DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

TACKLING DIABETES STIGMA

Position statement: August 2025

This document sets out our knowledge and position on diabetes stigma and makes recommendations for how it could be tackled. It is based on available evidence to date including research we have carried out, whilst recognising the need for further investment in this area.

1. What is diabetes stigma

Diabetes stigma can be defined as negative attitudes and beliefs about an individual or group because of their diabetes. Stigma arises from misconceptions and misunderstanding of the causes, management and experience of diabetes. There is an inaccurate, and overly simplistic, societal view that people with diabetes are to blame for their condition and its complications. This societal view is a key driver of diabetes stigma and often leads to discrimination – the unfair treatment of an individual or group due to their diabetes. It can also lead to self-stigma – where negative beliefs about diabetes become accepted and internalised as shame and self-blame by people living with the condition.

People with diabetes can experience stigma frequently and it can occur in a variety of situations, both directly (e.g. from family members) and indirectly (e.g. through low investment in diabetes research). Diabetes stigma is intersectional and plays out alongside and as part of other forms of stigma (e.g. in relation to obesity and poverty).

2. Why have we produced this position statement?

Diabetes UK is committed to reducing the impact of stigma on individuals and the whole diabetes community. As the UK's largest charity dedicated to supporting everyone affected by diabetes, we are uniquely positioned to lead the way in addressing the root causes of diabetes-related stigma.

The stigma experienced by people with diabetes can directly affect their health – undermining their access to support and treatment due to perceptions held about the condition. Our research found 56% of people surveyed admit to avoiding their medical appointments because of perceived stigma. Stigma can affect the decisions made about the availability of services and treatments for people with diabetes in the NHS, and the research funds available from Government and other sources. It also impacts on our ability to attract funding for our ground-breaking research into new treatments and a cure.

Some of the ways we can intervene to tackle stigma, which we will cover in more detail this paper, include narrative change about diabetes, improving healthcare interactions and supporting people living with diabetes. But further research and investment in this area is needed.

We believe addressing and reducing diabetes stigma is one of the most impactful ways we can improve lives and advance the diabetes cause.

3. What can we say about this issue?

Diabetes UK is an anti-stigma organisation – and we are striving to support and advocate for all people with diabetes to get the treatment and help they need, free from blame or judgement. The negative impacts of stigma on the health and wellbeing of people with or at risk of diabetes, and on the services and research which support them, can no longer be tolerated in society. We need a fundamental change in how the public perceive diabetes. We want to see the seriousness of the condition accepted and understood and for diabetes stigma to be a thing of the past.

To tackle stigma, we must think about interventions that address stigma holistically and cover where stigma occurs at an individual level, an interpersonal level and at an institutional and structural level. These levels intersect and reinforce one another.

Interpersonal stigma

This stigma occurs as everyday interactions between friends, family, colleagues, teachers, classmates and members of the public. Conscious or subconscious attitudes towards diabetes influences interactions with people who have the condition. This can manifest as regular comments about what should or shouldn't be eaten, a lack of accommodation for the need to inject insulin, exclusion from activities that others are taking part in, or assumptions about how the condition was caused. Interventions that could help include narrative change campaigning, anti-stigma training of healthcare professionals, and strategically placed communications to combat misinformation and misconceptions about the condition.

Internalised stigma

This stigma occurs when people living with diabetes believe negative messages about their own diabetes, and about other types of diabetes, leading to self-stigma and intra-community stigma. Helpful interventions could include supporting people living with diabetes to recognise stigma, to build resilience against it, and encouraging them to recognise common ground with people that have other types of diabetes so that, together, they can advocate for the support they deserve.

Institutional and structural stigma

This stigma can impact implicit rules and regulations within organisations such as healthcare settings, educational settings and the workforce. This in turn can cause and be reinforced by stigma at a structural or systemic level - with biased laws, policies and practices across society which discriminate against people living with diabetes and restrict their access to services. Interventions could include promoting and protecting the legal rights of people living with diabetes, particularly in the workplace and in educational settings. Drawing attention to the economic and commercial factors contributing to the risk of developing type 2 diabetes could also help to change the political discourse and healthcare decision-making around the condition.

