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Original Research Article

Exploring the experiences and challenges in managing type 2 diabetes among adults in Harare, Zimbabwe – a grounded theory study

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ABSTRACT

Background: The global increase in type 2 diabetes is particularly pronounced in low-income countries such as those in Sub-Saharan Africa, where the consequences are more severe. Fragile healthcare systems, shortages of healthcare workers, and poor patient disease management aggravate this trend. Understanding patients' experiences and difficulties is essential for developing evidence-based, patient-centered interventions from their perspective. This study aims to explore the experiences and challenges faced by patients with type 2 diabetes who are receiving care at community pharmacies in Harare, Zimbabwe.

Method: Twenty-nine semi-structured interviews were conducted with individuals with type 2 diabetes who were recruited from community pharmacies using purposive and theoretical sampling. All interviews were audio-recorded and transcribed by the main researcher.

Results: The study highlighted three main themes reflecting participants' experiences with managing type 2 diabetes: striving to adjust; receiving social support; and feeling a loss of self-identity. Participants also pointed out the difficulties of living with the condition, including facing financial constraints, encountering societal stigma, and enduring negative emotions. For many, these emotional and financial struggles deeply challenged their resolve to manage the disease.

Conclusion: Understanding the experiences and challenges faced by patients with type 2 diabetes from their perspective helps healthcare providers better grasp their needs, concerns, and fears. This understanding enables more person-centred support for self-management. Given that socioeconomic status greatly influences diabetes management, urgent policy changes are needed to lessen financial burdens, especially for low-income populations at greater risk as diabetes prevalence rises.

Keywords: Type 2 diabetes, Self-management, Community pharmacies, Patient experience, Challenges

INTRODUCTION

The growing prevalence of type 2 diabetes (T2D) represents a major global public health challenge, with substantial economic consequences for individuals, communities, and healthcare systems.[1,2] In Sub-Saharan Africa (SSA), T2D cases surged from 4 million in 1980 to 23.6 million in 2021, reflecting a 490% increase.[3] This sharp rise is worsened by factors such as poverty, socioeconomic inequalities, HIV/AIDS, and limited healthcare access.[1] Without effective interventions, the number could reach 54.9 million by 2045 (IDF, 2025).[4]

Diabetes is becoming increasingly prevalent in Zimbabwe, affecting approximately 850,000 people—about 5.7% of the population—in 2018.[5,6] Projections suggest the number will exceed 1.2 million by 2035.[1] Zimbabwe ranks third in SSA for annual T2D care expenditure for ages 20-79, following South Africa and Kenya.[7,8] The average yearly treatment cost per person is around $1,300, with diabetes-related complications adding roughly $2,884 annually.[5]

These high costs hinder patients' self-management efforts.[7] A prior review pointed out inadequate self-management among T2D patients in SSA, threatening public health and healthcare systems.[6] The challenge is worsened by limited government support, rising living costs, and unemployment, which restrict access to treatment and elevate mortality risks, further straining healthcare resources.[7,9]

The quality of diabetes care in SSA faces significant challenges due to limited funding, access issues, and scarce resources for patients, often leading to complications and early death.[10] Delays in diagnosis worsen outcomes, with research indicating that two-thirds of diabetes cases in the region remain undiagnosed.[11] These issues, combined with gaps in care, negatively affect patients' quality of life, productivity, and ability to manage their condition.

Additional barriers include difficulty obtaining medications, treatment delays, and higher healthcare costs from frequent referrals.[11,12] A diagnosis of diabetes impacts patients physically, psychologically, and socially, causing significant changes in their quality of life and coping strategies.[1,11] Gaining insights into patients' perspectives on their experiences and challenges of living with T2D is crucial for developing effective public health strategies to reduce the risk of complications and enhance quality of life.

Understanding how patients manage T2D, their coping strategies, and how this change over time can help improve diabetic care services. However, there is limited research on this topic in Zimbabwe. To date, no studies have used a grounded theory approach to examine the experiences and challenges faced by T2D patients accessing diabetes care through CPs in Zimbabwe.

Public health policymakers often overlook patient perspectives, which are essential for understanding patients' experiences and the social and economic factors that affect healthcare delivery, outcomes, and prognosis.[13-15] Moreover, emphasizing these experiences can help healthcare providers deliver more comprehensive, patient-centered care. This study aims to investigate the experiences and challenges of adult T2D patients who obtain their diabetes care through community pharmacies.

