Social Experiences of Young Adults with Diabetes: A Qualitative Study on Living with Type 1 Diabetes*

Genç Diyabetlilerin Sosyal Deneyimleri:
Tip 1 Diyabetle Yaşamak Üzerine Nitel Bir Araştırma

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Abstract

This study aims to examine the individual and social experiences of individuals with diabetes, beginning from the pre-diagnosis period and extending throughout the course of the illness. Employing a qualitative research methodology, in-depth, face-to-face interviews were conducted with fifteen young participants diagnosed with diabetes between January and April 2025. The data collected were analyzed using thematic analysis. The findings reveal that diabetes constitutes a complex experience that transcends its characterization as merely a metabolic disorder, profoundly impacting individuals' self-perception, social relationships, and daily life practices. Participants' narratives illustrate stages such as the misinterpretation of symptoms prior to diagnosis, difficulties in accepting the illness following diagnosis, and the gradual adaptation to living with the disease. It was identified that young individuals with diabetes interpret obligatory lifestyle changes—such as dietary restrictions and the requirement for regular physical activity—both as a disadvantage and as a "compulsory health opportunity." Moreover, concerns such as fear of isolation and feeling different in social environments emerged as common experiences among participants. The attitude of the social environment appears as a critical factor in diabetes management; a supportive environment facilitates treatment adherence, whereas negative attitudes may lead to social withdrawal and poor treatment compliance. This research underscores that effective diabetes care must address not only the physiological but also the social dimensions of the illness. Furthermore, the study's findings render visible the broader societal context within which the experience of diabetes is situated.

Keywords: *Diabetes experience, young adults, social relationships, illness adaptation, qualitative research*

Özet

Bu çalışma, diyabetli bireylerin tanı öncesinden başlayarak hastalık sürecindeki bireysel ve sosyal deneyimlerini incelemeyi amaçlamaktadır. Nitel araştırma metodolojisi kullanılarak, Ocak-Nisan 2025 döneminde, 15 diyabetli katılımcı ile yüz yüze derinlemesine görüşmeler gerçekleştirilmiştir. Elde edilen veriler tematik analiz yöntemiyle değerlendirilmiştir. Bulgular, diyabetin sadece metabolik bir hastalık olmaktan öte, bireylerin benlik algısını, sosyal ilişkilerini ve günlük yaşam

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pratiklerini etkileyen karmaşık bir deneyim olduğunu göstermektedir. Katılımcıların anlatıları, tanı öncesi semptomların yanlış anlaşılması, tanı sonrası hastalığı kabullenememe ve zamanla hastalığa alışma gibi aşamaları ortaya koymaktadır. Diyabetli genç bireylerin beslenme kısıtlamaları ve düzenli fiziksel aktivite gerekliliği gibi zorunlu yaşam tarzı değişikliklerini hem bir dezavantaj hem de "zorunlu sağlık fırsatı" olarak anlamlandırdıkları tespit edilmiştir. Ayrıca, yalnız kalma korkusu ve sosyal ortamlarda farklı hissetme gibi endişeler, katılımcıların ortak deneyimleri arasında yer almaktadır. Sosyal çevrenin tutumu, diyabet yönetiminde kritik bir faktör olarak öne çıkmaktadır; destekleyici bir çevre tedaviye uyumu kolaylaştırırken, olumsuz tutumlar içe kapanma ve tedavi uyumsuzluğuna yol açabilmektedir. Bu araştırma etkili diyabet bakımının sadece fizyolojik değil aynı zamanda sosyal boyutları da ele alması gerektiğini vurgulamaktadır. Çalışmanın sonuçları ayrıca diyabet deneyiminin toplumsal bağlamını görünür kılmaktadır.

Anahtar Kelimeler: Diyabet deneyimi, genç yetişkinler, sosyal ilişkiler, hastalığa uyum, nitel araştırma

1. Introduction and Theoretical Background

In cases where the pancreas fails to produce insulin or the body is unable to utilize the existing insulin effectively, the required insulin must be externally supplemented. This supplementation enables the body to maintain normal functions for a limited period of time (Gülpembe et al., 2020). Diabetes, due to issues or deficiencies in insulin use, prevents the body from adequately absorbing its essential components such as proteins, carbohydrates, and fats. Consequently, individuals are required to seek medical assistance throughout their lives. It must also be noted that, in addition to the financial burden of such medical services, they often entail significant social costs as well (Coşansu, 2015). Diabetes is recognized as a globally prevalent condition that typically manifests during the life stages in which individuals are otherwise healthy and productive. Moreover, it negatively affects not only the individual but also their family (Bakan et al., 2017).