5. Why we say this – the evidence

5.1 The impact of diabetes stigma

People with diabetes are directly impacted.

The prevalence of diabetes stigma internationally has been reported as high as 78% in adults with type 1 diabetes, 70% in adults with type 2 diabetes, 98% in youth and adolescents with type 1 diabetes, and is unknown in youth and adolescents with type 2 diabetes[1].

Stigma has a negative impact on people's health and wellbeing[2]. Some studies suggest diabetes stigma has been associated with higher HbA1c levels; lower quality healthcare consultations[3]; people disengaging from healthcare; and delayed access to treatments, technologies, and specialist care[4].

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1 Diabetes Stigma and Clinical Outcomes: An International Review | Journal of the Endocrine Society | Oxford Academic

2. Diabetes Stigma and Clinical Outcomes: An International Review | Journal of the Endocrine Society | Oxford Academic

3 Type 2 diabetes stigma and its association with clinical, psychological, and behavioural outcomes: A systematic review and meta-analysis - PubMed

4 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5241772/#B19

When people with diabetes internalise diabetes stigma as self-stigma (e.g. shame and self-blame), the negative impacts of diabetes stigma are magnified[5]. People with diabetes who experience or internalise stigma are more likely to report depressive symptoms, anxiety symptoms, diabetes distress[6], and lower self-esteem[7]. They are more likely to hide their condition and their self-management activities from others. They might skip essential medications or postpone glucose monitoring in public to avoid judgement, having implications on their physical health[8].

Diabetes UK market research found 56% of people surveyed admit to avoiding their medical appointments because of perceived stigma[9].

Diabetes stigma can also affect people's life chances, employment and social life. Stigma can mean people living with diabetes choose to hide their condition from friends, family and co-workers for fear of being shamed, excluded or treated differently[10]. Our market research revealed 1 in 5 respondents reported experiencing workplace stigma at least every few weeks[11].

Diabetes discrimination can take the form of limited employment opportunities and career advancements, particularly for people experiencing frequent hypoglycaemia or living with obesity, overweight, or diabetes-related complications[12].

Whilst diabetes is generally seen as a disability under the Equality Act 2010[13], the Act treats each person as an individual and ultimately only a court or tribunal could decide if the law had been broken. Across the globe, there is evidence that people with diabetes are subject to unjustified restrictions (defined in regulation or not) related to education, employment, health care, driving and other licensing[14].

Underinvestment in diabetes as a condition

Stigma can negatively impact financial support for diabetes prevention, care, treatments, programmes, and research[15]. Politicians and other decisionmakers, including research

5 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)
6 The relationship between stigma and psychological distress among people with diabetes: a meta-analysis - PubMed
7 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)
8 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)
9 DUK_Stigma_report_24March23 AND 17Dec24.pdf
10 DUK_Stigma_report_24March23 AND 17Dec24.pdf
11 DUK_Stigma_report_24March23 AND 17Dec24.pdf
12 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations
13 https://www.gov.uk/guidance/equality-act-2010-guidance
14 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations
15 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

commissioners, are not immune to the negative perceptions of diabetes in common discourse which in turn impacts how they perceive the value of the cause.

In the UK approximately 1 in 5 adults are living with diabetes or prediabetes but national research funding data indicates investment in diabetes is well below other non-communicable diseases. An analysis of public and charity investment in health research in the UK in 2022 showed that just 2.6% of total spend was on "metabolic and endocrine" conditions (which includes diabetes, nutritional deficiencies, and endocrine, blood and immune disorders). This compares to 16.8% for cancer, 8.9% for neurological disorders and 5.9% for cardiovascular conditions[16].