METHODS

This study employed a constructivist grounded theory (CGT) approach, which aligns with the researcher's view of reality and the study's objectives.[16] The epistemological position of CGT—that knowledge is influenced by cultural, historical, and social factors—guided this decision. Additionally, the method emphasizes the researcher's involvement in co-creating the core theory.[16] By applying symbolic interactionism, CGT facilitated the development of a theoretical understanding of patients' experiences and the challenges they face in managing T2D.

Study setting, sampling, and data collection

The study took place in Harare from November 2023 to January 2024. Participants were recruited from purposively selected community pharmacies (CPs). The pharmacy management teams agreed to host interview sessions and displayed recruitment flyers after receiving formal written requests. The lead researcher personally invited potential participants to join the study. To ensure informed consent, participants received study information sheets. The researcher gave at least 1 week from the date they received the sheets for potential participants to consider and decide whether to take part before following up.

The study used two sampling methods: purposive and theoretical sampling. Initially, eight individuals with T2D who met the inclusion criteria were selected through purposive sampling. The lead researcher conducted semi-structured, open-ended interviews to explore their experiences of living with T2D. Each interview lasted 40-60 minutes and took place in designated consultation rooms at the participating CPs. These sessions were audio-recorded and subsequently transcribed by the lead researcher. Participants received a $10 compensation to cover transportation and other expenses.

As the research progressed, questions were refined to explore new concepts that emerged from initial data collection and analysis.[17] Data collection and analysis were carried out concurrently, following CGT principles, even though the process was non-linear.16-17 Theoretical saturation is considered attained when further data no longer produce new insights or reveal additional features of core categories.[16] Data collection continued until saturation was achieved.[16]

The study used multiple data collection methods, including field notes, demographic questionnaires, memo writing, and voice recordings. Employing various techniques enhanced data quality, as noted by Creswell.[18] Field notes were recorded after each interview, and memos capturing emerging ideas were maintained throughout data collection and analysis to support the findings.

Inclusion criteria

Inclusion criteria included participants diagnosed with of T2D, aged 18 years and over, resides in the city of Harare, male and female, accessed CPs in Harare for T2D care, absence of T2D complications (renal dialysis, blindness, stroke) and having mental capacity to make informed consent.

Exclusion criteria

Exclusion criteria included participants those are not diagnosed with T2D, having type 1 diabetes, aged below 18 years, resides outside Harare, accessed CPs outside Harare and did not utilize CPs for diabetes care.

Ethics

The study received ethical approval from the Nottingham Trent University School of Health and Social Care and the Zimbabwe Medicines Research Council Ethics Committees (MRCZ/A/3096). It adhered to the 2013 Declaration of Helsinki. Participants were briefed on the study's objectives and procedures through an information sheet, and all read and signed the consent form before data collection began. They were also told they could withdraw at any time without having to provide a reason. To maintain confidentiality, all personal identifying information was removed from responses, and pseudonyms were assigned to each participant.

Data analysis

The lead researcher manually analysed the data by carefully reviewing all interview transcripts, memos, and field notes collected during the study.[19] This CGT strategy followed Charmaz's framework, which involves three interconnected coding stages: initial, focused, and theoretical. These stages were iterative rather than linear. Coding was carried out immediately after each data collection session to categorise and summarise the interview data. The researcher switched between initial and focused coding as new insights emerged.[16,17] The focused and theoretical coding phases identified key categories. The constant comparison technique was used to recognise similarities and differences within the data, enhancing analysis refinement and generating new ideas.[20]

RESULTS

Table 1 shows the demographic details of the 23 participants, aged 20-60 years. The group consisted of 12 males and 11 females, all of whom had T2D. No participants withdrew after giving their consent to participate. Further demographic details are presented in Table 1.

The sample comprised individuals from diverse educational and socioeconomic backgrounds. 48% of participants had experienced the condition for 3 years or less, while 9% had lived with it for more than 10 years. The rates of alcohol use and smoking were relatively low, at 26% and 4%, respectively.

Living with type 2 diabetes

The central theme highlighting participants' experiences and challenges in managing their illness was living with type diabetes. This emphasised how they viewed managing a chronic condition as a core part of their lives. For many, grasping the immediate and long-term effects of a diabetes diagnosis was complicated. Unlike acute illnesses, a T2D diagnosis indicated a permanent change, demanding daily treatment that often-caused frustration, despair, and confusion. Recognising the illness's chronic nature, which involves regular clinic visits, lifestyle adjustments, and strict dietary control, was often overwhelming. Living with type 2 diabetes involves various interconnected processes shaping how individuals manage T2D. This central theme is supported by two sub-themes: experiences of living with T2D and challenges of managing T2D.

Table 1: Demographics of study participants.

