

HEALTH SEEKING BEHAVIOUR OF PEOPLE LIVING WITH DIABETES: INSIGHTS FROM SELECTED URBAN AREAS OF WEST BENGAL

*¹Dr. Rupa Biswas, ²Nelofer Laskar

¹Assistant Professor, Department of Social Work, St. Xavier's University, Kolkata.

²Research Scholar, Department of Social Work, St. Xavier's University, Kolkata.

Article Received: 17 March 2026, Article Revised: 07 April 2026, Published on: 27 April 2026

*Corresponding Author: Dr. Rupa Biswas

Assistant Professor, Department of Social Work, St. Xavier's University, Kolkata.

DOI: <https://doi-doi.org/101555/ijarp.5015>

ABSTRACT

India ranks among the countries with the highest global burden of diabetes. According to a Lancet study, the total number of diabetes cases in India is 212 million (Zhou et al., 2024). This accounts for 26% of global diabetes cases, the greatest proportion provided by any country (Lancet, 2024). Persons with diabetes face various physical and mental health concerns. Ill health reduces productivity of the affected individual and drain of financial resources. Individual's wellbeing and overall life is impacted. This study seeks to explore the health-seeking behaviour of individuals living with diabetes mellitus. A descriptive study was conducted on 120 respondents, which included men and women within the age group of 25-55 years, living in two urban areas of West Bengal, Kolkata and Purba Bardhaman. It was revealed that most of the respondents were suffering from type 2 diabetes; more women than men faced multiple physical and psychological comorbidities, diabetes distress and social stigma. The prevalence of physical and psychological comorbidities and diabetes distress had adverse effect on interpersonal relationships of women respondents. Respondents adhered to the advice of their doctors but doing regular exercises or yoga was a challenge for them. Seeking support for psychological comorbidities was limited among a few. Diabetes is a lifestyle disease, awareness and routine alteration can help prevent the occurrence of the disease, reduce comorbidities, and improve the wellbeing of patients. The researchers suggest interventions for prevention of diabetes and care and treatment of diabetes patients to ensure positive health for all.

KEYWORDS: Healthcare seeking behaviour, People living with Diabetes, Physical comorbidities, Psychological comorbidities

INTRODUCTION

Diabetes mellitus (DM) is a long-term metabolic disorder marked by persistently high levels of blood glucose (Bodke et al., 2023). Its prevalence and severity are rising worldwide. Untreated or inadequate management of diabetes can exacerbate individual's already deteriorating health through comorbidities (Nimesh et al., 2019). Comorbidity refers to simultaneous existence of two or more diseases within the same individual, each diagnosed based on established medical guidelines (Fried et al., 2004; Cicek, 2021). People with diabetes have almost a 50% chance of contracting at least one comorbidity (Laiterapong et al., 2019; Cicek, 2021). The growing prevalence of having diabetes with multiple comorbidities has made it more important to understand the interactions between diabetes and coexisting diseases, along with the social burden they put on the patients. To delay or prevent complications, individuals with diabetes need to adopt lifestyle changes, through several health-seeking behaviours (Nimesh et al., 2019). Health-seeking behaviour encompasses the actions and choices individuals make to preserve their well-being, prevent disease, and obtain suitable medical care when experiencing health concerns (Haileamlak, 2018). In chronic conditions such as diabetes mellitus, health-seeking behaviour is not solely determined by clinical needs but is constructed by how individuals construct and interpret their lived reality of the disease within physical, psychological, and social contexts (Nimesh et al., 2019; Fatma & Ramamohan, 2022; KB et al., 2025).

Conventional explanations of comorbidity in relation to diabetes are typically based on simple counts of conditions and often fail to account for key factors such as disease burden, severity, and interactions between conditions (Piette & Kerr, 2006; Cicek, 2021). As reflected in much of the existing literature, most studies focus primarily on condition counts or prevalence (Piette & Kerr, 2006; Laiterapong et al., 2019; Cicek, 2021). These limitations complicate interpretation of results and hinder the translation of findings into meaningful clinical practice. This study moves away from categorising comorbidities into concordant and discordant types, and focuses on prevalence of physical and psychological comorbidities, in relation to their significance and the health seeking behaviour it enables. The reason is to determine how the prevalence of physical and psychological comorbidities differs from each other. The physical comorbidities such as hypertension and retinopathy are explicit and observable in the researches. They are addressed more because of the risk they have on the

overall health of a diabetic patient. However psychological comorbidity such as depression, though might not directly damage the blood vessels, can impede self-care behaviours (Cicek et al., 2021). Psychological comorbidities in particular can adversely affect quality of life and compromise the management of shared risk factors, including diet and physical activity (Cicek et al., 2021)