Diabetes, one of the most prevalent chronic illnesses globally, presents multifaceted challenges—physiological, psychological, and social—that extend far beyond the medical domain. This study focuses particularly on how type 1 diabetes, especially among young individuals, evolves into a chronic condition requiring continuous management. Recent global data from the World Health Organization (2024) indicates that diabetes is now one of the leading causes of death and disability worldwide, accounting for an estimated 1.5 million deaths annually. Moreover, diabetes disrupts key developmental milestones for young individuals, who must adapt to chronic care at an early stage in life (International Diabetes Federation, 2025). In this regard, the current study methodologically adopts a qualitative perspective, drawing on face-to-face interviews to better understand the psychosocial and everyday life challenges faced by young people living with type 1 diabetes.

Diabetes, which is rapidly spreading on a global scale, is not merely a biomedical issue but is intricately linked to broader socioeconomic transformations. The World Health Organization (2024) projects that by 2045, the number of adults living with diabetes worldwide will exceed 700 million—an alarming increase driven by aging populations, urbanization, and lifestyle shifts. Notably, over 75% of adults with diabetes reside in low- and middle-income countries, where healthcare access is often limited (IDF, 2025). In such contexts, social factors such as sedentary lifestyles, unbalanced diets, and limited opportunities for physical activity contribute significantly to diabetes prevalence (Marmot, 2017).

The study identifies the impacts of diabetes across various stages of life and interprets the findings through thematic analysis. It particularly investigates how early exposure to type 1 diabetes influences the social lives and developmental trajectories of young individuals. Numerous studies emphasize that chronic illness diagnosis during adolescence or early adulthood significantly alters individuals' sense of self and social belonging (Bury, 1982; Charmaz, 1995). In this regard, the current research examines how social environment, personal motivation, and peer relationships interact to shape coping strategies and the adaptation process. It also reflects on lived experiences of isolation and struggle, aiming to contribute to sociological understandings of chronic illness management among young adults.

Diabetes is commonly perceived as a chronic illness that adversely affects an individual's quality of life in the long term. Chronic diseases rank among the leading causes of death and permanent disability worldwide. These conditions affect not only the individual but also their family members and broader social networks. Both in developed and developing countries, there has been a significant increase in the burden of disease experienced by individuals (Taşkın, 2006).

Diabetes, which is rapidly spreading on a global scale, is not merely a health issue but is also closely linked to broader social transformations. In particular, the uncontrolled expansion of certain social domains and the ways individuals are exposed to these areas are among the major factors contributing to the increasing prevalence of diabetes. The fact that each element of an individual's social environment plays a role in the spread of the disease has contributed to the transformation of diabetes into a condition that affects all age groups. Its potential to cause both acute and chronic complications, irreversible damage to organ systems, and particularly the high cost of treatment has rendered diabetes a major concern at both the individual and societal levels (Şentürk et al., 2018).

The negative impacts of diabetes are not limited to health-related consequences; the disease also imposes a significant economic burden on patients. This financial strain extends to national healthcare systems as well. According to the International Diabetes

Federation's (IDF) 11th edition of the *Diabetes Atlas* (2025), diabetes accounted for approximately 11.9% of total global health expenditure, with overall diabetes-related costs exceeding USD 1 trillion in 2024 (IDF, 2025).

Diabetes is considered one of the primary chronic diseases that shortens an individual's lifespan. In this process, an individual's socioeconomic status directly determines their capacity to combat the disease and its impact on their life expectancy. However, with lifestyle modifications, diabetes can be preventable or manageable, which enables the individual to take an active role in dealing with this chronic condition (Dağdelen, 2012). Today, the traditional patient profile associated with diabetes has begun to shift. According to data from the World Health Organization, the global number of individuals diagnosed with diabetes, which was already substantial in the year 2000, is projected to reach 366 million by 2030 (Akar et al., 2014).

Diabetes is commonly perceived as a chronic illness that adversely affects an individual's quality of life in the long term. Globally, chronic diseases remain among the leading causes of mortality and permanent disability (World Health Organization, 2024). These conditions not only affect individuals but also have profound implications for their families and broader social networks. The burden of non-communicable diseases such as diabetes continues to rise significantly across both developed and developing nations, straining healthcare systems and widening health inequities (United Nations, 2025). Furthermore, social determinants including economic status, education, and access to health services heavily influence diabetes outcomes, particularly in socioeconomically disadvantaged populations (IDF, 2025; Marmot, 2017). Individuals living in low and middle-income countries face significant limitations in leading a healthy life due to structural issues in accessing healthcare services. This not only reduces their capacity to combat the disease but also increases the burden on the healthcare systems of these countries (Gülpembe et al., 2020).

Diabetes is generally classified into two main types: Type 1 and Type 2. Type 1 diabetes results from insulin deficiency and typically develops during childhood or adolescence. Although the exact cause of this type of diabetes is unknown, genetic predisposition is considered the primary determinant. Additionally, certain infectious diseases and environmental factors are believed to play a triggering role. Type 2 diabetes, on the other hand, mostly occurs in middle age or later and is associated with insulin resistance. While the exact causes of type 2 diabetes are not entirely understood, genetic predisposition and obesity are considered to be major contributing factors. Approximately 85% of all diabetes cases fall under the type 2 category (Sağlam, 2004).