Intersectionality

There is limited research on the intersection of diabetes stigma with other forms of stigma and discrimination, in relation to age, body size, disability, sex, gender reassignment, other health conditions, race, sexuality, socio-economic status[17]. However, an international review of stigma assessment studies highlights that female sex is consistently associated with increased experience and perception of diabetes stigma across all populations, similar to the increased burden of other psychosocial comorbidities in females with diabetes, such as depression, and suggests it's likely due to societal and cultural factors[18].

Whilst there is very little research about the experiences of diabetes stigma and its impact among disadvantaged, minority, and diverse populations (e.g. Indigenous people, refugee and asylum seekers, migrants)[19], Diabetes UK research found that ethnicity may play a role in internalised stigma. For example, the myth that diabetes is caused by eating too much sugar is more likely to be believed by people of Black African, Black Caribbean and South Asian heritage[20]. The research also showed diabetes stigma was more likely to be experienced by these groups compared to the general population.

Diabetes stigma is associated with lower socioeconomic status, according to some research[21], though there is conflicting data on education level and stigma. Populations with more socioeconomic challenges are potentially at higher risk for experiencing diabetes stigma and efforts to address stigma in these populations should be prioritised[22]. According to the Joseph Rowntree Foundation, poverty stigma intensifies when combined with other forms of stigma[23]. To combat diabetes stigma, it is essential that our strategies prioritise inclusivity, avoiding

16 UK Health Research Analysis Report 2022 (hrcsonline.net)

17 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

18 Diabetes Stigma and Clinical Outcomes: An International Review - Journal of the Endocrine Society

19 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

20 DUK_Stigma_report_24March23 AND 17Dec24.pdf

21 Diabetes Stigma and Clinical Outcomes: An International Review

22 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

23 Poverty stigma: a glue that holds poverty in place

perpetuation of stigma against people with different types of diabetes, conditions, experiences, or identities.

5.2 The causes of diabetes stigma

Myths, misconceptions, and blame

An international consensus drawing on research from around the world found that diabetes stigma is driven by a lack of knowledge about the condition, its causes, management, and/or complications[24].

There is an inaccurate, and overly simplistic, societal view that people with diabetes are to blame for their condition and its complications. This societal view is a key driver of diabetes stigma[25].

Stereotypes about people with diabetes include assumptions that they are sick or weak, lazy or lacking motivation, willpower, self-control, or capability. Diabetes stigma is perpetuated using words and imagery that are inaccurate, harmful, and judgmental in the context of diabetes - for example, terms such as 'non-compliant', 'poor control' or 'failing'[26] and pictures of people with diabetes eating unhealthy foods.

The stigma is facilitated by the use of oversimplified, sensationalist and/or fear-based messaging and imagery about diabetes in the media, health campaigns and in healthcare. It can lead to fear and disgust - further compounding negative feelings about diabetes[27].

People living with type 1 and type 2 can experience the same misconceptions. Almost half (48%) have personally experienced the misconception that diabetes is caused by eating too much sugar[28].

On top of the stigma experienced around how diabetes is caused, is the stigma around how diabetes is managed. Over a third of participants in Diabetes UK research reported receiving comments around what they should or shouldn't be eating, rising to over 50% of participants from our research with global majority groups[29]. In public, fear of judgement around having to inject in public or fear of judgement for the food choices being made in supermarkets or

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[24] Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

25 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

26 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

27 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

28 DUK_Stigma_report_24March23 AND 17Dec24.pdf

29 DUK_Stigma_report_24March23 AND 17Dec24.pdf

restaurants was common, particularly for those living with type 2 who were also living with obesity.

Sources of diabetes stigma

Diabetes stigma can come from numerous sources and in multiple settings. It may be perpetrated unknowingly through implicit bias, and even with good intentions, but without realisation of the harm that it causes[30].

In healthcare

Some health professionals can contribute to diabetes stigma by conveying blaming, judgment and/or mistrust people with diabetes, whether consciously or not. Patients can even be offered differing standards of care due to stigma[31]. Twenty percent of respondents to Diabetes UK research said they experience stigma from healthcare professionals at least a few times a year[32]. Participants reported feeling 'told off' if their blood glucose levels had been fluctuating, with a focus on success or failure and a lack of sensitivity to the emotional burden of living with diabetes.

