

Cultural Dynamics of Dementia Care: Re-Imagining Support through Transnational Learning

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The advancement toward a dementia-friendly world necessitates collaborative research efforts among nations globally. Dementia presents challenges that transcends borders, impacting individuals worldwide, and thus cannot be addressed through a singular approach . Both social and institutional strategies are integral to dementia care, collectively shaping the quality of life for individuals living with the condition.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Dementia care differs significantly worldwide. This is rooted in divergent cultural frameworks, socio-economic conditions and health system capacities. As global dementia prevalence increases, these differences shape not only care delivery but also how dementia is understood, accepted and acted upon. In more developed countries exemplified by jurisdictions such as the United Kingdom, the Netherlands, Sweden and Germany, dementia care is largely institutionalised. This is often characterised by earlier diagnosis, publicly funded home-care services, and purpose-built residential and nursing facilities. However, in Ghana, and many other developing countries, dementia care is predominantly informal and community-based due to limited specialists, absence of comprehensive policy frameworks and socio-cultural systems.	The study adopted a qualitative approach drawing on both the critical review of interdisciplinary literature specifically on the global north and the thematic analysis of data relating to dementia care practises in Ghana. This analysis focused on how structural, cultural and social factors shape the dynamics of dementia care.	In more developed nations, systems were often supported by national dementia strategies that promoted awareness, professional training and integrated health and social care, yet they remain challenged by rising costs, workforce shortages and persistent socio-economic inequalities in access and quality of care. In developing countries, dementia care was primarily provided by relatives. Thus, cultural interpretations of the condition which often framed cognitive decline as a normative aspect of ageing or through a superstitious lens, would sometimes shape help-seeking behaviours and frequently delay critical interventions. Thus, while one model fostered strong relational care and social continuity, the other promoted clinical reliability and structured interventions.	Findings suggest that neither institutionalised nor exclusively informal models were sufficient in isolation. A more sustainable future for dementia care lies in balancing formal service provision with culturally embedded community support. Consequently, advancing cross-cultural and comparative research is essential. This will help to identify how the structural strength of the global north and the social resilience of the global south can be synergistically integrated to inform more equitable person-centred dementia care globally.	Frimpong et al., (2024); Akinny, (2016); World Alzheimer Report, (2015); Nature Medicine (2023); Nyame et al. (2019); Antwi, (2023); Dovie, (2019); Kelly, (2016); Dakpui, (2023); Agyemang-Duah et al., (2024); Zarzycki et al., (2022); Alzheimer’s Disease International, (2021); OECD, (2017); WHO Global Action Plan on Dementia (2017); CONTACT frimpongivana@yahoo.co.uk duahdani@gmail.com amarful@yahoo.com teeagk@yahoo.co.uk 