Sociological scholarship on chronic illness has long emphasized the lived experiences and identity negotiations of individuals coping with long-term health conditions. One of the foundational contributions in this domain is Michael Bury's (1982) concept of *biographical disruption*, which frames chronic illness not merely as a medical event, but as a rupture in the continuity of everyday life, personal identity, and future plans. This disruption compels individuals to renegotiate their roles, relationships, and self-perceptions. Kathy Charmaz (1995), working within the tradition of symbolic interactionism, further expands this understanding by highlighting the ways in which individuals construct meaning around their illness through everyday interactions. Her work draws attention to the moral, emotional, and relational dimensions of living with chronic conditions, particularly among marginalized populations such as adolescents or young adults.

Individuals diagnosed with diabetes, particularly in communities deeply rooted in cultural traditions, face significant challenges in abandoning traditional eating habits. In this context, for Muslim individuals with diabetes, the inability to observe religious practices such as fasting during Ramadan can create spiritual distress due to the exacerbation of the disease's symptoms. Furthermore, individuals with low health literacy are observed to have a significantly lower level of adherence to diets and participation in treatment protocols. Studies conducted in Turkey show that women are approximately 10% more likely to develop diabetes compared to men, while in men, the initial diagnosis of diabetes typically occurs through the identification of "pre-diabetes" (Bakan et al., 2017).

Cultural diversity plays an important role in approaches to diabetes treatment. In many cultures, alternative medicine practices are widely preferred. Methods such as yoga, chiropractic, hypnosis, and massage are among the main examples considered in complementary medicine. In Turkey, as seen in the example of Erzurum province, families of children with type 1 diabetes often resort to various traditional methods to cure the disease or lower blood sugar. Among the most commonly used methods are herbal products such as thyme, Jerusalem artichoke, and nettle. Furthermore, it has been found that 25% of participants attempt to cope with diabetes through prayer (Bakan et al., 2017).

Diabetes not only has physical but also psychological and emotional dimensions. Individuals with high levels of mental distress, particularly those suffering from major depressive disorder, anxiety disorders, and eating disorders, are frequently observed in diabetic patients. This situation clearly highlights the multi-dimensional nature of the disease and the need for psychosocial support (Çapoğlu et al., 2018). Especially young diabetic patients may experience difficulties in adapting to the life cycle of their social environment. While their peer groups experience social and cultural rituals such as marriage, having children, or entering professional life, young patients struggle with psychological pressures such as fear of death related to the disease and concerns about their quality of life, which negatively affect their mental health (Çelik et al., 2015).

Building on the background discussion of the social, psychological, and physical challenges faced by young diabetes patients, this study adopts a qualitative approach to explore these issues in greater depth. While existing literature has primarily focused on the clinical and behavioral management of diabetes, there remains a significant gap in understanding the embodied, emotional, and social dimensions of the illness—particularly among young adults navigating this condition during a formative life stage. This research is therefore needed to illuminate how diabetes is experienced beyond the medical domain, encompassing subjective perceptions, relational dynamics, and daily routines. By focusing on the lived experiences of young adults with type 1 diabetes, the study offers an in-depth exploration of their coping mechanisms, the social meanings attached to illness, and the psychosocial consequences of chronic disease management. In doing so, it contributes to a more holistic understanding of diabetes and underscores the importance of integrating sociocultural perspectives into healthcare practices and policies. The following section outlines the methodological framework employed to collect and analyze the data, ensuring a comprehensive understanding of the individual and collective experiences of the participants.

2. Methodology

From a methodological standpoint, this study adopts a qualitative research approach as its principal framework. The inherent characteristics of qualitative inquiry align closely with the overarching aims of the research. At its core, the study seeks to gain an in-depth understanding of the lived experiences of individuals diagnosed with diabetes. The selection of a phenomenological perspective is deliberate, as this approach is particularly well-suited to uncovering the essence of individual experiences and the meanings attributed to those experiences (Güçlü, 2019). In line with this orientation, the study aims to explore, through the participants' own narratives, how the state of "being a person with diabetes" is experienced across personal, social, and emotional dimensions.

Although diabetes is more commonly diagnosed among older individuals, the study focuses specifically on the experiences of those diagnosed at a younger age. One of the main aims of the research is to examine how diabetes diagnosis impacts young individuals' social lives, interpersonal relationships, and personal aspirations. In this regard, the study seeks to explore the ways in which the disease shapes their lifestyles, influences processes of social integration, and transforms their future planning. In addition, the research investigates participants' levels of health literacy and their knowledge concerning diabetes-related issues.

