

Living With Type 1 or Type 2 Diabetes: A Participatory Study of Lived Experience through an Intersectional Sex and Gender Lens

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Background

Diabetes is a disease in which one's body either can't produce insulin or can't properly use the insulin it does produce. In Canada, approximately 8% of the population has been diagnosed with diabetes with nearly 350 people newly diagnosed every day (Diabetes Canada, 2020) with slightly more males than females (9.4% vs. 8.1%) higher prevalence among First Nations, Métis, South Asian, Black adults, and older people when compared with the general population (Public Health Agency of Canada, 2018; Diabetes Canada, 2020).

Type 1 (T1D) generally develops during childhood or adolescence and is thought to result from the interaction of genetics with external conditions while Type 2 (T2D) results from combinations of social, genetic, and individual characteristics. Gestational diabetes develops during the perinatal period and can resolve with delivery.

Given varying social locations, ethnocultural identities, and contexts in which individuals live, we applied an intersectional lens to explore the ways that individuals experience living with and managing their diabetes. Kimberlé Crenshaw describes intersectionality "as a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts." (Time Magazine, Feb. 20, 2020)

Methods

This participatory, qualitative study used in-depth interviews of those with diabetes. Patient partners contributed to all phases of the study. Recruitment was through Diabetes Action Canada's list of patient partners. A socio-demographic form assessed eligibility: type of diabetes, sex, age, ethnicity and racial identity. Maximum variation sampling was used to ensure the greatest possible diversity of participants based on type of diabetes, gender, age, ethnicity, and French or English language. Interviews were 30-90 minutes, conducted over zoom, recorded, translated from French as necessary and transcribed. Participants received \$35.00 honorarium. Nine women and six men participated.

Interviews were separately coded by type of diabetes. Two (or more) team members coded each transcript. The team collectively analyzed and developed themes. See Jones et. al., (2022) Can J Diabetes 46 620e627.

Participant Demographics

Gender	Age, years	Interview language	Race/ethnicity	Immigrated to Canada?	Type of diabetes
Woman	21	English	Biracial (Black/White)	No	1
Woman	21	English	Caucasian, Ashkenazi Jewish	No	1
Woman	23	English	Caucasian	No	1
Woman	33	English	Caucasian	No	1
Woman	45	French	Caucasian	No	2
Woman	55	English	Caucasian, Ashkenazi Jewish	No	1
Woman	58	English	Indo-Caribbean	Yes (≥30 years)	2
Woman	71	French	Latinx	Yes (≥30 years)	2
Woman	73	French	Caucasian	No	2
Man	31	English	Caucasian	Yes (<2 years)	1
Man	58	French	Caucasian	No	1
Man	66	English	Indigenous	No	2
Man	67	French	Arabic	Yes (≥30 years)	2
Man	69	French	Caucasian	No	1
Man	69	French	Caucasian	No	1

Sample Quotes From Those Living With T2D

"So as a man we are sometimes worried about the sexual side and there are sometimes when we are not in the mood, etcetera, so we say, 'yes, it is because of the diabetes.'"
(Participant 10: Older Caucasian Francophone Man)

"I think also part of it is being a visible minority woman and working in a very white-dominated environment as a visible minority woman perceived as an anglophone or an allophone in Québec. That's a very particular environment. I couldn't really complain or make a big fuss about challenges around the illness... because I didn't want anyone to figure, 'Okay. Here's the brown girl causing some kind of a problem and slowing things down.'"
(Participant 4: Older racialized woman)

"Well, I used to work at the XXX LHIN, so I knew about some of the challenges and barriers that our people face in terms of especially diabetes, with the high diabetes rate and the high amputations..."
(Participant 8: Older Indigenous Man)