Characteristics		Values
Gender	Male	12
	Female	11
Age (years)	20-40	15
	41-60	8
Marital status	Married/partner	14
	Single	6
	Divorced	2
	Widowed	1
Residential status	High density	7
	Medium density	13
	Low density	3
Educational status	No formal education	1
	Secondary education	6
	College	7
	University	9
Employment status	Employed formal	12
	Informal employment	7
	Unemployed	4
Smoking status	Smoker	1
	Non- smoker	22
Alcohol consumption	Yes	6
	No	17
Years lived with a diagnosis of diabetes (years)	<1	2
	1-3	9
	4-6	6
	7-10	4
	>10	2
Family member with diabetes	Yes	8
	No	11
	Don't know	4

Theme 1: experiences of living with type 2 diabetes

The sub-theme "experiences of living with T2D" was supported by three categories: striving to adjust, receiving social support, and confronting loss of self-identity.

Striving to adjust

Striving to adjust shows how participants incorporated their illness into daily life, highlighting the importance of lifestyle changes for managing T2D. The study reveals that they used various coping strategies to handle their condition. The following sections emphasise their attempts to alter their lifestyle habits in the context of T2D management.

"*One major change I had to make was altering my diet. Adjusting to new habits takes time. I used to drink tea with sugar, but now I need to stop adding sugar. It was not easy. Making these small changes was hard for me. One of the most frustrating parts of my illness was dealing with sexual dysfunction. I found it very hard to talk about this problem with anyone*" (Nyaku).

"*I have never consistently taken medications throughout my life. I must consistently remember to take my diabetes medicine daily. When going on business, I must ensure my medication is included in my travel bag. Recalling all this information is challenging. I occasionally neglect to take my medication. My wife serves as a supportive reminder for me to take my medication while she is present. I have conferred with my chemist regarding techniques for drug adherence. I am progressing, albeit with difficulty*" (Tadiwa).

Participants needed to recognise their challenges in adapting, as this was a crucial initial step in developing coping strategies for life with a chronic illness.

Receiving social support

Participants discussed reaching out to important people in their lives for social support to cope with their illness. This included family members, community figures, and acquaintances offering non-professional help. The examples below highlight support from key individuals within their networks.

"*My family has provided significant support, and I believe I could not have managed my condition without them. They motivate me to maintain my medication schedule and attend my diabetes check-ups with my doctor. Their backing is invaluable. The only thing I never dared to do was share my diagnosis with anyone outside my family*" (Wonder).

Participants highlighted the positive influence of family and friends' support, with their wives playing a particularly significant role in their self-management.

"*My family and friends have been very encouraging and supportive since my diagnosis with diabetes. My wife's support has been especially remarkable; she assists me with my diet, medication, and attending medical reviews. She truly remains my pillar of hope*" (Tirivanhu).

The support from family and friends was given selflessly, seen as a duty grounded in respect, social connections, and family values.

Confronting loss of self-identity

Participants often feel their self-identity diminishes as they perceive the impact of their illness on how they view themselves. Their experiences with T2D shape their self-perception, social roles, and capacity to carry on usual activities. The condition frequently results in a more restricted lifestyle and social isolation, primarily because they feel burdened by their health problems and reluctant to impose on others. The following quotes from participants highlight the link between T2D diagnosis and their sense of identity loss.

"*I sometimes experience episodes of anxiety and depression. In the past, I did not experience such negative emotional shifts, so this feeling is new to me. Worry and depressive emotions have transformed me so much that I no longer recognise myself. I used to be an optimistic person, but now I constantly worry about my future and the possible outcomes of my illness*" (Nyaku).

"*The illness has profoundly altered my life and my view of myself. I no longer enjoy the foods I used to love; now I eat only when necessary to survive. I have withdrawn from my social circles and tend to retreat into myself. I feel hesitant to burden others with my health problems, so I avoid visiting friends and family. Due to my dietary requirements, I worry that visiting their homes might be an inconvenience. I now lack the confidence to leave the house, which is a stark contrast to my former self*" (Tirivanhu).

Participants described how living with type 2 diabetes changed their sense of identity, leading to a loss of their previous self-image without clearly replacing it with new, empowering identities. Some felt vulnerable, socially isolated, and hesitant to interact with friends and communities due to their illness. The experiences and meanings that once upheld their positive self-views before their T2D diagnosis were no longer available to them.

Theme 2: challenges associated with managing type 2 diabetes

This section presents the findings related to the sub-theme, "*challenges associated with managing type 2 diabetes*." These challenges are supported by attributes such as: facing financial constraints; encountering societal stigmatisation; and experiencing negative emotions.