Possessing adequate knowledge about the disease and acting in accordance with this knowledge in all aspects of life is of critical importance for individuals living with diabetes. Travel, in particular, presents a unique set of challenges for diabetic individuals. Inadequate planning may lead to disruptions in meal schedules and exposure to varying environmental conditions (such as climate, weather, or physical exertion), which may adversely affect the individual's health. Additionally, the study also posed questions regarding participants' experiences, the difficulties they encountered during their daily routines, and whether they had received any health-related education on these matters. Considering that younger individuals generally lead more socially active lives than older populations, their experiences offer a valuable lens through which to understand how diabetes reshapes behavioral patterns within these domains.

Participants were selected through a purposive sampling strategy, and the study group consisted of 15 individuals diagnosed with type 1 diabetes residing in various provinces of Türkiye. In line with the principles of purposive sampling, individuals were chosen based on their potential to provide in-depth responses to the research questions and to contribute rich, experience-based data, particularly those diagnosed at a young age (Gürbüz & Şahin, 2018). Accordingly, during the sampling process, specific attention was paid to participants' age, duration since diagnosis, and the social transformations they had undergone, in an effort to reach individuals capable of offering intensive insights.

Face-to-face interviews were conducted using a semi-structured interview guide. The questions were designed around core themes such as participants' initial experiences following diagnosis, the daily challenges they encounter, their coping strategies, the social implications of living with the disease, and their perspectives on healthcare services.

The fieldwork for this study was conducted between January and April 2025. Ethical approval for the research was obtained from the Ethics Committee for Social and Human Sciences at Bartın University, under protocol number 2025-SBB-0119. With the participants' consent, each interview was audio recorded and lasted approximately 35 to 45 minutes. After transcription, the qualitative data were systematically analyzed using the method of thematic analysis. In the initial phase, the interview transcripts were read multiple times; recurring themes within participant narratives were coded into meaningful units. These codes were then organized into categories based on their similarity and coherence. Subsequently, similar categories were clustered under two overarching themes. Thematic analysis is widely regarded as an effective method for identifying patterns and meanings within qualitative data (Nowell et al., 2017).

The participant group consisted of 15 young adults (8 males, 7 females) between the ages of 19 and 26, reflecting a diverse range of educational attainment, including bachelor's students (n=10), associate degree holders (n=4), and one participant with a high school diploma. The study specifically focused on individuals aged between 15 and 24, a range commonly defined as "youth" by international institutions such as the United Nations. This developmental stage represents a transitional period marked by identity formation, increased autonomy, and heightened sensitivity to peer perceptions, all of which are critical factors in managing chronic illnesses like diabetes. Young individuals are often required to assume responsibility for self-care while simultaneously navigating educational, social, and emotional challenges. Moreover, this age group is underrepresented in qualitative diabetes research, which tends to focus either on children or older adults. By centering on this cohort, the study seeks to address a significant gap and offer insights into how youth-specific experiences shape diabetes management and social adjustment.

The sample size was determined based on the principle of data saturation, a key concept in qualitative research indicating the point at which no new themes or insights emerge from additional data collection. Recruitment continued until the researchers observed that subsequent interviews began to produce recurring patterns and no substantially novel information was being added. This point was reached after 13 interviews; however, two additional interviews were conducted to ensure confirmatory saturation. The final number of 15 participants was therefore sufficient to provide both thematic depth and analytical robustness, aligning with qualitative research standards.

Participants were selected from different geographical regions of Turkey, and qualitative data were gathered through comprehensive, face-to-face interviews to capture the depth and complexity of their lived experiences with type 1 diabetes. Table 1 presents the basic demographic information of the participants, including their age, gender, and educational background.

Table 1: Demographic Characteristics of the Participants

Participant Code	**Age**	**Gender**	**Educational Background**
P-1	19	Female	Associate degree
P-2	20	Female	Bachelor’s student
P-3	20	Male	Bachelor’s student
P-4	20	Male	Bachelor’s student
P-5	26	Male	Bachelor’s student
P-6	23	Male	Bachelor’s student
P-7	21	Female	Bachelor’s student
P-8	21	Female	Bachelor’s student
P-9	19	Male	Bachelor’s student
P-10	25	Male	Associate degree
P-11	23	Male	Bachelor’s student
P-12	22	Female	Bachelor’s student
P-13	20	Male	Associate degree
P-14	19	Female	High School
P-15	22	Female	Associate degree

3. Findings and Discussion

3.1 Physiological Symptoms and Effects of Diabetes

3.1.1. Dietary Habits in the Pre-Diagnosis Period

This section examines participants' experiences and perceptions regarding their eating habits prior to their diabetes diagnosis. Many described a diet dominated by high-sugar and processed foods, with little to no awareness of nutritional balance or its health implications. These accounts reveal that prior to diagnosis, eating practices were shaped largely by personal pleasure, convenience, and social norms rather than medical guidance or self-regulation.

Participants described experiencing significant bodily changes before seeking medical consultation, such as rapid weight loss, fatigue, and increased thirst. However, these symptoms were often normalized or misattributed, delaying the diagnosis process. This period of unawareness and bodily uncertainty aligns with Bury's (1982) concept of *biographical disruption*, wherein the onset of illness challenges previously stable routines, bodily assumptions, and perceptions of health.