Sample Quotes From Those Living With T1D

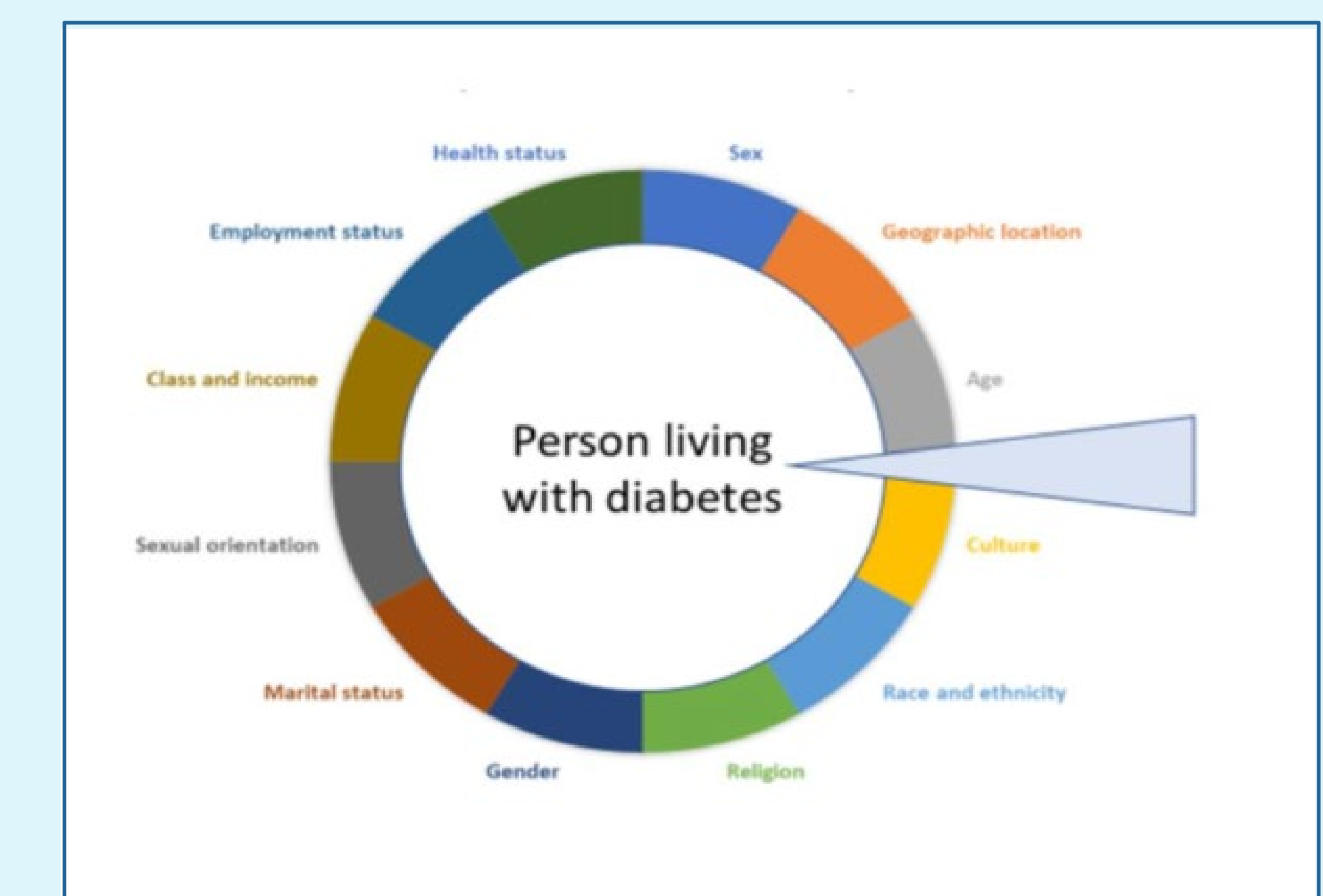
"My husband and I had a discussion last night. It's like, 'Yes, we want a family but at the cost of my health? It's something that guys really don't think about.'"
(Participant 7: Younger Caucasian Anglophone Woman)

"There were occasions, well I am not able to prove it, but I think there were occasions where I lost chances because at some point over the years it (having diabetes) was known. At certain times I was hiding it, but some opportunities, work opportunities that I didn't have, I asked myself, mmm, could it be [because of my diabetes] why I didn't get the opportunity?"
(Participant 14: Older Caucasian Francophone Man)

"I've never been into wearing skirts and dresses but also I grew up with a device on me that has impeded me from wearing skirts and dresses, so who knows where my fashion choices lie? Leggings with pockets are the best thing that ever happened but I need pockets in my pants. I need actual pockets that have substance where I can put things, so very jealous of men's clothes where pockets are more, where they show up more often... Lots of people have things to put in their pockets; mine just happens to be attached to me, so that is huge."
(Participant 1: Younger Caucasian Anglophone Woman)