Facing financial limitations

This study defines financial problems as the perceived economic challenges individuals with a T2D diagnosis encounter that impair their ability to manage the condition effectively. Findings show that participants struggled to manage their T2D due to financial constraints that affected not only themselves but also their support networks and immediate families. The following excerpts highlight the extent of financial hardship participants experienced during their illness management.

"*Purchasing insulin is both emotionally and financially draining for me*." I cannot afford it. I spend $15 per vial each week, totalling $60 a month, which exceeds my means. I must choose between supporting my family and buying insulin; supporting my family takes priority. To make matters worse, I am unemployed. I take things day by day (Tirivanhu).

"*My first challenge is getting the medication, as I do not always have enough funds. Financial issues remain unresolved and are a major concern for me. What other options do I have? I know this situation could be the end for me, yet I feel trapped in an unwinnable dilemma*" (Chiwoneso).

Participants faced significant financial challenges in managing their illness. Some had to choose between purchasing medication and supporting their families, which often resulted in feelings of desperation and hopelessness. Therefore, it is essential to ensure that individuals living with T2D have access to medication, helping to prevent diabetes-related complications caused by treatment non-compliance.

Encountering societal stigmatisation

Several participants mentioned that they believe there is a social stigma associated with a T2D diagnosis. They shared personal experiences or feelings of diabetes-related stigma, while others described perceiving this stigma in society at large or among other people with T2D. One participant detailed their personal experience of stigma as follows.

"*At funerals or weddings, the master of ceremonies occasionally uses inappropriate labels for diabetic individuals, which can cause confusion, distress and humiliation. This behaviour may stem from this small group's lack of understanding of my condition. While difficult to accept, this might be the reality*" (Tirivanhu).

Other participants expressed the view that not everyone in society treated them unfavourably because of their ill health.

Generally, I can say that not everyone will show negativity towards you. Most people are kind and supportive. However, a few may look down on you, fearing the spread of illness because they do not understand diabetes. It is unfortunate that, in this age of the internet, such individuals still exist in our society (Grace).

Several participants voiced their frustration with society's lack of awareness about T2D, especially regarding discriminatory attitudes towards those affected. Raising awareness through campaigns could help reduce stigma, as better knowledge and understanding would encourage early screening and lower the number of undiagnosed T2D cases in the population.

Experiencing negative emotions

Several study participants reported that discovering they have T2D frequently triggered negative emotions such as guilt, shame, shock, low mood, and anxiety. Additionally, many participants found it challenging to manage these emotions after their diagnosis.

"*I experienced a very low mood for several weeks, avoiding leaving the house and not wanting to talk to anyone. Everything felt worthless. I think that a lack of information and understanding about my illness influenced how I reacted to the diagnosis. I also believe the clinic did not adequately prepare me for receiving such distressing news about my health*" (Wonder).

Participants noted that emotional resilience is essential to coping with the challenges of living with T2D.

"*I realised that maintaining a positive outlook was essential after my T2D diagnosis. I understood that learning about the illness was crucial for managing my new health condition. Increasing my knowledge of T2D boosted my confidence and optimism. Tackling negative thoughts became vital for effective illness management*" (Nyaku).

The study found that participants struggled to regulate negative emotions. Therefore, managing T2D should extend beyond medical treatment to include emotional support and care as essential parts of a comprehensive self-management strategy.

DISCUSSION

This study revealed that adult patients with T2D who used community pharmacy diabetes care in Harare faced numerous challenges. Participants shared their experiences, including adapting to their new health condition, changes in personal identity, and seeking social support. They also faced financial difficulties, social stigma, and emotional struggles, all of which hindered effective self-management.

Adjusting to life with a chronic illness is a well-documented challenge that affects not only self-management but can also lead to interpersonal changes that either enhance or hinder the patient's daily life.[21,22] Participants expressed difficulties in modifying their daily routines after being diagnosed with T2D, which obstructed effective self-management. These adaptation challenges were linked to emotional, physical, lifestyle changes, medication routines, and regular hospital visits. Previous research indicates that a T2D diagnosis prompts patients to adopt lifestyle changes.[22-24] The findings also suggest that adjustment involves patients recognising and making necessary changes, ultimately integrating T2D into their self-management routines as strategies for managing their new condition. Consistent with earlier studies, participants' experiences before their T2D diagnosis, their past lives, and hopes for the future—affected by the diagnosis—shaped their experience of living with T2D.[25,26]

Some male participants in this study experienced erectile dysfunction, affecting their quality of life. They quietly faced the shift from being sexually active to experiencing impotence and found it difficult to adjust to this new aspect of sexual health. However, advances in diagnosing and treating impotence offer hope for men with diabetes dealing with the condition.[27] Nonetheless, according to this study's findings, fear of discussing sexual issues and financial barriers may prevent men from seeking the latest erectile dysfunction treatments.