Understanding health-seeking behaviour is essential for improving health outcomes, particularly in the management of chronic conditions such as diabetes. Health-seeking behaviour influences when, where, and how individuals access healthcare services, adhere to treatment, and engage in preventive practices. Insight into these behaviours enables healthcare systems to design interventions that are responsive to patients' needs, beliefs, and lived experiences. It also helps identify barriers and facilitators for effective public healthcare models.

Review of Literature

The studies reflect that there is a lack in addressal of managing comorbid conditions in diabetic care guidelines, even though there is a significant proportion of diabetic individuals facing at least one comorbid condition. This leads to the diabetic patients jumping through different health seeking behaviours when the initial suggestion fails to meet their needs (KB et al., 2025). Researches on health seeking behaviour in Indian context highlights how diabetic individuals commit significant time, energy, and financial resources as a part of their diabetes management, which gets more intensified in the presence of comorbidities (KB et al., 2025). The individuals suffer distress when they have to compromise on their selfcare regime due to time and financial constraints (KB et al., 2025).

The studies on diabetes management and stipulated behaviour criticises the healthcare system's conventional approach on focusing on managing the diabetic conditions instead of addressing the comprehensive wellbeing of the patients (Fatma & Ramamohan, 2022; Cicek et al., 2021). This leads to lack of incorporation of managing comorbid conditions too, leading to increased risk of detrimental health among diabetic patients (Banerjee et al., 2021; Laiteerapong et al., 2019; Nimesh et al., 2019). This is why studies argue for the need of understanding the experiences and need of diabetic patients with comorbidities. Researches have also observed prevalence of cognitive dysfunction among diabetic patients, which leads to impairing their memory, functioning and attention, thus increasing challenges to their already compromised disease management (Biessels&Despa, 2018; Palta et al., 2014). Cicek et al. (2021) thus suggests implementation of comprehensive healthcare regimes along with

provision to early detection of comorbidities and counselling sessions to alleviate the burden from diabetic patients suffering from comorbidities.

Earlier researches have illustrated how psychological comorbidities such as depression, sleep disturbances, and anxiety consequent to detrimental diabetic outcome including blood glucose level management (Reutrakul & Van Cauter, 2014). Past studies have stated that effective diabetes management needs to incorporate holistic wellbeing of the patient such as guidelines for lifestyle adjustments, provision of regular checkup, along with the conventional pharmacological treatment. (Shrivastava et al, 2013; Egede & Ellis, 2010; Gonzalez et al., 2008; Piette & Kerr, 2006).

Objectives of the Study

- To assess the health-seeking behaviour of people living with diabetes.
- To understand their health seeking behaviour in respect to comorbidities.

METHODS

RESEARCH PARTICIPANTS

A descriptive research design was used to investigate the health seeking behaviour of persons living with diabetes. 120 people aged 25 to 55 living in urban Kolkata and Purba Bardhaman, West Bengal was chosen. The research participants had a broad socio-demographic profile, which is reflected in their age, gender, educational level, religion, employment status, and other characteristics. From Purba Bardhaman 30 male and 30 female respondents were chosen. In contrast, 29 male and 31 female respondents were chosen from Kolkata.

DATA COLLECTION AND ANALYSIS

The 120 participants were selected using simple random sampling process. Each participant participated in face-to-face personal interviews that followed a structured interview schedule. Each interview lasts 45 minutes to an hour. Before the interview, each participant provided informed consent and an explanation of the study's purpose. Their responses were strictly confidential and anonymous. The researcher manually created a coding system based on their subjective interpretation and re-interpretation of the underlying meanings of the participants' responses.

ETHICAL ISSUES

The study complied with all ethical research standards. Prior to conducting face-to-face interviews, participants were informed about the purpose of the study and their verbal consent

was obtained. Given the importance of ethical considerations, matters such as confidentiality, anonymity, informed consent, voluntary participation, and the absence of coercion or manipulation were carefully upheld.

