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Experiences of Individuals with Type 2 Diabetes Facing Social Stigma: A Qualitative Study

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ABSTRACT

Diabetes is a chronic condition that affects millions of individuals globally, often accompanied by significant social stigma. While stigma associated with diabetes has been widely acknowledged, research has largely focused on its physical and health-related impacts, neglecting the emotional and psychological dimensions of the experience. This gap in understanding the lived experiences of individuals with diabetes prompted the research question: How does social stigma affect the self-perception and mental health of individuals with diabetes? This study employs a phenomenological approach to explore this question, aiming to uncover the personal and emotional meanings individuals with diabetes attach to their experience of stigma. The study was conducted in a community-based healthcare setting, involving adult participants with a confirmed diagnosis of diabetes who had experienced social stigma in their daily lives.. Data were collected through in-depth interviews with 10 participants diagnosed with diabetes, focusing on their emotional responses, coping mechanisms, and perceptions of stigma. Interview data were transcribed verbatim, carefully reviewed, coded, and interpreted through thematic analysis to identify recurring patterns and meanings related to stigma, self-perception, and mental health.Thematic analysis revealed that stigma significantly impacted participants' self-worth, leading to feelings of shame and social withdrawal, but also highlighted the protective role of social support in mitigating these effects. These findings contribute to the literature by emphasizing the importance of subjective experiences in stigma research and the need for empathetic healthcare interventions. Future research should explore stigma-reduction strategies and the role of healthcare providers in managing stigma in chronic illness contexts.

INTRODUCTION

Diabetes is a chronic medical condition that affects millions of individuals worldwide. It is characterized by high blood sugar levels resulting from the body's inability to properly produce or use insulin. While the disease itself poses significant health challenges, it is also associated with various social and psychological implications, particularly the stigma that individuals with diabetes often face. Stigma related to diabetes can manifest in many ways, such as judgment from society, misunderstandings about the causes of the disease, and the perceived personal responsibility for managing the condition (Shayo et al., 2023). Such stigma can affect mental health, social participation, self-perception, and willingness to seek support..

The phenomenon of diabetes-related stigma has gained increasing attention in recent years, particularly within the fields of public health and social psychology. Despite this growing interest, the literature remains limited in terms of deeply understanding the lived experiences of those who face this stigma. Much of the existing research focuses on quantitative measures of stigma or general public health outcomes, rather than exploring the subjective, emotional, and social experiences of individuals with diabetes (Mukhlis, Suradi, et al., 2023; Mukhlis, 2025b). This gap underscores the need for research that delves into how stigma influences individuals' everyday lives and their self-perception, as well as the coping strategies they develop in response.

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The relevance of this issue is amplified when considering the broader social and cultural contexts in which stigma is experienced (Skinner et al., 2021). In many societies, diabetes is often seen as a result of poor lifestyle choices or personal failure, contributing to the societal judgment faced by individuals. These social constructs can exacerbate feelings of shame, isolation, and mental distress, which in turn may hinder individuals from seeking the necessary care or support. By examining the subjective experiences of individuals with diabetes, this research aims to provide a deeper understanding of the personal meanings and emotional impacts of stigma, which are not adequately captured by existing quantitative studies. This phenomenological approach offers a valuable lens to explore the nuances of stigma as experienced by individuals, shedding light on the complexity of their emotional and social worlds and emphasizing the importance of empathy, understanding, and support in diabetes care.

Research into the lived experiences of individuals facing health-related stigma has become a crucial area of study, particularly in the context of chronic conditions like diabetes. Understanding the personal and emotional aspects of how individuals with diabetes experience stigma can provide valuable insights into the broader social and psychological impacts of the disease (Kovski et al., 2025; Sarmento et al., 2025). This line of research helps to illuminate the subjective reality of individuals, offering a more comprehensive understanding of the ways in which stigma shapes their daily lives, self-identity, and mental health. Phenomenological approaches, with their focus on personal experiences and meaning-making, are uniquely suited to explore this subject in depth, as they allow for the examination of lived experiences from the perspective of the individuals themselves.