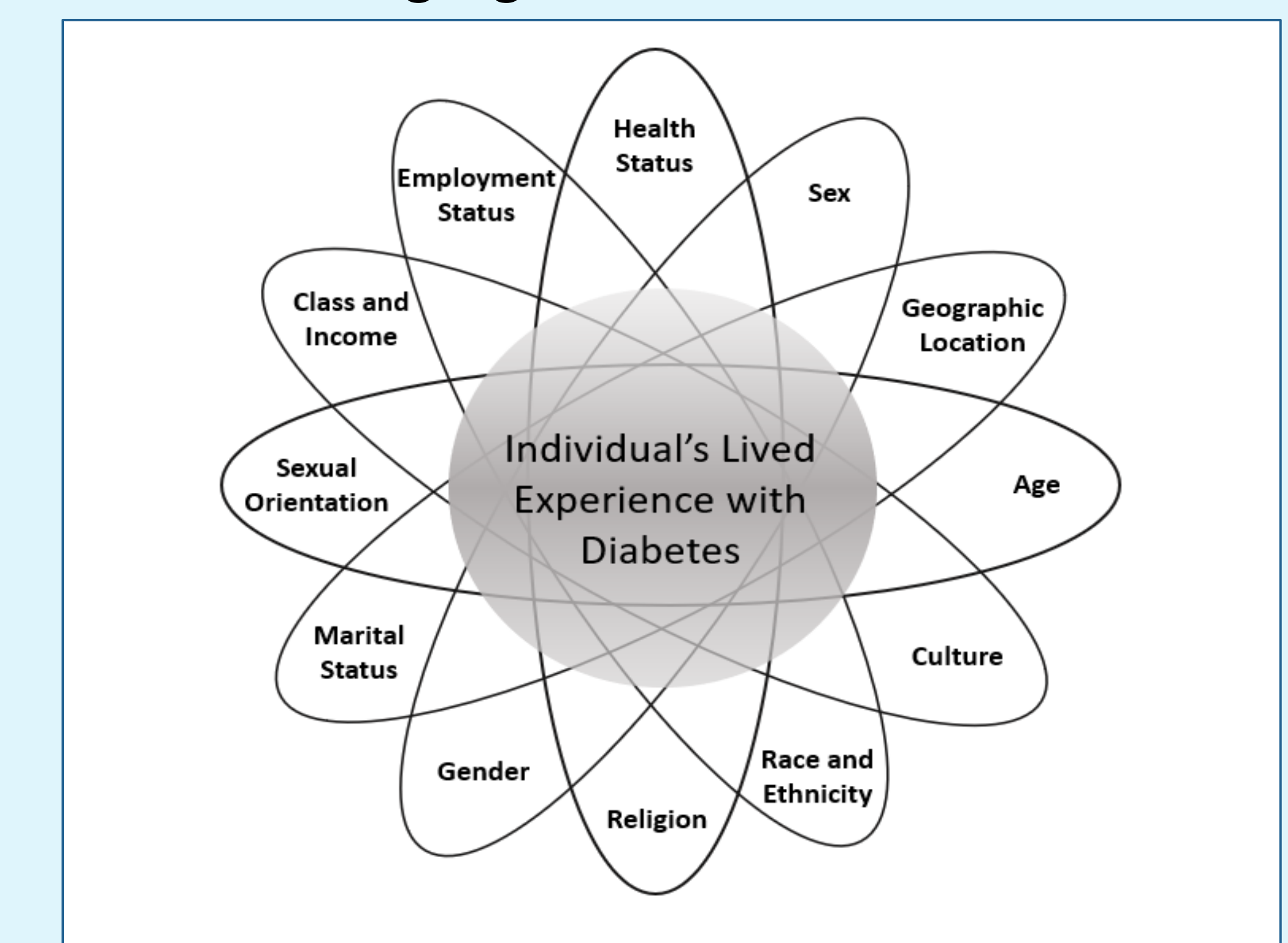
There are clear and significant differences in the experience of living with diabetes based on sex, gender, age, Indigeneity, race, ethnicity/culture, marital status, employment, place of residence and more.

QUESTION: How do we illustrate individuals' unique identities and social positions and how these intersect with diabetes?