"I used to eat a lot of junk food and sugar. I had such a strong desire to eat, but neither my family nor I thought it would lead to diabetes because I was so young—no one could imagine or accept that I might have diabetes at that age." (P-1)

"I was always at peace with myself and happy. Until I was 16, I hadn't faced any problems in my life. Looking back now, I can see I had irregular eating habits since childhood—I was inadequate when it came to nutrition and didn't really pay attention to what I ate. Most of the time, especially when I woke up in the morning, I constantly craved sweet things (biscuits, cake, chocolate, etc.). I was acting with the comfort of never having faced any problems in my life." (P-7)

"I would get really hungry but then sometimes feel weak. My vision would darken occasionally, and I would zone out. My family probably thought these were normal illnesses for my age—I don't know, but before my diabetes was diagnosed, they never even considered it. When I was 13, they discovered I was predisposed to diabetes." (P-11)

The stark contrast between the pre-diagnosis lifestyle and the sudden imposition of dietary control post-diagnosis can be interpreted through Charmaz's (1995) lens of moral identity under strain. Participants' narratives indicate that their sense of self as "healthy" and "normal" individuals was fractured, prompting a redefinition of what responsible behavior meant within the context of chronic illness.

On the other hand, participants' experiences align with established research findings in relevant literature. Nathan's (2012) work demonstrates that uncontrolled hyperglycemia in the pre-diagnosis period significantly diminishes individuals' energy levels. Similarly, Tuomilehto (2011) found that classic symptoms such as polydipsia, polyuria, and polyphagia substantially reduce functional capacity before diagnosis. Holman's (2008) longitudinal research highlights how the majority of individuals diagnosed with type 2 diabetes exhibit unhealthy eating patterns in the pre-diagnosis period, which exacerbates glycemic imbalance. According to Gregg (2013), unrecognized hyperglycemia prior to diagnosis leads to notable decreases in work performance and social engagement. Knowler's (2009) work indicates that excessive eating behaviors in undiagnosed diabetic individuals intensify glycemic fluctuations, worsening fatigue and exhaustion—a vicious cycle that substantially diminishes quality of life.

3.1.2. Fatigue Related to the Disease

Fatigue, frequently mentioned by diabetic individuals participating in the research, affects many areas of their daily lives. Participants indicated that the fatigue they experience when their blood sugar levels drop makes it difficult for them to perform even simple daily tasks. Many participants expressed that this condition reduces their performance in school or work life and complicates their participation in social activities. The interviews revealed that due to the unpredictability of fatigue associated with sudden changes in blood sugar levels, participants experience constant anxiety, and this situation complicates their acceptance of their illness and adaptation to treatment processes.

"For about a week, I'd been lying down constantly weak and exhausted. I had class but couldn't get myself out of bed. I was sweating cold. I felt nauseous. I wasn't losing my ability to speak, but I was experiencing loss of consciousness. After that, when my mom and dad saw this situation, of course they didn't know about diabetes. I mean, we didn't have any relatives with diabetes either. Our grandparents and others were normal, so because they didn't know, they took me to the hospital. Then they checked my blood sugar, and it was high there." (P-15)

"One day I'm in a faint state. I had finally reached the point where I couldn't get up at all. My eyes and stuff had become bloodshot. It wasn't because of any meal—suddenly when I woke up in the morning, I was like dependent on the bed, couldn't get up from the bed at all." (P-2)

The effects of hypoglycemia and related fatigue on diabetic individuals have been comprehensively examined in the literature. Wild et al.'s (2007) study of diabetic patients found that most participants experience hypoglycemia-related fatigue at least weekly, substantially limiting daily activities. Polonsky (2015) determined that fatigue due to hypoglycemic attacks significantly reduces treatment adherence in diabetic individuals and triggers feelings of hopelessness. Fisher et al.'s (2018) qualitative study indicated that most adolescent diabetics avoid participation in social activities due to hypoglycemic fatigue, significantly reducing quality of life. Peyrot and Rubin (2007) reported that hypoglycemia-related fatigue damages feelings of self-efficacy, resulting in motivation loss in diabetes management.

3.1.3. Rapid Weight Loss

In the period before diabetes diagnosis, rapid and significant weight loss can be observed in individuals due to imbalances in blood sugar levels. Findings indicate that this bodily change experienced during the pre-diagnosis period affects both the physical health and psychological state of individuals.

Participants' experiences reveal that unexplained weight loss initially draws the attention of people in their social environment, leading to changes in their social interactions. Changes in body appearance also affect how individuals perceive themselves, with feelings of weakness and loss of control particularly experienced during the rapid weight loss process. Interviewees expressed difficulty recognizing themselves when looking in the mirror during this process and struggling to adapt to their changing body appearance.