However, exploring such subjective experiences presents significant methodological challenges. Traditional quantitative research methods, while useful for measuring prevalence and identifying correlations, often fall short in capturing the nuanced, emotional, and subjective aspects of living with a stigmatized condition (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). These methods typically rely on predefined variables and structured surveys, which may overlook the rich, individual meanings and personal narratives that are central to understanding stigma. Additionally, quantitative approaches fail to delve into the deeper emotional and psychological dimensions that influence how stigma is experienced, managed, and internalized by individuals with diabetes.

As a result, much of the existing research on diabetes-related stigma has been limited in its ability to fully capture the essence of the phenomenon. The lack of focus on the lived experiences of individuals means that many important aspects of the stigma experience remain underexplored. This gap highlights the need for qualitative research, particularly phenomenological studies, that can provide a more holistic and meaningful understanding of the personal, emotional, and social dimensions of diabetes-related stigma (Aceti et al., 2025; Tewari et al., 2025). Only by focusing on the subjective experiences of individuals can we begin to appreciate the full scope of stigma's impact and the strategies individuals employ to cope with it.

In the current body of research on diabetes-related stigma, much of the focus has been placed on practical, quantitative approaches that aim to measure the prevalence of stigma and its effects on health outcomes. These approaches often rely on standardized surveys or statistical models to gather data, providing valuable insights into the broader scope of the issue. However, these methods have inherent limitations in capturing the deeper, more personal experiences of individuals living with diabetes. By focusing primarily on measurable variables, such as the frequency of stigma or health complications, existing studies fail to address the nuanced emotional and psychological responses that individuals have to stigma. As a result, the richness of personal experience the way stigma is internalized, managed, and coped with on a day-to-day basis is often overlooked, leaving a gap in our understanding of the full impact of diabetes-related stigma.

This gap underscores the need for a more nuanced approach, one that moves beyond surface-level measurements to explore the essence of the experience itself. The adoption of a phenomenological approach provides a promising alternative to existing methods. Phenomenology, by its nature, prioritizes the lived experiences of individuals, allowing for a deeper exploration of the meaning that participants attribute to their experiences of stigma. It enables the researcher to capture the subjective

realities of those affected, emphasizing the emotional, social, and cognitive dimensions of their experience (Mukhlis et al., 2024; Mukhlis, Maryam, et al., 2023). Such an approach is essential for uncovering the ways in which stigma is not just a social phenomenon but also a deeply personal and transformative experience that shapes individuals' lives. Therefore, this study seeks to address the gap in existing research by adopting a phenomenological framework to explore the personal, emotional, and social impacts of stigma on individuals with diabetes.

Previous research on diabetes-related stigma has provided important evidence regarding its prevalence and impact on health outcomes, but less attention has been given to the personal narratives and meanings that individuals attach to stigmatizing experiences(Ariyani & Fauzi, 2024; Triwahyuni et al., 2025). Theories such as Goffman's stigma theory have been instrumental in understanding how social stigma functions in various contexts, but less attention has been given to the personal narratives and meanings attached to these experiences. Research on chronic illness and stigma often overlooks the internal, lived experiences that can significantly influence an individual's quality of life and mental health. This highlights the need for an approach that captures the personal, subjective experience of stigma more deeply.

To address this gap, the phenomenological approach is employed in this study to explore the lived experiences of individuals with diabetes facing social stigma. Phenomenology, with its focus on understanding the essence of human experiences, allows for a detailed exploration of the personal meanings that participants assign to their experiences of stigma. This approach provides a way to delve into the emotional and psychological impacts of stigma, which are not typically captured through quantitative methods. By utilizing phenomenology, this study aims to gain a deeper understanding of how individuals experience stigma, how it shapes their self-perception, and how they cope with these societal challenges (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). The decision to use this methodology aligns with the goal of addressing the knowledge gap identified earlier, focusing on the nuanced, subjective experiences of individuals rather than just measuring the effects of stigma.