People from Black African, Black Caribbean and South Asian ethnicities also reported healthcare professionals making assumptions about their diet based on their cultural background - for example, assuming someone eats a lot of rice because they are South Asian or cooks with certain ingredients. Conversely, other people reported that their cultural background was sometimes not taken into consideration when providing information and advice. In both incidences, the participants felt misunderstood.

In the media

Diabetes UK research found two in three people with diabetes reported experiencing stigma from the media at least monthly[33]. Media narratives tend to centre around blaming people for their type 2 diabetes rather than highlighting the contributions of societal and system-wide contributors or acknowledging genetic or biological factors. There is also a lack of visibility of diabetes across media, with a particular absence of representation of people with type 2.
Where there is visibility (for example a TV character living with diabetes), the representation of the condition is often not an accurate portrayal. Jokes or comments in TV and film that link diabetes with obesity and sugary foods perpetuate stigma and reinforce misconceptions about diabetes.

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30 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

31 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

32 DUK_Stigma_report_24March23 AND 17Dec24.pdf

33 DUK_Stigma_report_24March23 AND 17Dec24.pdf

In the home

Diabetes UK research showed around 1 in 4 people with diabetes reported experiencing stigma in the home at least weekly[34]. Those from a South Asian background reported feeling particularly 'othered' by family members who believe they are 'defective' or ‘broken’ upon their diagnosis, whether diagnosed with type 1 or type 2. In a follow up study with global majority groups, half of people from Black African, Black Caribbean and South Asian people had reported receiving comments and questions around food consumption, compared to around a third of the general population living with diabetes[35].

In cultures where arranged marriages are common, people with diabetes (in particular, type 1) reported social status loss and rejection because of their condition, leading to them being perceived as a less desirable spouse[36].

In the workplace

Many people with diabetes are hesitant to reveal their condition in the workplace for fear of discrimination. Over half of the participants in Diabetes UK research said they have experienced workplace stigma, and some reported they will not apply for a job because of their condition, or assume they missed out on a job opportunity because of it[37]. In a study in the USA, a review of 328,738 allegations of employment discrimination found that 3.5% involved diabetes[38]. According to the same study, people with diabetes were also more likely to encounter job-retention discrimination.

The nature of the stigma reported by participants in a Diabetes UK study included a lack of understanding from managers about the need to inject insulin at work or the need to take time off for medical appointments. It also included comments from colleagues regarding their food choices or being singled out and/or excluded from work social events involving food. One in five people reported experiencing such stigma every few weeks.

6. What should be done to stop diabetes stigma?

Whilst there is very little published research on what works to reduce diabetes stigma and its impacts[39], insights drawn from other stigmatised health conditions such as HIV and mental

34 DUK_Stigma_report_24March23 AND 17Dec24.pdf
35 DUK_Stigma_report_24March23 AND 17Dec24.pdf
36 DUK_Stigma_report_24March23 AND 17Dec24.pdf
37 DUK_Stigma_report_24March23 AND 17Dec24.pdf
38 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations
39 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

health, and stigmatised social conditions such as poverty suggest the solution involves multi-faceted, long-term efforts. Overcoming deep-set attitudes and commonplace misconceptions will involve international collaboration and collective leadership from those who communicate about and have influence over diabetes - including people living with the condition, their friends and family, campaigners, researchers, health professionals, media, industry and policy makers[40].

International consensus based on the best available evidence includes the following recommendations:

6.1 Change the narrative.

Narratives play a crucial role in shaping how society interprets the issues affecting the people around them. They create belief systems about how the world works and therefore how to behave in response to it. Narratives can be harmful, beneficial, or both[41].

By challenging dominant narratives and fostering alternative ways of talking about the lives of people around us, we can come to think differently about the world and recognise what needs to change[42].

