Lentera Perawat
Volume 6 Number 3: July - September 2025

OPEN ACCESS

Original Article

Lived experiences of women with type 2 diabetes in Uzbekistan: A descriptive phenomenological study

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Keyword:
Lived experience,
Phenomenology,
Psychosocial,
Type 2 diabetes,
Women,

DOI:
https://doi.org/10.52235/lp.v6i3.510

Article Info:
Received : June 16, 2025
Revised : August 01, 2025
Accepted : August 11, 2025

Lentera Perawat
e-ISSN : 2830-1846
p-ISSN : 2722-2837

Abstract

Background
Type 2 diabetes mellitus (T2DM) presents significant challenges beyond glycemic control, particularly for women in culturally conservative societies. In Uzbekistan, women with diabetes often face psychological burdens, social stigma, and role conflict, yet little is known about their lived experiences.

Objective
This study aimed to explore the lived experiences of women with type 2 diabetes in Uzbekistan and to understand how they interpret and cope with the condition within their cultural and social environments.

Methods
A qualitative descriptive phenomenological approach was used. Sixteen women diagnosed with T2DM for at least one year were recruited purposively from outpatient clinics in Tashkent and Samarkand. Data were collected through semi-structured in-depth interviews and analyzed using Colaizzi's method. Lincoln and Guba's trustworthiness criteria guided the rigor of the study.

Results
Four major themes emerged: (1) altered perception of life with diabetes, (2) psychosocial challenges and emotional burden, (3) coping strategies and spiritual resilience, and (4) disruption of family roles and responsibilities. Participants described diabetes as a constant and invisible burden, exacerbated by stigma, misunderstanding, and gendered expectations. Despite these challenges, many women relied on spirituality and structured routines to regain control and meaning.

Conclusion
Women with T2DM in Uzbekistan experience diabetes as a complex emotional and social phenomenon. Addressing their needs requires culturally sensitive interventions that integrate psychosocial support, family involvement, and gender-responsive health education.

Background

Diabetes mellitus (DM) is a chronic disease that affects millions of individuals worldwide and poses substantial challenges to patients' physical, emotional, and social well-being (American Diabetes Association, 2014). Among women, particularly in low- and middle-income countries, living with diabetes often intersects with gender-specific roles and sociocultural expectations, shaping unique experiences and coping mechanisms (Khosravizadeh et al., 2022).

Uzbekistan, like many Central Asian nations, has seen a significant increase in diabetes prevalence over the last decade, with women disproportionately affected due to barriers in accessing healthcare, dietary regulation, and consistent treatment (WHO, 2016). Despite national efforts to strengthen diabetes management, many women remain vulnerable to complications due to delayed diagnosis, inadequate self-care support, and limited awareness regarding lifestyle modification (International Diabetes Federation, 2021).

The psychological and social dimensions of living with diabetes are particularly salient among women in Uzbekistan, who often bear the dual burden of managing household responsibilities while coping with the demands of a chronic condition. Studies from other contexts, such as Iran, have shown that women with diabetes experience disruptions in identity, body image, family roles, and social interaction, which can lead to emotional distress and diminished quality of life (Shahbazi et al., 2022). These challenges are often compounded by structural inequities, limited health education, and gender norms that deprioritize women's health-seeking behaviors (Habibzadeh et al., 2017).

Understanding how women in Uzbekistan perceive and live with diabetes is critical to designing culturally responsive interventions and support systems. While numerous quantitative studies have examined metabolic control and treatment outcomes, there is a notable lack of qualitative research exploring the lived experiences of diabetic women in this region. This gap hampers efforts to develop psychosocially grounded approaches that address the everyday realities and emotional needs of this population.

Therefore, this study aimed to explore the lived experiences of women with type 2 diabetes in Uzbekistan, drawing upon their narratives to better understand how they interpret, respond to, and manage their condition in the context of cultural expectations and systemic challenges.

Methods

Study Design

This study employed a qualitative descriptive phenomenological approach to explore the lived experiences of women with type 2 diabetes in Uzbekistan. Phenomenology was chosen as the methodology because it provides a framework for understanding how individuals construct meaning from their life experiences and illness conditions (Creswell, 2007). This approach allows deep insight into how Uzbek women interpret, adapt to, and emotionally respond to their chronic condition.

Setting and Participants

Participants were recruited purposively from three outpatient diabetes clinics located in urban and semi-urban regions of Tashkent and Samarkand. These facilities were selected for their high volume of female diabetic patients and the availability of trained diabetes educators. The inclusion criteria were: (1) women aged 30–60 years, (2) diagnosed with type 2 diabetes for at least one year, (3) able to communicate in Uzbek or Russian, and (4) willing to provide informed consent. Women with psychiatric comorbidities or cognitive impairment were excluded.

