figures. • Analytic Code: No analytic code was used, since no meta-analysis or statistical modeling was performed. • Not applicable. • Other Materials (<i>e.g.</i>, protocols, tools, search strategy): The search strategy (databases, keywords, inclusion criteria) is fully described in the <i>Methods</i> section of the manuscript. • The PRISMA-ScR flow diagram (Figure 2) is included in the manuscript to show the selection process. • The review did not report a pre-registered protocol 	

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, *et al.* The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71
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