Comments from the social environment such as "you don't look well" or "are you sick?" increase individuals' concerns and cause them to experience uncertainty about their health status. Thus, weight loss prior to diabetes diagnosis transforms from merely a physical symptom into a factor that shapes the individual's social relationships and daily life experience.

"My illness started when I was 13. I lost an extreme amount of weight in 1.5 months—I went from 67 kilos down to around 50 kilos, and I started getting extremely thirsty. At that time, when we went to the doctor, my sugar was very high, even in the 600s. I was immediately diagnosed with diabetes." (P-4)

"I started getting thinner and thinner. When I was in 6th grade, I was 26 kilos—you could count all my bones. Actually, I hadn't gone to the hospital for diabetes, but because I was complaining about being too thin. Then when I went to the emergency room, they called me back afterward and said my sugar was 550." (P-8)

The effects of pre-diagnosis weight loss in diabetes have been documented through various studies in the literature. Knip et al. (2005) found that pre-diagnosis weight loss in children diagnosed with type 1 diabetes typically ranges between a substantial portion of body weight. Sosenko et al.'s (2008) research on the psychosocial effects of pre-diagnosis weight loss reports that most patients experience deterioration in body image and decreased self-esteem. Tuomilehto et al.'s (2001) work emphasizes that weight loss due to uncontrolled hyperglycemia leads to substantial reduction in energy levels and notable restrictions on daily activities. Cengiz et al. (2013) notes that pre-diabetes weight loss particularly in adolescents adversely affects peer relationships and increases social isolation risk.

3.2. Effects of Diabetes on Lifestyle

3.2.1. "Mandatory Health": Changes that Come with Diabetes

Participants frequently emphasized the profound lifestyle changes they had to undertake following their diagnosis, particularly in relation to dietary control, physical activity, and daily routines. These changes were often perceived as both a burden and an opportunity. The shift from an unregulated lifestyle to one structured around medical necessity demanded continuous self-discipline and long-term commitment. When participants were asked the question "what are the advantages and disadvantages of diabetes?" within the scope of the research, 12 out of 15 participants considered the "forcing" of diabetes to eat healthier and exercise regularly as an advantage. During the interviews, many participants indicated that they were much less careful about healthy living before being diagnosed with diabetes.

Participants' experiences show that the planned nutrition and regular physical activity habits they adopted after diabetes diagnosis not only help control blood sugar but also positively affect their overall quality of life. Participants who exercise regularly stated that physical activity both reduces the amount of insulin they use and increases their energy levels. Participants who changed their eating habits expressed that their blood sugar fluctuations decreased, resulting in a more balanced mood. Most participants described diabetes as a "mandatory health opportunity" and emphasized that the order and discipline this obligation brought to their lives created positive effects in other areas as well.

"I need to be very careful with my diet. One of the disadvantages is that I have to carry my glucose meter with me all the time. When my levels come back low, it reduces my quality of life and ruins my mood. The advantage is that it makes me pay attention to my nutrition in this life." (P-2)

"The advantages are like this: it's healthy, like living connected to a dietitian for life, it nourishes your body in a balanced way." (P-6)

"The advantage is definitely eating healthy and exercising, or I don't know, maybe because of the taboos of people around me, I developed this sensitivity. Disadvantage? I don't know, I guess there isn't one." (P-8)

Relevant literature substantiates these reported experiences. Hanna and Decker's (2010) study found that most young people with type 1 diabetes view their illness as an opportunity to develop regular eating and physical activity habits. Borus and Laffel's (2010) qualitative research with diabetic youth reports that the majority of participants identified being forced to adopt a healthy lifestyle as diabetes's most significant advantage. Helgeson's (2011) longitudinal study indicates that diabetic youth who transform regular physical activity and healthy eating into life routines display significantly higher levels of psychological well-being.

3.2.2. "Not Being Able to Eat Like Everyone Else": Limitations Imposed by Diabetes

In responses to the question "what are the advantages and disadvantages of diabetes?" posed to young diabetics participating in the research, the most frequently mentioned disadvantage was the inability to consume any food they desired. Participants expressed that this situation affected them more significantly in social environments, especially when they were together with groups of friends.

During the interviews, most participants indicated that having to limit fast food, desserts, and high-carbohydrate foods that their peers could consume without any calculation could negatively affect their social interactions. Being unable to fully participate in social rituals centered around eating and drinking, particularly at special events such as birthday parties and graduation celebrations, was described as a challenging experience for many young people.

Interestingly, some participants also expressed that they had transformed these restrictions into an advantage over time. However, most participants stated that they viewed these restrictions as a necessity because the blood sugar fluctuations they experienced when not adhering to dietary rules could negatively affect them both physically and emotionally.