RESULTS

This section outlines the socio-demographic profile of the respondents in Section I and presents the main thematic findings of the study in Sections II, III, and IV.

Section I: Socio-Demographic Profile of the Respondents

The findings indicate that 17.50% of the respondents were aged 21- 30 years, 20.83% were within the 31- 40 years age group, 30% were between 41- 50 years, and lastly, 31.67% were in the 51- 60 years category. In terms of gender distribution, 49.17% of the respondents were male, while 50.83% were female. 73.33% of respondents belong to the Hindu community, 15.83% of the total respondents belong to Muslim community and 10.83% belong to the Christian community. 6.67% of the respondents had attained secondary education, while 11.67% had completed higher secondary education, 35% had completed graduation, 32.50% had completed their post-graduation degree, 7.50% of the respondents had completed their Diploma and the remaining 6.67% had completed their Ph.D. 69.17% of the respondents were employed, whereas 30.83% of them were not employed at all. 6.02% of the respondents were employed as primary school teachers, 3.61% were employed as secondary school teacher, and 8.43% were employed as higher secondary school teacher. 10.84% of the respondents were employed as legal professionals, whereas 15.66% were employed as medical professionals. 21.69% were self-employed respondents. 13.25% were IT personnel, 8.43% were employed in the Indian Railways, 7.23% were in the Income Tax Department, 1.20% was employed as LIC agents and another 1.20% of the respondents were in the Police Department, 1.20% of the respondents were employed as music teachers and the remaining 1.20% was employed in the bank. 14.46% reported a monthly income of less than Rs. 20,000; 31.32% earned between Rs. 20,000-39,000; 18.07% had an income ranging from Rs. 40,000-59,000; 24.10% earned between Rs. 60,000-79,000; and the remaining 12.05% reported a monthly income above Rs. 79,000. Furthermore, 83.33% of the respondents were married, while 0.83% were separated., 8.33% were divorced and the remaining 7.50% were widowed. 19.16% of the respondents had been diagnosed with diabetes within the past year. 15% were diagnosed between 1-2 years ago. 19.16% were diagnosed between 3-4 years ago. 12.50% were diagnosed between 5-6 years ago and the remaining 34.16% were diagnosed more than

6 years ago. 21.66% of the respondents have type 1 diabetes mellitus; 58.33% of them have type 2 diabetes mellitus and remaining 20% of the respondents were unable to specify their type of diabetes.

Table 1- Socio-Demographic Profile of the Respondents. (N=120)

| Variable | Frequency | Percentage |
|---------------------------------|-----------|------------|
| Age | | |
| 21-30 years | 21 | 17.50% |
| 31-40 years | 25 | 20.83% |
| 41-50 years | 36 | 30% |
| 51-60 years | 38 | 31.67% |
| Gender | | |
| Male | 59 | 49.17% |
| Female | 61 | 50.83% |
| Religion | | |
| Hindu | 88 | 73.33% |
| Muslim | 19 | 15.83% |
| Christian | 13 | 10.83% |
| Education | | |
| Secondary | 8 | 6.67% |
| Higher Secondary | 14 | 11.67% |
| Graduation | 42 | 35% |
| Post Graduation | 39 | 32.50% |
| Diploma | 9 | 7.50% |
| PhD | 8 | 6.67% |
| Employment Status | | |
| Employed | 83 | 69.17% |
| Unemployed | 37 | 30.83% |
| Nature of Profession | | |
| Primary School Teacher | 5 | 6.02% |
| Secondary School Teacher | 3 | 3.61% |
| Higher Secondary School Teacher | 7 | 8.43% |
| Legal Professional | 9 | 10.84% |
| Medical Professional | 13 | 15.66% |
| Self Employed | 18 | 21.69% |
| IT Personnel | 11 | 13.25% |
| Railways | 7 | 8.43% |
| Income Tax | 6 | 7.23% |
| LIC Agent | 1 | 1.20% |
| Police | 1 | 1.20% |
| Music Teacher | 1 | 1.20% |
| Bank Employee | 1 | 1.20% |
| Income | | |
| <Rs. 20,000 | 12 | 14.46% |
| Rs. 20,000 - Rs. 39,000 | 26 | 31.32% |
| Rs. 40,000 - Rs. 59,000 | 15 | 18.07% |
| Rs. 60,000 - Rs. 79,000 | 20 | 24.10% |