A total of 16 women participated in the study. Participants varied in marital status, occupation, level of education, and duration of illness. Recruitment continued until data saturation was achieved—that is, when no new codes or concepts emerged from the data.

Data Collection

Data were collected through semi-structured, face-to-face, in-depth interviews conducted between September 2024 and January 2025. Interviews were conducted in a quiet room in the clinics or, if preferred, at participants' homes. Each interview began with the open-ended question: "Can you tell me about your life with diabetes?" Follow-up probes were used to explore emotional, social, and daily life impacts of the disease.

Each interview lasted between 45 to 75 minutes. Interviews were conducted in the participant's preferred language (Uzbek or Russian) by a female qualitative researcher trained in diabetes care and interviewing techniques. All interviews were audio-recorded with participants' consent and transcribed verbatim. Transcripts in Russian were translated to Uzbek and English as needed for analysis.

Data Analysis

Data were analyzed using Colaizzi's seven-step method of phenomenological analysis (Colaizzi, 1978), which involves reading transcripts, extracting significant statements, formulating meanings, organizing meanings into clusters of themes, and validating findings with participants. Coding was performed independently by two researchers familiar with qualitative methods and diabetes care. Disagreements were resolved through discussion until consensus was reached.

To ensure credibility, dependability, confirmability, and transferability, the study followed Lincoln and Guba's criteria (1985). Member checking was performed by returning preliminary findings to four participants to validate accuracy. An audit trail was maintained to document analytical decisions, and detailed field notes were kept throughout the data collection process.

Ethical Considerations

The study received ethical approval from Research Ethics Committee. Written informed consent was obtained from all participants. Anonymity and confidentiality were ensured through the use of pseudonyms, and

participants were informed of their right to withdraw at any time without consequences.

Results

A total of 16 women participated in the study, aged between 32 and 59 years (mean = 45.8 years). The majority were married (81.2%) and had been diagnosed with type 2 diabetes for an average of 7.6 years (range 2–18 years). Participants had varying levels of education, and half of them were housewives. The analysis yielded four main themes and ten subthemes, representing the lived experiences of women in Uzbekistan living with type 2 diabetes.

Table 1. Theme and Subtheme

Themes	Sub-themes
Altered Perception of Life with Diabetes	*Living with Restriction and Constant Vigilance*
	The Shadow of Fear
Psychosocial Challenges and Emotional Burden	*Feeling Misunderstood and Emotionally Isolated*
	Shame and Stigma
Coping Strategies and Spiritual Resilience	*Faith as a Source of Strength*
	Adaptation Through Routine and Knowledge
Impact on Family and Gender Roles	The illness often interfered
	Seeking Support but Facing Silence
	Balancing Self-Care and Family Care

Theme 1: Altered Perception of Life with Diabetes

Subtheme 1.1: Living with Restriction and Constant Vigilance

Participants described how diabetes limited their daily routines, food choices, and social engagements. Many women felt that their lives had become narrowly focused on disease control.

"I used to enjoy eating with my family, going to weddings, but now I must calculate every bite and worry about my sugar. I feel like a prisoner of my own body." (P4, 43 years)

Subtheme 1.2: The Shadow of Fear

Fear of complications such as blindness or kidney failure loomed large. Many participants expressed anxiety about the future and the unpredictability of blood sugar levels.

"Every time I feel dizzy, I wonder if this is the beginning of something worse. It's like walking with a time bomb inside me." (P10, 50 years)

Theme 2: Psychosocial Challenges and Emotional Burden

Subtheme 2.1: Feeling Misunderstood and Emotionally Isolated

Several women reported that their families and communities did not fully understand their condition or emotional needs. This led to feelings of loneliness and withdrawal.

"People think I'm exaggerating. They say, 'You don't look sick.' But they don't know the mental battle I fight every day." (P7, 38 years)

Subtheme 2.2: Shame and Stigma

Some participants avoided disclosing their illness due to fear of judgment or being seen as weak.

"In our society, if a woman is sick, people think she's less capable. I hide my insulin from my neighbors." (P12, 45 years)

Theme 3: Coping Strategies and Spiritual Resilience

Subtheme 3.1: Faith as a Source of Strength

Most women found emotional strength through prayer, spiritual reflection, and religious coping.

"I ask Allah to give me patience. When I pray, I feel calm and more in control." (P1, 56 years)

Subtheme 3.2: Adaptation Through Routine and Knowledge

Some women actively sought diabetes education and adopted structured daily routines to manage their condition.

"I learned to check my blood sugar every morning, to walk daily. These small habits make me feel empowered." (P9, 35 years)

Theme 4: Impact on Family and Gender Roles

Subtheme 4.1: Disruption of Domestic Responsibilities

The illness often interfered with household duties and caregiving roles, leading to feelings of guilt and inadequacy.

