

Abstract

Over the years, there has been an increase in the prevalence of diabetes in rural and tribal areas, which was previously known to be common in urban areas and among rich populations. Qualitative studies on women's experiences with diabetes have been conducted globally and in India. These studies show that diabetes is more challenging for women as it requires extensive self-management and prolonged treatment. This is mainly due to gender discrimination, inequality, and social roles and norms prevalent in society. Due to this, women often neglect their own health as they tend to prioritize the needs of their family members. There are limited studies on understanding the experiences of women living with diabetes in tribal areas, particularly from the northeastern states of India. The present study, therefore, attempts to understand the lived experiences of Pnar women with Diabetes in the West Jaintia Hills District of Meghalaya. The Pnar tribe is the major inhabitant of West Jaintia Hills, and almost eighty percent of the population resides in rural areas. Given that Meghalaya is the state with the largest matrilineal culture, the study focuses on understanding women's health status, especially in the context of diabetes.

The present study is qualitative in nature as it aims to provide an in-depth understanding of multiple factors and processes intersecting at various levels in shaping the health of women. The study combines the approaches of ethnography, narrative inquiries of women documenting their illness experiences, and an in-depth case study on the implementation of the non-communicable diseases' prevention and control program. The program is implemented at the district and the state level, and the views and perceptions of different healthcare providers for diabetes were explored. Further, it also attempts to understand the diabetes care provided by private and traditional medicine providers.

Findings from the present study reveal that women in rural areas of West Jaintia Hills have limited knowledge about diabetes, resulting in complications due to diabetes. There is also inequality in self-management of diabetes among the different groups of women, which was exacerbated with the outbreak of the COVID-19 pandemic. Healthcare providers face numerous barriers in providing care related to diabetes at public health facilities.

Women access different types of healthcare facilities for the treatment of diabetes, such as traditional tribal healers, public health services, and private super-specialty hospitals in Shillong. The challenges faced by women from the low-income group in terms of the everyday struggle for livelihood also shape the development and progression of diabetes. This is due to the chronic stress about their life and the needs of their children. Moreover, the caregiving role the youngest daughter has to undertake adds more to the burden and stress of women in the matrilineal society of Meghalaya. Further, most women in the study also suffer from other diseases along with diabetes, such as hypertension, chronic kidney diseases, eye complications, etc. This increases the likelihood of hospitalization, leading to exorbitant treatment costs, thereby pushing women further into poverty.