No Woman Should Walk Alone in Her Diabetes Journey

More than 15 million women in the U.S. and 181 million women worldwide are currently living with diabetes. They quietly face unique challenges every day such as fluctuating blood sugars due to pregnancy, menses, and menopause. For reasons not fully understood, women with diabetes also face increased health risks with heart disease, depression, eating disorders, osteoporosis, and ketoacidosis. And they also report higher levels of loneliness and isolation.

Our Mission

To improve the health and quality of life of women with, and at risk for, diabetes and to advocate on their behalf.

Our Vision

A world where women are fully empowered to effectively manage their diabetes.

DiabetesSisters is honored to work with a wide variety of organizations, companies, institutions, health systems, government agencies, diabetes bloggers, and online communities serving people with diabetes in order to reach more women with diabetes with our messages of healthy living and positive peer support.
What Is Diabetes?
Diabetes is a condition characterized by the body’s inability to properly use blood glucose (BG) or produce insulin, resulting in high blood sugar (hyperglycemia).

Type 1 diabetes—the pancreas no longer makes insulin, so BG cannot enter the cells to be used for energy. Individuals with type 1 diabetes require insulin to survive. The cause of type 1 diabetes is unknown, but the occurrence is greater if a parent or sibling also has type 1 diabetes.

Type 2 diabetes—either the pancreas does not make enough insulin or the body is unable to use insulin correctly. People with type 2 diabetes may use a variety of treatments including medication, diet, and exercise. Causes of type 2 diabetes include various factors such as family history, age, physical inactivity, excess weight, gestational diabetes, and race/ethnicity.

What Is Diabetes Stigma?
Stigmas are judgmental, negative, unfair beliefs held, or labels given, to a characteristic or people with that characteristic. Stigmatizing messages about diabetes may come from loved ones and friends, people at work, health care providers, and the media. The stigma may be about people with diabetes, or things that we do (or don’t do) in our diabetes management. We may hear or read messages that tell us diabetes is caused by something we did wrong, or by not doing something we should have done; diabetes is a personal character flaw, and people with diabetes should be ashamed they have it; and/or people with diabetes are a burden on the medical system and the economy. We may also learn and even believe diabetes stigmas about ourselves, especially if we have experienced them for a long time. That’s a lot to carry.

Diabetes stigmas may be associated with increased distress and depressive symptoms, and decreased social support and quality of life. They can also result in outcomes such as higher HbA1c results, more variability in BG levels, feelings of guilt, shame, blame, embarrassment, and isolation; and negative impacts on social life. One study found that women with diabetes reported experiencing higher levels of negative outcomes from diabetes stigmas than males.

Life with Diabetes—Things to Remember
In the middle of life with diabetes and potential experiences of stigma and/or distress, we need to remember:

• Diabetes of every type is a complex, constantly changing, challenging condition.
• Women living with diabetes deserve to be treated with respect.
• A diabetes diagnosis is not a personal failure.
• Living with this condition takes strength, perseverance, and wisdom.
• Medical numbers such as blood glucose, HbA1c, blood pressure, or weight do not define our worth.
• We are not good or bad based on what the BG meter number or lab result says.
• We deserve support from our loved ones and others in our communities.
• We deserve nonjudgmental, collaborative medical care.

Language Matters
The words that are used—and that we use—to describe us and details about our diabetes are important to our physical, mental, and emotional health. Using language that is positive, inclusive, empowering, respectful, and focuses on our strengths can help reduce others’ stigma or lessen our own feelings of stigma.

Some Ways to Shift Diabetes Stigmas
• Reflect on language we use to describe ourselves and our lives with diabetes. What type of diabetes language do we use for ourselves?
• Listen to others living with diabetes about language they prefer, and the reasons they choose those terms.
• Discuss our language preferences and choices with our health care providers. We can also look for new providers if we are not satisfied with the ones we currently have.
• Find peer support, therapeutic communities, or counseling to address emotional impacts.

Consider/offer  Instead of

<table>
<thead>
<tr>
<th>Living with diabetes</th>
<th>Diabetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person without diabetes</td>
<td>Healthy Normal</td>
</tr>
<tr>
<td>Manage Diabetes management</td>
<td>Diabetic</td>
</tr>
<tr>
<td>Checking, monitoring</td>
<td>Testing</td>
</tr>
<tr>
<td>In-range BG/HbA1c</td>
<td>Good BG/HbA1c</td>
</tr>
<tr>
<td>Low/normal, high/higher</td>
<td>Bad BG/HbA1c</td>
</tr>
<tr>
<td>Describe the activity</td>
<td>Good diabetic Bad diabetic</td>
</tr>
<tr>
<td>Diabetes Type of diabetes</td>
<td>The good kind</td>
</tr>
</tbody>
</table>

Reference

Resources
Diabetes Australia: diabetesaustralia.com.au
American Association of Diabetes Educators (AADE): diabeteseducator.org
UK National Health Service: england.nhs.uk
DiaTribe: diatribe.org
DiabetesSisters: diabetessisters.org

info@diabetessisters.org • www.diabetessisters.org