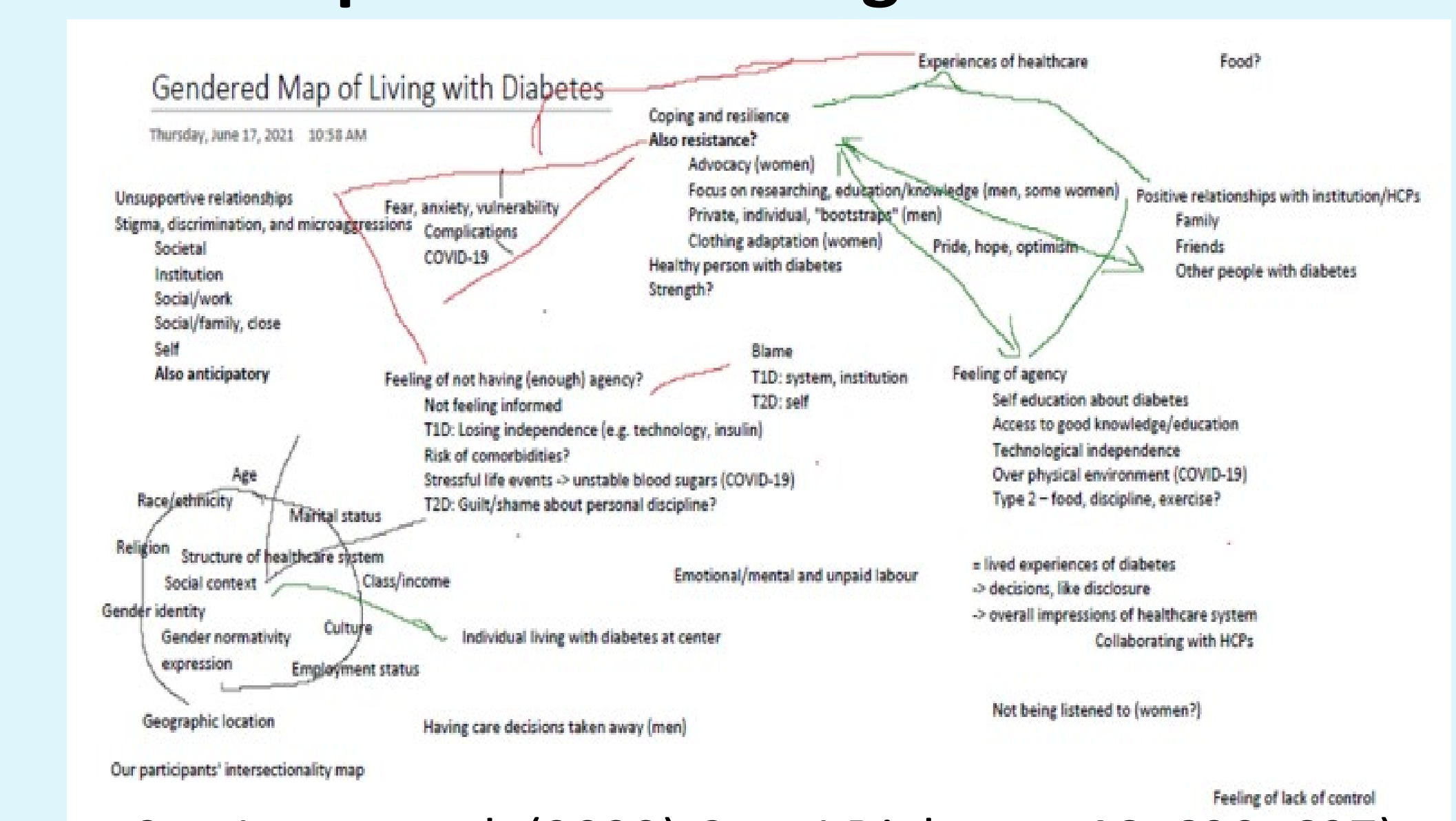


Version 1: This doesn't show the simultaneous and overlapping ways these positions impact the individual.

Version 2: Here we can highlight factors relevant to each individual.



DRAFT: The complexities of living with diabetes



See Jones et. al, (2022) Can. J Diabetes, 46: 620e627
for final version
[https://www.canadianjournalofdiabetes.com/article/S1499-2671\(22\)00138-1/fulltext](https://www.canadianjournalofdiabetes.com/article/S1499-2671(22)00138-1/fulltext)

Conclusions

An intersectional sex and gender lens can highlight unrecognized or minimized influences that may significantly impact the person living with diabetes. This lens can be usefully applied to this and other health issues to tailor care.