"The disadvantage might be not being able to eat everything everywhere. You can only start eating after doing a certain calorie calculation. Before I eat, I do all my calorie calculations and then give myself an injection." (P-3)

"When I go out with my friends, while they order whatever they want, I'm constantly calculating carbohydrates. This sometimes makes me feel excluded." (P-4)

"I struggled a lot at first, but now I see it as an opportunity too. While my friends are eating hamburgers, I eat healthier things, and I think it will benefit me." (P-12)

Scholarly evidence reinforces these personal accounts. A recent qualitative study by Chapman et al. (2023) found that young adults diagnosed with type 1 diabetes in childhood expressed dissatisfaction with the lack of individualized dietary guidance during their transition from pediatric to adult care, emphasizing a need for more tailored nutritional support. Austin's (2011) qualitative study emphasizes that young diabetics' inability to consume the same foods as peers in social settings constitutes a significant source of psychosocial stress. Similarly, Araia et al. (2017) document that feelings of exclusion are commonly experienced during meal situations with peer groups. Scholes et al. (2013) found that while most young diabetics view dietary restrictions as disadvantageous, a substantial number simultaneously consider these limitations an opportunity for healthier living.

3.3. Effect of Diabetes on Social Relationships

Many participants indicated that the attitudes of their close circle, such as family members and friends, toward diabetes directly affected their motivation to accept their illness and adapt to the treatment process. On the other hand, participants who had an understanding and supportive social environment expressed that they were more successful in diabetes management and accepted their illness more easily.

"When my family really understood my diabetes, I was able to manage my illness better. But when some of my friends say 'what would happen if you just ate one dessert,' I feel bad and lonely." (P-10)

"It affects my social relationships, of course. I fell out with quite a few of my friends just because of this issue. It was a problem for them too." (P-4)

"Some of my friends were uncomfortable with me being diabetic. Of course, as they got to know me better and understood the situation, some of them treated me with tolerance." (P-6)

Established research aligns with these firsthand experiences; for example, a recent qualitative study among adults with diabetes found that environmental determinants—such as access to medication and the presence of social support networks—significantly shape patient adherence behaviors (Hu et al., 2024). DiMatteo's (2004) research indicates that diabetic individuals with supportive social environments show considerably higher treatment adherence compared to those lacking supportive environments. Fisher et al.'s (2008) study reveals that stigmatizing social attitudes frequently cause withdrawal and social isolation behaviors among diabetic individuals. Rees (2010) emphasizes that critical attitudes from the social environment notably increase depression risk in diabetic individuals, which adversely affects treatment adherence.

3.3.1. Challenges Related to Confronting the Illness

Findings reveal that individuals diagnosed with diabetes experience difficulty accepting the illness and tend to deny it, especially in the initial period. Participants' statements also indicate that they exhibited various maladaptive behaviors during the denial period. Many reported behaviors such as ignoring dietary recommendations, skipping insulin doses, or avoiding health check-ups.

Most participants stated that their illness denial behaviors negatively affected their health status and daily quality of life. They expressed experiencing extreme fluctuations in blood sugar levels, excessive fatigue, concentration disorders, and emotional changes, which consequently led to disruptions in their school, work, and social lives. Participants' experiences demonstrate that accepting diabetes is a time-consuming process; however, this acceptance represents an important step for both physical health and emotional well-being.

"I was trying to see myself like normal people—I could say I was trying to deceive myself in a way. I know there were 4-5 months when I didn't take my injections. At first, I was rejecting the illness." (P-4)

"In my childhood years, I couldn't accept having diabetes. Of course, because it was during adolescence, everyone could eat sugar and chocolate whenever they wanted. Why couldn't I eat it, or if I did eat it, I would get worse. Being aware of this, I couldn't accept it at a certain age. Later I realized if my sugar goes well, I'm good. If it goes bad, I'm bad." (P-6)

Early reactions to a diabetes diagnosis often include denial, a finding recently corroborated by qualitative research showing that individuals with type 1 diabetes commonly respond to emotionally challenging or dismissive communication by denying or minimizing their condition in an effort to protect their self-concept (Wolfe et al., 2025). Schmitt et al.'s (2014) research indicates that illness acceptance takes time and shows individual differences, though most patients eventually learn to live with the disease. Young-Hyman and Davis (2010) emphasize the importance of psychological and social adaptation in diabetes management, reporting that the transition from the denial stage to the acceptance stage plays a critical role in treatment success.

3.3.2. "What If No One Is Around Me?": Loneliness Anxiety of Diabetics

Most of the young diabetics participating in the research expressed experiencing anxieties related to being alone. During interviews, it was observed that the basis of this anxiety was the concern about not receiving help in cases of hypoglycemia (low blood sugar). Participants indicated that they needed someone who could quickly intervene when their blood sugar dropped, especially in situations such as traveling alone, staying home alone, or sleeping alone at night. Since the fatigue and mental confusion experienced during hypoglycemia limits a person's capacity to help themselves, diabetic individuals worry about access to sugary foods or insulin kits in this situation. Findings show that the presence of a trusted person provides both physical security and psychological comfort for diabetic individuals. Many participants stated that knowing their close ones were aware of what to do in diabetes-related emergencies made them feel safer and reduced their fears of being alone.