The prevailing public narrative surrounding diabetes which focuses on personal responsibility for causing and treating diabetes must be challenged by education and counter narratives that focus on genetic, biological, sociocultural, environmental, behavioural factors and the social inequities influencing health[43]. Work to raise public awareness of the causes of diabetes, what it's like to live with it, and its serious effect on health is paramount. To avoid perpetuating diabetes stigma and its harms, new diabetes narratives need to be informed by theory and evidence and tested for negative consequences with people with lived experience.

Building new narratives about diabetes will require design and testing of the different components that make up public narratives.

Framing and language

Framing is about being intentional in how we explain diabetes - the messages we emphasise, the language we choose and the language we don't choose. Organisations tackling poverty stigma, such as the Joseph Rowntree Foundation, have found success in using metaphors when communicating about sensitive topics, for example, "rising living costs are holding people

40 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

41 Measuring Narrative Change Understanding Progress and Navigating Complexity

42 The Features of Narratives - Frameworks Institute

43 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

down"[44]. Evaluating the use of evocative metaphors in communicating about the experience diabetes could be helpful in fostering understanding.

We can also adopt simple language principles to choose words that are neutral, nonjudgemental and based on facts, physiology, and biology[45]. We can avoid 'othering' those living with the condition by using person-centred language that respects the individual, rather than reducing the person to their diagnosis[46].

Heart disease, obesity and diabetes are often described as 'lifestyle' diseases caused by unhealthy choices[47] - a framing which fails to address the genetic and biological causes of diabetes as well as a person's social circumstances of the condition such as deprivation, and the bombardment of unhealthy food marketing. And whilst we should not ignore the modifiable risks associated with the condition, we must increase awareness of the social and commercial environment within which type 2 diabetes is rising. We can look to the reframing of smoking as a success story in this way – a health issue which was previously framed as purely a lifestyle choice but now is discussed much more through a consumer-protection lens, leading to major advances in the regulation of smoking advertising[48].

Storytelling

Stories both give rise to and draw from narratives. Storytelling in narrative change is particularly important because as human beings we naturally process information and make sense of the world through stories. Stories have heroes and villains, and implicit lessons and morals[49]. Stories are far easier for us to remember than information presented as facts.

Stories can help educate people on the causes, the experiences and the management of diabetes in a memorable and relatable way. They can also inform people of the stigma surrounding diabetes and the impact it has on individuals directly and indirectly, since research suggests people without diabetes assume it is not a stigmatised condition[50].

The storyteller is also important. People living with all types of diabetes must have their stories told, as we know that there are misunderstandings about the different types of diabetes and everyone's experience is unique.

Participants in Diabetes UK research from global majority groups told us they felt less alone and better understood when seeing others from the same community dealing with similar health

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44 Framing toolkit: Talking about poverty - Joseph Rowntree Foundation

45 dStigmatize Language Guide - dStigmatize

46 dStigmatize Language Guide - dStigmatize

47 The Health Policy Partnership - Time to drop 'lifestyle' out of health policy

48 The Health Policy Partnership - Time to drop 'lifestyle' out of health policy

49 Measuring Narrative Change Understanding Progress and Navigating Complexity

50 Social stigma in diabetes – ACBRD

issues[51]. Seeing people from similar backgrounds who were thriving or living a 'normal' life would also dispel fear around diabetes and diabetes health outcomes.

Amplification of helpful narratives

Narrative change requires more helpful narratives to be amplified, maintained, and reproduced through many different channels and by many different voices in order to gain traction. It involves joined up working with a broad coalition of partners, be they people living with diabetes, individual actors or organisations. New narratives will have to reach large numbers of target audiences and involve strategic communications placed in media, social media, popular culture as well as tailored interactions with direct sources of stigma.

As a start, we must role model best practice at Diabetes UK - communicating in a destigmatised manner, recognising and countering our own prejudice and demonstrating the behaviour we want to see.

Evidencing narrative change

Tracking the reaction to new narratives is crucial and may include tracking metrics such as the number of engagements with social media posts, downloads of messaging toolkits, media tracking etc.