The study highlights the crucial role of social support, particularly from family members like spouses, in effective self-management. Unlike the Western nuclear family model, African families typically depend on an extended family network, which often yields positive outcomes.[28] This network offers both financial and emotional assistance, helping individuals connect with their identity and heritage. The findings corroborate earlier research showing that family and spousal support significantly enhance self-management success.[29-32] However, participants—especially men—were reluctant to discuss their health issues outside their social circles out of fear of stigma. This is consistent with prior research, which found that men tend to be more private than women about sharing their diabetic conditions.[33]

The study revealed that some participants felt that a T2D diagnosis challenged their sense of identity and caused a loss of independence. Confronted with one or more symptoms, they described living with T2D as a significant experience that disrupted their usual routines.[34] They viewed their chronic illness as an ongoing process involving adapting to bodily changes and reconciling their past self with their new identity, aligning with earlier research.[35] This identity transformation was complex and often led to social withdrawal, irritability, agitation, diminished confidence, and increased vulnerability. Literature also suggests that individuals with chronic illnesses cannot continue living as they did before or as they once envisioned, experiencing "chronic sorrow," a persistent sadness related to ongoing personal and social losses from their condition.[36,37] Successfully integrating the 'old self' with the 'new self' is essential for their overall well-being and effective illness management.

Diabetes creates substantial economic challenges for individuals, their families, healthcare systems, and national economies through direct medical costs and productivity losses, such as missed work and reduced salaries.[38] Many study participants reported serious financial struggles that hindered their ability to manage diabetes effectively, with some unable to afford essentials such as food, medication, or check-ups. These findings are consistent with prior research showing that people from low-income backgrounds often have poorer glycaemic control than those with higher socio-economic status, mainly due to financial constraints.[39] Consequently, healthcare policymakers should develop strategies to improve equitable access to medical care and affordable medications for vulnerable populations.

Participants reported feelings of anger, fear, and social withdrawal, all associated with low mood and anxiety. These negative emotions reflect common psychosocial themes found in diabetes research.[40] Additionally, prior studies show that individuals with chronic illnesses are more vulnerable to adverse psychosocial states due to lifestyle changes caused by their condition.[40] Notably, emotional disparities are apparent: those of lower socioeconomic status often experience more negative emotions.[39] Healthcare providers should consider integrating psychosocial therapy into T2D self-management to improve patients' quality of life and health outcomes.

The study highlighted societal stigma, stemming from reactions, attitudes, and biases that affect how people view their condition. Participants observed that such stigma is common at social gatherings, where hosts sometimes mock individuals with T2D. This stigma can hinder self-management and overall health, leading patients to avoid seeking treatment out of fear of rejection. Consequently, it may result in poorer health outcomes and more diabetes-related complications. A lack of societal knowledge and awareness about diabetes often perpetuates negative stereotypes. Therefore, educating communities about T2D, including its symptoms and complications, is vital.

Implications for practice

This study seeks to broaden the limited research on the experiences and challenges of individuals with diabetes in Harare who visit community pharmacies for their diabetes care. These insights can support the creation of more patient-centered diabetes self-management strategies. Additionally, understanding patients' experiences and challenges in managing T2D could help healthcare providers develop targeted, practical self-management plans.

Strengths and limitations

Research on managing T2D through community pharmacies in Zimbabwe is scarce. This study addresses that gap. The findings relate to the social and economic backgrounds of participants and may not be universally applicable. However, using the CGT method offers potential for theoretical generalization to similar contexts. A limitation is that only those who visited the community pharmacies were included, possibly excluding non-users. Future studies in low-income countries could use mixed-methods to assess a larger patient population.

CONCLUSION

This study highlights the experiences and challenges faced by individuals with T2D who access CPs for their diabetes management. It emphasises financial hardships, emotional stress, and societal pressures that hinder their self-management. The findings also underline the importance of social support, identify gaps in information and education, and illustrate the difficulties participants encounter when adopting lifestyle changes. These insights are crucial for developing targeted interventions to improve care for people with T2D. Participants from lower socio-economic backgrounds often feel overwhelmed by treatment costs. Therefore, government efforts to make diabetes care more affordable are essential for these groups. By addressing these specific needs, healthcare programmes can better tackle the diverse challenges faced by individuals with T2D, resulting in better health outcomes and quality of life.

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