"Living alone starts to overwhelm and scare me after a certain point. Because my blood sugar is very unstable." (P-4)

"It affects my future plans in some situations like this: when I'm very excited, my blood sugar rises and falls a lot. For example, when my blood sugar drops too low, let's say I'm going to a job interview. When the interviewers ask me questions and it's time for me to answer, if my sugar level drops, I might not be able to give the answers they want completely." (P-6)

"I'm scared of course, but I don't know exactly what this feeling of fear is about inside me. I have a fear, but it's a fear shrouded in uncertainty." (P-8)

Existing research supports participants' worries about hypoglycemia when alone; recent large-scale data indicate that living alone nearly doubles the likelihood of fear of hypoglycemia, with that concern being one of the most frequently reported scenarios in adults with diabetes (Peter et al., 2023). Barnard et al. (2010) notes that diabetic individuals' fear of nocturnal hypoglycemia generates significant anxiety about sleeping alone. Trief et al.'s (2013) research reports that the majority of type 1 diabetic individuals experience hesitation about traveling due to concerns about not receiving help in emergency situations. Peyrot and Rubin's (2007) research demonstrates that diabetic individuals' sense of security increases considerably with another person's presence.

4. Conclusion and Recommendations

This qualitative study explored the lived experiences of individuals with diabetes, focusing on the social dimensions of diagnosis, adaptation, and daily management of the condition. The thematic analysis revealed that living with diabetes constitutes a complex interplay between physical, psychological, and social dynamics that significantly impact individuals' self-perception, social relationships, and everyday practices. The study has illuminated the multidimensional experiences of young adults living with type 1 diabetes, tracing their narratives from the pre-diagnosis period to long-term adaptation. Through a sociological lens, the findings reveal that diabetes is not merely a medical condition, but a complex and ongoing process of identity negotiation, lifestyle restructuring, and social navigation.

The findings demonstrate that the process of adapting to diabetes follows a non-linear trajectory, often beginning with denial, particularly among younger participants. This initial resistance appears to be a protective psychological mechanism against the profound life changes that diabetes necessitates. However, as participants experienced the negative consequences of non-adherence to treatment protocols, most gradually transitioned toward acceptance and integration of diabetes into their identity and lifestyle.

A significant theme emerging from this research is the ambivalent relationship participants developed with the imposed lifestyle changes. While many participants framed dietary restrictions and regular physical activity requirements as unwelcome limitations (particularly in social contexts) they simultaneously reconceptualized these constraints as "forced health benefits." Participants' framing of their condition as a "compulsory health opportunity" illustrates an ambivalent space between empowerment and obligation, which reflects not only efforts at physical recovery but also symbolic efforts to reclaim agency and self-worth.

The social dimensions of living with diabetes emerged as particularly salient in participants' narratives. Many described heightened anxiety about being alone due to fears of hypoglycemic episodes without assistance, highlighting the tension between desires for independence and security needs. Furthermore, participants' experiences were significantly shaped by others' reactions and understanding of their condition. Supportive social environments facilitated better diabetes management and psychological adjustment, whereas stigmatizing or dismissive attitudes contributed to self-isolation and treatment non-adherence, underscoring the social embeddedness of illness management.

The study further identifies that lifestyle transformations imposed by diabetes management are negotiated within broader social environments. Supportive relationships, whether familial, institutional, or peer-based, emerge as critical facilitators of psychological adaptation and treatment compliance. Conversely, social alienation and judgment can exacerbate emotional strain and lead to withdrawal from both medical routines and interpersonal interactions. These dynamics affirm the relational and socially embedded nature of chronic illness management. Additionally, this study highlights the pre-diagnosis period as a critical yet often overlooked phase characterized by unexplained symptoms, misattributions, and delayed help-seeking. This finding suggests the importance of earlier intervention and education about diabetes symptoms, particularly among high-risk populations.

The research also reveals that beyond medical management, living with diabetes involves continuous negotiation of identity, social relationships, and everyday practices. Participants demonstrated resilience in developing strategies to integrate diabetes care into their lives while striving to maintain normality and participation in valued activities. These findings have important implications for healthcare professionals and support systems. First, they suggest that effective diabetes care must address not only physiological aspects but also social dimensions of the condition. Second, they highlight the need for interventions that acknowledge the social context of diabetes management and provide support for navigating social challenges. Finally, they indicate that facilitating peer support among individuals with diabetes may offer unique benefits by providing both practical strategies and emotional understanding that comes from shared experience.

Future research could further explore how cultural factors and socioeconomic conditions influence the experience and management of diabetes, as well as how digital technologies are reshaping diabetes self-care practices and social support networks. Additionally, longitudinal studies examining how individuals' relationships with their condition evolve over time would enhance our understanding of the dynamic nature of living with diabetes.

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