This study was the first to conduct an in-depth exploration of the perceptions and experiences of diabetes-related stigma from the perspective of adults with type 2 diabetes.

**Method**

**Design and participants**

We conducted semi-structured interviews with 25 Australian adults with T2DM

- 12 (48%) women
- mean age: 59±14 years (range: 22-79 years)
- diabetes duration: 7±7 years (range: 0-29 years)
- Participants were recruited primarily through the membership list of Diabetes Australia – Vic (the peak consumer body representing people affected by diabetes in the state of Victoria, Australia)
- Study advertisements purposefully did not refer to “stigma” in order to minimise the risk of attracting participants with extreme negative experiences, and to avoid biasing participants' interview responses
- Data collection and analysis
  - Mean length of interview was 55 minutes (range: 25 – 103 minutes)
  - All interviews were audio-recorded and transcribed verbatim, with transcripts imported into NVivo 10 to facilitate data coding and retrieval
  - Data were subjected to thematic analysis using an inductive (data driven) approach
  - Transcripts were read and re-read (by JB & AV) to develop an initial coding framework, which was reviewed by the full research team. Following some modifications, five transcripts were coded independently (by JB & AV) with inter-rater agreement rating of 99.5%, and minor discrepancies resolved through discussion
  - Given high level of agreement, AV coded the remaining 17 transcripts independently
  - The content of each code was then examined to determine whether some codes could be subsumed by others, and to explore relationships between codes

**Results**

- 15 (60%) participants indicated they believed there was social stigma surrounding T2DM
- 10 (40%) participants believed there was no stigma surrounding T2DM:
  - However, 6 of these described evidence of diabetes-related stigma throughout the interview
  - Four firmly believed there was no stigma and that they were surprised that this was a topic of interest
  - Evidence of diabetes-related stigma was apparent in participants’ perceptions and/or experiences of:
    - being blamed and shamed for developing a (largely preventable) condition
    - negative stereotyping
    - discrimination and restricted opportunities in life

Participants identified the following sources of stigmatising attitudes and practices:

- the media
- healthcare professionals
- family, friends and colleagues
- As a consequences of stigma, participants reported:
  - becoming unwilling to disclose their condition to others, and as a result, compromising their safety and self-care activities
  - emotional distress, including feelings of shame, guilt, regret, and inadequacy
- There was a distinct feeling among participants that the stigma was specific to T2DM, and that those with T1DM were not judged so harshly
- Illustrative participant quotes are displayed in Table 1

**Conclusions**

To our knowledge, this study is the first qualitative investigation of the experiences and perceptions of diabetes-related stigma from the perspective of people living with T2DM

- Our findings indicate that stigmatisation is an issue of substantial concern for people with T2DM, and has harmful consequences for their willingness to disclose their diabetes, their self-care (especially in public places), their emotional well-being and life opportunities e.g. work, relationships

Future research needs to focus on:

- quantifying perceptions of diabetes-related stigma among people with T2DM and its associations with self-care, emotional well-being and social functioning
- how to dispel stigmatising attitudes and practices toward T2DM
- how to minimise the impact of stigma e.g. by enhancing resilience amongst people with T2DM
- exploring diabetes-related stigma in T1DM

**References**


**Table 1. Themes and illustrative quotes from participants**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example quote</th>
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<tbody>
<tr>
<td>Evidence of stigma</td>
<td>&quot;I find a lot of people, they like to think of you as being the culprit. In fact I actually had one person say ‘well you've dug your grave with your own teeth.'&quot; (#12, man, aged 67)</td>
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<td>Blame and shame</td>
<td>&quot;I always worry that people must have thought I was some big fat pig gorging on cakes and tarts and was a shocking person and that’s why I developed it, I was gross.&quot; (#25, woman, aged 65)</td>
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<td>Negative stereotyping</td>
<td>&quot;If I apply for a job that I would be discriminated against on the basis of that. That’s a fear. I now don’t know if whether it’s well founded or not.&quot; (#25, woman, 59yrs)</td>
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<tr>
<td>Discrimination &amp; restricted opportunities</td>
<td>&quot;I went to see the dietician and I got treated a certain way... And that dietician, I tried to talk to her, my voice was all shaky but trying to stay calm and I was talking to her but she didn’t listen...&quot; (#25, woman, aged 30)</td>
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<tr>
<td>Sources of stigma</td>
<td>&quot;I just say to them ‘I know what I can put in my mouth and what I can’t. Thanks a lot the meals I can’t eat.’&quot; (Family, friends, colleagues)</td>
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<tr>
<td>Healthcare professionals</td>
<td>&quot;That’s a fear. Now I don’t know if whether it’s well founded or not.&quot; (#15, woman, aged 60)</td>
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<td>Emotional distress</td>
<td>&quot;I think that people get blamed and shamed and I think that makes it worse... they feel hopeless.&quot; (Emotional distress)</td>
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<tr>
<td>Comparison with type 1</td>
<td>&quot;Type 1 is you poor thing, type 2 is you stupid thing&quot; (Comparison with type 1)</td>
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