Measuring the attitude shift created by those narratives is more complex however and can take years or even decades. New narratives are competing in an ecosystem where the old narratives are still prevalent. Achieving attitude change will require regular testing and learning of what is working, adapting to feedback, scaling up when successful and continuing to test and revise as needed[52]. Good practice starts with obtaining a baseline of attitudes within target audiences. Isolating a small sample of the audience to expose new narratives to and interviewing them post-exposure to assess for an increase in positive sentiments will help steer efforts in the right direction.

6. 2. Improve healthcare interactions.

Healthcare professionals should be supported to ensure their interactions are stigma free, ideally early in clinical training and through continuing professional development[53].

It's important to acknowledge that many health professionals are supportive, but numerous studies suggest people with diabetes experience stigma from their doctors, nurses and other

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51 DUK_Stigma_report_24March23 AND 17Dec24.pdf

52 Measuring Narrative Change Understanding Progress and Navigating Complexity

53 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

specialists. They report being blamed and judged for having the condition and for how they're managing it.

Education in person-centred care, including person-centred language use could help mitigate stigma in healthcare settings, though further research on the role of such education needs to be assessed. Culturally sensitive training that considers the diets and backgrounds of ethnicities at higher risk of diabetes would be helpful. Diabetes UK research found Black African, Black Caribbean and South Asian participants wanted their cultural background to be considered when receiving healthcare advice.

There is some evidence to suggest that taking a more holistic approach to diabetes healthcare – i.e. one that acknowledges the complex biopsychosocial and socioecological factors that affect people's capability and opportunities for behaviour change - could support optimal health[54]. The American Diabetes Association makes detailed recommendations regarding psychosocial care, though acknowledges it would require a major shift in healthcare models throughout many countries in order to make progress[55].

6.3 Policy and advocacy

Political support and funding for diabetes healthcare should not be impacted by diabetes stigma, and organisations advocating for people with diabetes must raise awareness amongst policy makers of the ways in which stigma is a barrier to preventing and treating the condition. The prevailing narrative around individual responsibility for preventing and managing diabetes may be undermining will from policy makers and funders to invest more in tackling the condition. Advocating for policies and practices that address the economic and commercial drivers of ill health and health inequity is important.

Discrimination due to diabetes is not addressed universally in laws, policies, and regulations and it can be difficult for people living with diabetes to know and advocate for their rights. If people with diabetes do not realise that their health condition is classed as a disability, or do not identify with the words disabled or disability, then they might not appreciate that the law protects them from discrimination[56]. Awareness raising of the current laws and advocating for the implementation of them could be helpful in protecting the rights of the diabetes community and challenging policies that discriminate against them.

6.4 Working in partnership.

54 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

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56 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

While work has been done globally to understand the breadth and impact of diabetes stigma, this has largely been done as research work, but few interventions (at any level - individual or societal) have been tried, with little to no evidence of their impact being recorded. It's important for UK and international partners working on diabetes research and advocacy to share research with one another and collaborate on opportunities to test what works. Working in partnership is also essential to countering dominant narratives about diabetes. These partners should include those working in the field of diabetes research and care, as well as media partners, journalists, influential health experts, celebrities and more.

Lessons can be learnt from other stigmatised health conditions, such as HIV and mental health, and, critically from obesity and weight stigma, which is likely a key driver of diabetes stigma. Educational interventions that provide information on the genetic and environmental causes of obesity have shown some success in changing attitudes about how much control individuals have over their own body. Such framing would also set the scene for more effective policies and interventions that target the social and environmental drivers of type 2 diabetes and ultimately improve population health.

6.5 Support people living with diabetes.

It's important that people living with diabetes can recognise stigma and challenge it, maintaining their self-esteem and avoiding self-stigma. By co-leading our approach to tackling stigma in partnership with those experiencing it, we can advocate accurately for what needs to change, as well as help people living with the condition to ask for the healthcare and the treatment they are entitled to.