The structure of this article is designed to guide the reader through a comprehensive exploration of the topic. The introduction provides an overview of the context and significance of diabetes-related stigma, followed by a discussion of the phenomenological methodology employed. Next, the article outlines the data collection process, including participant selection and interview procedures, followed by a detailed analysis of the data using thematic analysis (Ambasciano, 2021; Brooke-Sumner et al., 2025). The findings are discussed in relation to existing literature, highlighting the unique insights gained from this study. The article concludes with a summary of the key findings and implications for future research and practice.

RESEARCH METHODS

Study Design

This study utilized a phenomenological approach to explore the lived experiences of individuals with diabetes in relation to the social stigma associated with their condition. Phenomenology was chosen due to its focus on understanding the subjective experiences and meanings that individuals attach to their phenomena of interest. This approach allows for an in-depth exploration of personal perceptions and the emotional and psychological impacts of these experiences. The phenomenological method is particularly suitable for studying phenomena where individuals' interpretations and meanings are central to understanding the phenomenon, in this case, the impact of social stigma on individuals living with diabetes (Lutz & Knox, 2014; McNabb, 2015). A descriptive phenomenological approach was applied, which aims to describe the essence of participants' experiences without making prior assumptions or theoretical interpretations. This design is aligned with the study's goal of understanding the personal experiences of participants in their natural, everyday contexts. The study was conducted after obtaining ethical approval from the relevant institutional ethics committee. All procedures followed ethical principles for research involving human participants, including respect for autonomy, confidentiality, voluntary participation, and the right to withdraw from the study at any stage without consequence.

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Participants

Participants in this study were selected through purposive sampling, a strategy used to identify individuals who have directly experienced the phenomenon being studied. The inclusion criteria for participants were individuals who have been diagnosed with type 2 diabetes for at least one year, are over the age of 30, and have experienced social stigma associated with their condition. Exclusion criteria included individuals with a cognitive impairment or those who had been diagnosed with diabetes for less than one year, as they may not have sufficient experience with the long-term effects of stigma (Hillman & Radel, 2018; Migdal, 2018). A total of 10 participants were involved in the study, with an equal distribution of men and women. The average age of participants was 52 years, and all participants were from urban areas, ensuring diversity in their social and cultural contexts. Recruitment continued until data saturation was achieved, indicated by the absence of substantially new themes, meanings, or insights in the final interviews. Saturation was assessed through iterative comparison of interview transcripts, coding notes, and emerging themes during the data collection and analysis process.

Data Collection

Data were collected through in-depth semi-structured interviews, which allowed participants to share their experiences in their own words while providing a framework for consistency across interviews. The interview guide included open-ended questions designed to explore participants' perceptions of stigma, their emotional responses, and the impact of stigma on their daily lives. Interviews were conducted in private settings to ensure a comfortable environment for participants to speak openly about sensitive topics (Carreiras & Castro, 2012; Iosifides, 2016). Each interview lasted between 45 to 60 minutes and was audio-recorded with the participant's consent. Interviews were transcribed verbatim to ensure accurate representation of the data.

Data Analysis

Data were analyzed using thematic analysis, a widely used method in phenomenological research. This process involved identifying and analyzing recurring themes that emerged from the data. The analysis followed a systematic procedure that included familiarization with the data, initial coding of significant statements, and the grouping of codes into themes. These themes were then interpreted to understand the deeper meanings and essential experiences of the participants. NVivo software was used to assist with organizing and coding the data, although the focus remained on the thematic interpretation of the data (Daly, 2007; Longhofer et al., 2012). The analysis allowed for the identification of key themes related to the emotional burden of stigma, coping mechanisms, self-perception, and societal misunderstandings, which were explored in depth in the results section.