"When I am tired or weak, I cannot cook or help my children with school. It hurts me as a mother." (P6, 47 years)

Subtheme 4.2: Seeking Support but Facing Silence

While some husbands and children were supportive, others minimized the seriousness of the condition.

"My husband says, 'You're just being dramatic.' He doesn't realize how diabetes changes everything in my life." (P14, 42 years)

Subtheme 4.3: Balancing Self-Care and Family Care

Participants expressed the tension between prioritizing their health and meeting the expectations of being a caregiver.

"I feel selfish when I take time to rest or go to the clinic. As a woman, I'm expected to always put others first." (P8, 39 years).

Discussion

This study aimed to explore the lived experiences of women with type 2 diabetes in Uzbekistan using a phenomenological approach. The findings revealed that diabetes not only affects physical health but also has deep emotional, social, and spiritual consequences for women navigating their roles in a culturally traditional society. Four major themes emerged: altered life perception, psychosocial challenges, coping strategies, and disruptions in family roles. These results are consistent with and expand on previous studies conducted in similar socio-cultural contexts, including the original Iranian study by Shahbazi et al. (2022).

Women in this study frequently described feelings of restriction, with diabetes perceived as an invisible force dictating daily life. These experiences reflect what Habibzadeh et al. (2017) previously described as a "life under surveillance," where constant self-monitoring and fear of complications create a persistent state of vigilance. The symbolic image of being "a prisoner of one's body" illustrates the internalization of diabetes as both a physical and existential burden—similar to findings among Iranian and Bangladeshi women (Karimy et al., 2018; Islam et al., 2021).

A notable aspect of the findings is the emotional isolation and cultural stigma attached to chronic illness. Many participants felt misunderstood, unsupported, or even judged by their families and communities—echoing the findings of Shahbazi et al. (2022) and Namadian et al. (2020), who noted how gendered expectations can marginalize women with chronic illness. In Uzbek society, where female identity is often tied to caregiving and domestic competence, illness is sometimes interpreted as weakness. This social lens may explain why several participants reported hiding their insulin use or downplaying their symptoms.

Spirituality emerged as a crucial coping strategy, consistent with the literature on chronic illness in Muslim-majority societies. Participants drew strength from prayer and religious reflection, as also documented in studies by Ghorbani et al. (2014) and Namadian et al. (2020). Faith served both as a source of emotional comfort and as a means of meaning-making, allowing women to reframe their illness not merely as a personal failure, but as a divine test or pathway to patience and endurance.

Participants' struggles with family roles underline the intersection between disease management and gendered expectations. In many cases, diabetes disrupted their ability to fulfill traditional roles as mothers and wives, creating guilt and internal conflict. This aligns

with previous findings from Karimy et al. (2018), who emphasized how role conflict significantly undermines psychological adjustment in women with diabetes. Furthermore, the tendency to prioritize family needs over personal health needs—often seen as a virtue in collectivist cultures—may lead to delayed care, poor adherence, and emotional exhaustion.

Despite these challenges, some women demonstrated resilience and agency through structured routines and diabetes education. This is consistent with Shahbazi et al. (2022), who noted that knowledge-seeking behavior and proactive self-care can empower diabetic patients, particularly when culturally tailored education is available. However, in Uzbekistan, access to such programs remains limited, and health literacy is often constrained by educational and infrastructural barriers.

In sum, the findings of this study suggest that diabetes among Uzbek women is not merely a clinical condition but a deeply social and emotional experience. Women must navigate a complex web of stigma, silence, responsibility, and resilience within the framework of traditional family dynamics and limited healthcare support.

Conclusion and Recommendation

This study explored the lived experiences of women with type 2 diabetes in Uzbekistan and revealed that the condition affects not only physical health but also deeply influences emotional well-being, social relationships, spiritual coping, and traditional family roles. Participants described diabetes as a constant burden, a source of fear, and a disruptor of identity. Emotional isolation, stigma, and limited understanding from family and society further exacerbated their psychological distress.

Nevertheless, some women developed adaptive coping strategies through structured self-care and spiritual practices. These strategies enabled them to reclaim a sense of control and meaning in their lives. The findings demonstrate that living with diabetes among Uzbek women is shaped by the intersection of chronic illness, gender expectations, and sociocultural norms.

These insights highlight the need for diabetes care in Uzbekistan to move beyond biomedical management and incorporate holistic, gender-sensitive approaches. Such interventions should account for the emotional, spiritual, and relational dimensions of chronic illness.

Acknowledgment
The author would like to express deepest gratitude to all respondents who willingly took the time to participate in this research.

Funding Source
None

Declaration of conflict of interest
The authors declare no competing interests.

Declaration on the Use of AI
No AI tools were used in the preparation of this manuscript.

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