Interventions to support people living with diabetes to recognise and challenge stigma could include reminding people that type 2 diabetes is a complex condition with a variety of causes, and to promote resilience and effective self-care activities[57] across all types of diabetes.

Diabetes is increasing in prevalence - 1 in 5 adults now has diabetes or prediabetes. It's also reaching new demographics with type 2 growing most rapidly in the under 40-year-olds. Whilst these worrying trends create a more urgent need for interventions to tackle the rise of type 2 diabetes, they also provide opportunity for a movement of people to have their voices heard and challenge our food and health systems. Our work with younger people has shown there is a more vocal generation who are seeking to drive change.

Family members and peers have been identified as an underused resource for support to people living with diabetes, and their inclusion in diabetes education could facilitate more empathy and understanding[58].

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57 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

58 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

Overall, any action taken to address stigma must involve a diverse range of people living with diabetes and acknowledge the health inequalities within the condition to ensure that the intersectionality of stigma is addressed.

7. Further research recommendations

A large international consensus group found a comprehensive approach is needed to understand all aspects of diabetes stigma, including causes, facilitators, mechanisms, and impacts, as well as effective strategies for ending it. It will require a variety of study designs, including prospective, observational, and trials to test interventions[59].

In recognition of the need for more published data on stigma, Diabetes UK are funding two research projects into diabetes-related stigma, in our biggest investment in tackling stigma to date. The projects are focused on people living with type 1 diabetes[60] and women who have first-hand experience of gestational diabetes[61]. By building the picture of stigma in people living with type 1 diabetes and gestational diabetes in the UK, this research can help researchers to develop novel ways to tackle it and reduce its negative effects on physical and mental health.

However, further research needs include:

- Research to examine the effects (both positive and negative) of existing educational, behavioural, psychosocial, and clinical interventions on diabetes stigma.

- Further research to understand the drivers and extent of beliefs, attitudes, and behaviours perpetuating diabetes stigma among health professionals, and in the general population. An assessment of the current literature and the effect of language in healthcare on mental well-being would be useful, including the way language can be interpreted in different ways by different cultures.

- Further research to improve models of care for people with diabetes - learning from best practice. Too often, the care and support people with diabetes receive does not consider their mental well-being. Further research is needed into the experience of diabetes stigma among those with gestational diabetes and rarer types of diabetes, across life stages, genders, socioeconomic status, ethnicities, languages, cultures, and countries. This includes qualitative research, longitudinal quantitative research, and the development / use of valid and reliable assessment tools.

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59 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)

60 https://www.diabetes.org.uk/our-research/about-our-research/our-funded-projects/london/combating-type-1-stigma

61 https://www.diabetes.org.uk/our-research/about-our-research/our-funded-projects/london/gestational-diabetes-stigma

- Further research to understand and reduce diabetes stigma in print and news media, social media, and popular culture.

- Further research to examine how diabetes stigma interacts with experiences of stigma related to other characteristics, e.g. age, gender, ethnicity, identity, other health conditions, and how to minimise negative consequences of intersecting stigmas among people with diabetes.

- And culturally sensitive research is needed to understand diabetes stigma and its impacts among disadvantaged, minority, and diverse populations, e.g. refugee and asylum seekers and migrants[62].

How did we develop this position?

We have developed this position statement through our knowledge and from insights drawn from:

- A review of available diabetes stigma research in the UK and internationally.

- Diabetes UK qualitative research using in-depth interviews with people living with diabetes including type 1, type 2 and gestational diabetes and a diversity of ages, gender, social grade, disability, and some who self-identified as living with obesity or overweight. Special thanks to Abbott, Lilly, Sanofi and Magenta for partnering with us on this research.

- Diabetes UK qualitative research using in-depth interviews specifically with Black African, Black Caribbean and South Asian participants living with diabetes including a diversity of ages, gender, social grade, disability and some who self-identified as living with obesity or overweight. Special thanks to Abbott, Lilly, Sanofi and Magenta for partnering with us on this research.

62 Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations (thelancet.com)