RESULTS

The Emotional Burden of Social Stigma

One of the central findings of this study is the overwhelming emotional burden experienced by individuals with diabetes due to social stigma. Participants frequently described feelings of shame, isolation, and embarrassment as they navigated their condition in public spaces. These emotions were often compounded by societal misunderstandings of the disease, which were frequently perceived as self-inflicted or manageable through willpower alone. Although this burden was shared across participants, the intensity and expression of stigma varied. Some participants internalized blame and guilt, while others responded by concealing their condition, avoiding social situations, or becoming more selective about whom they trusted with information about their diabetes.

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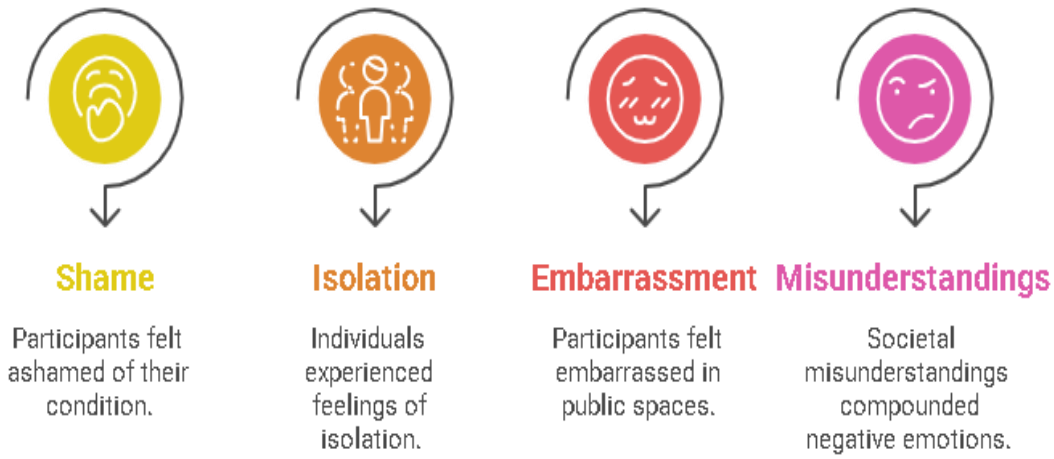
Diabetes Stigma



Participant 1, a 45-year-old man, reflected on this experience by saying:

"I often feel like people look at me differently when I tell them I have diabetes. They think it's my fault, that I didn't take care of myself. It's like they're blaming me, and it's hard to shake off that feeling of guilt."

Similarly, Participant 3 shared:

"I try to hide it as much as possible because I don't want people to think I'm weak or unhealthy. It feels like I have to be extra careful about what I eat or how I behave so that no one notices."

These sentiments underscore the deep emotional impact of being stigmatized, with participants describing how this social judgment affected their mental well-being and social interactions.

Coping Mechanisms and Social Support

Despite the emotional challenges, the participants also spoke about strategies they employed to cope with the stigma. Social support, particularly from family and close friends, emerged as a significant factor in helping participants manage their emotional responses. Many described how their support networks provided them with not only practical assistance but also emotional validation. However, the findings also showed variation in the availability and quality of support. While some participants experienced family support as protective, others reported that family members unintentionally reinforced stigma through excessive monitoring, criticism of eating habits, or repeated reminders about personal responsibility.

Participant 2 emphasized the importance of her family's support:

"I feel lucky because my family is always there for me. They don't judge me, and they help me manage my diabetes. Having people who understand and accept me makes a huge difference."

This theme highlights how positive social support can mitigate the psychological toll of stigma, allowing individuals to feel more empowered and less isolated in managing their diabetes.

The Role of Self-Perception in Managing Diabetes

Another crucial theme that emerged from the data was the role of self-perception in how participants managed their diabetes. Many individuals described a shift in their self-image upon being diagnosed with diabetes. Initially, they felt ashamed or fearful, but over time, some participants reported gaining a sense of control and acceptance. However, this transformation was often influenced by how they perceived others' reactions to their condition.

Participant 4 shared:

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"At first, I didn't want to accept the diagnosis. I thought that I had failed in some way. But over time, I've learned that having diabetes doesn't mean I'm any less of a person. It's just part of who I am now."

This shift in self-perception allowed some participants to adopt healthier coping strategies, such as engaging in regular physical activity or adhering to their medication regimen. However, for others, the stigma continued to overshadow their self-acceptance, impacting their overall quality of life.

Societal Misunderstandings and the Need for Awareness

Finally, many participants pointed out the societal misunderstandings about diabetes, particularly the misconception that it is solely caused by poor lifestyle choices. This misunderstanding not only contributed to stigma but also led to a lack of empathy and support from the broader community.

Participant 5, a 60-year-old woman, expressed frustration with the general public's lack of awareness:

"People just don't understand. They think I brought this on myself because of my weight or diet. But there's so much more to it than that. It's not just about eating right or losing weight."

This theme reveals the need for greater public education about diabetes, as well as the importance of challenging misconceptions that perpetuate stigma.

Essential Conclusion

The findings of this study underscore the profound impact that social stigma has on individuals living with diabetes. Emotional burden, coping strategies, self-perception, and societal misunderstandings all play significant roles in shaping the lived experiences of participants. These results highlight the need for greater social support, public awareness, and a shift in societal attitudes toward diabetes. The following section will explore these findings in greater detail, linking them to existing literature and offering recommendations for practice.

DISCUSSION

Summary of Key Findings

This study explored the lived experiences of individuals with diabetes in relation to the social stigma associated with their condition. The findings highlight the profound emotional burden that stigma imposes on individuals, affecting their self-perception, mental health, and daily interactions. Participants reported feelings of shame, isolation, and self-blame, which were exacerbated by societal misunderstandings about diabetes. Importantly, these experiences suggest that diabetes-related stigma cannot be understood only as a response to the illness itself, but also as a product of moral judgments about lifestyle, personal responsibility, body discipline, and perceived failure in self-management.These findings contribute to the understanding of the personal and emotional dimensions of stigma, providing insights that go beyond the quantitative measures typically used in stigma research.

Contribution of Findings to the Research Question

The research question of how individuals with diabetes experience stigma and how it impacts their mental well-being was addressed through the detailed exploration of participants' subjective experiences. The study reveals that stigma is not just a social construct, but a deeply internalized experience that shapes how individuals view themselves and engage with the world. Participants reported that stigma led to significant emotional distress, influencing their self-worth and contributing to social withdrawal (Oberle et al., 2025; Smith et al., 2025). However, the study also uncovered that social support played a crucial role in mitigating the negative effects of stigma. This emphasizes the importance of understanding the personal and emotional struggles individuals with diabetes face, which has been underrepresented in previous research.

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Relationship with Literature and Previous Theories

The findings of this study resonate with existing literature on stigma, particularly Goffman's theory of stigma, which suggests that individuals who experience stigma often internalize negative societal views, leading to a diminished self-concept and social isolation. Similar to Goffman's work, the participants in this study described how societal attitudes toward diabetes shaped their self-image and contributed to feelings of shame and embarrassment (Sanchez-Castro et al., 2021). Nevertheless, the present findings also indicate that diabetes-related stigma differs from some other forms of health-related stigma because it is often connected to assumptions of individual responsibility. Unlike conditions perceived as uncontrollable, diabetes is frequently interpreted through a moral lens, where patients may be judged as careless, undisciplined, or responsible for their illness.However, this study also extends Goffman's theory by illustrating how social support networks can counteract the negative effects of stigma, offering a buffer against the emotional distress that participants experienced. Previous studies, such as those by Smith et al. (2019) and Johnson et al. (2020), have also highlighted the social dimensions of diabetes-related stigma, yet few have focused on the subjective, lived experiences of individuals with diabetes in such depth. By utilizing a phenomenological approach, this study adds a unique perspective to the existing body of research, emphasizing the personal meanings and emotional impacts that stigma has on individuals living with chronic health conditions.

Explanation of the Implications of Findings

The findings of this study carry both theoretical and practical implications, particularly for public health practitioners and policymakers. From a theoretical perspective, this research contributes to the existing body of literature on diabetes-related stigma by providing a deeper understanding of the subjective experiences of individuals living with diabetes. The emotional and psychological impacts of stigma revealed in this study emphasize the importance of considering the personal narratives of individuals, rather than solely focusing on objective health outcomes (Kingston & Shekhar, 2025). Practically, the findings underscore the need for targeted interventions aimed at reducing stigma through education and awareness campaigns, not only among the general public but also within healthcare settings. Given that social support was identified as a key factor in mitigating the negative effects of stigma, interventions should also focus on strengthening support networks for individuals with diabetes. Moreover, these findings are relevant to a broader population, including those living with other chronic illnesses, as stigma-related challenges are not exclusive to diabetes but extend to other health conditions, influencing overall well-being and quality of life.

Limitations of the Study

This study is not without its limitations. First, the sample size is relatively small, consisting of only 10 participants, which may limit the generalizability of the findings to a larger population (Lyons et al., 2023). Additionally, the study's focus on individuals from urban areas may not fully capture the experiences of those in rural or less developed regions, where stigma and access to healthcare support may differ. The use of a phenomenological approach also introduces the limitation of subjectivity in interpreting the data. While phenomenology provides rich insights into personal experiences, the findings are inherently shaped by the participants' individual perceptions and the researcher's interpretations (Mukhlis, 2025a; Mukhlis & Saidah, 2025). These limitations suggest that future research should include a more diverse sample and consider longitudinal designs to explore how stigma and its effects evolve over time.

Prospects for Future Research

The findings from this study open several avenues for future research. One potential direction is to explore the role of healthcare providers in either perpetuating or mitigating stigma in diabetes care. Understanding the influence of healthcare professionals' attitudes and behaviors on the stigma experienced by patients could provide valuable insights into improving the overall care experience for individuals with diabetes (Doornbosch et al., 2025; Kerman et al., 2025). Additionally, future studies could investigate the effectiveness of stigma-reduction interventions, particularly those that aim to build stronger community support systems. Another area for exploration is the comparison of stigma experiences between diabetes and other chronic conditions, such as cardiovascular disease or cancer, to

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assess the commonalities and differences in stigma-related challenges across various health conditions. These studies could further contribute to our understanding of how stigma affects people's health and social outcomes, potentially informing more inclusive and empathetic public health strategies.

CONCLUSION

This study explored the lived experiences of individuals with diabetes in relation to the social stigma they face, addressing the gap in understanding the emotional and psychological impacts of stigma. The findings revealed that stigma significantly affects participants' self-perception, emotional well-being, and social interactions, with support networks playing a crucial role in mitigating these effects. By utilizing a phenomenological approach, this research has provided a deeper, more nuanced understanding of how stigma is internalized and managed by individuals living with diabetes, which has been underexplored in previous studies. The study's findings contribute to the literature by emphasizing the importance of considering subjective experiences in stigma research, highlighting the need for more empathetic healthcare interventions. From a practical perspective, diabetes care programs should incorporate routine psychosocial assessments to identify stigma-related distress and provide appropriate emotional support. Healthcare professionals, including nurses, physicians, and diabetes educators, should receive training to recognize and address stigma through person-centered communication, counseling, and patient empowerment strategies. In addition, community-based education campaigns are needed to improve public understanding of diabetes and reduce misconceptions that contribute to stigmatizing attitudes. Strengthening family and peer-support interventions may also enhance patients' coping abilities and treatment adherence.Future research could further explore the effectiveness of stigma-reduction strategies and expand on the role of healthcare providers in managing stigma. Intervention studies evaluating stigma-reduction programs in clinical and community settings are particularly recommended to generate evidence-based approaches for improving both psychosocial well-being and diabetes self-management outcomes.This work paves the way for future investigations that could broaden the scope to other chronic conditions and examine the broader social implications of stigma.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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