| | | |
|---------------------------------------|-----|--------|
| >Rs. 79,000 | 10 | 12.05% |
| Marital Status | | |
| Married | 100 | 83.33% |
| Separated | 1 | 0.83% |
| Divorced | 10 | 8.33% |
| Widowed | 9 | 7.50% |
| Duration of Diabetes Diagnosis | | |
| <1 Year | 23 | 19.16% |
| 1 - 2 Years | 18 | 15% |
| 3 - 4 Years | 23 | 19.16% |
| 5 - 6 Years | 15 | 12.50% |
| >6 Years | 41 | 34.16% |
| Nature of Diabetes | | |
| Type 1 | 26 | 21.66% |
| Type 2 | 70 | 58.33% |
| Unable to tell | 24 | 20% |

SECTION II: Prevalence of Comorbidities

45% of the respondents acquired diabetes genetically, 48.33% acquired the chronic illness due to lifestyle choices and the remaining 6.66% acquired diabetes during pregnancy. 60.83% of the respondents had physical comorbidities, whereas 39.16% did not have any physical comorbidities. 28.77% of the respondents with physical comorbidities had cardio-vascular problems, 20.55% had neuropathy, 17.81% had nephropathy, 43.83% had retinopathy, 12.33% had foot complications, 15.07% had skin infections, another 15.07% had gum disease, 12.33% had hearing loss, 47.94% had hypertension, 13.70% had UTI, 2.74% had joint pain, and 1.37% had gastro-intestinal problems. 63.33% of the total respondents had psychological comorbidities, whereas 36.67% did not have any psychological comorbidities. 38.16% of the respondents with psychological comorbidities had depression, 35.53% had anxiety, 63.16% had stress-related disorder, 65.79% had sleeping disorder, and 21.05% had eating disorder. 54.17% of the total respondents were reported having diabetes distress, whereas 45.83% did not report having diabetes distress. 36.92% of the respondents with diabetes distress report feeling burdened due to diabetes, 26.15% express fear of not being able to consistently manage their diabetic care, 23.08% report the fear of living with diabetes mellitus, 33.85% report the feeling of being controlled by diabetes, 21.54% report feeling no support from the healthcare system, and 16.92% report social isolation due to diabetes diagnosis. 35.83% of the total respondents reported having cognitive dysfunctions. However, 64.17% did not have any cognitive dysfunctions. 27.91% of respondents with cognitive dysfunctions reported having memory impairment, 18.60% reported having executive function deficits, 39.53% reported having processing speed reduction, 30.23% reported

having attention and concentration difficulties, 16.28% reported having verbal fluency decline, and 37.21% reported having visuospatial impairment.

Table 2- Prevalence of Comorbidities.

| Variable | Frequency | Percentage (%) |
|--------------------------------------------------|-----------|----------------|
| Acquisition of Diabetes | | |
| Genetically | 54 | 45% |
| Through Lifestyle | 58 | 48.33% |
| During Pregnancy | 8 | 6.66% |
| Prevalence of Physical Comorbidities | | |
| Yes | 73 | 60.83% |
| No | 47 | 39.16% |
| Nature of Physical Comorbidities | | |
| Cardio-vascular disease | 21 | 28.77% |
| Neuropathy | 15 | 20.55% |
| Nephropathy | 13 | 17.81% |
| Retinopathy | 32 | 43.83% |
| Foot Complications | 9 | 12.33% |
| Skin Infections | 11 | 15.07% |
| Gum Disease | 11 | 15.07% |
| Hearing Loss | 9 | 12.33% |
| Pressure | 35 | 47.94% |
| Urinary Tract Infection | 10 | 13.70% |
| Joint Pain | 2 | 2.74% |
| Gastro-intestinal Disease | 1 | 1.37% |
| Prevalence of Psychological Comorbidities | | |
| Yes | 76 | 63.33% |
| No | 44 | 36.67% |
| Nature of Psychological Comorbidities | | |
| Depressive Disorders | 29 | 38.16% |
| Anxiety Disorders | 27 | 35.53% |
| Stress-related Disorders | 48 | 63.16% |
| Sleeping Disorders | 50 | 65.79% |
| Eating Disorders | 16 | 21.05% |
| Prevalence of Diabetes Distress | | |
| Yes | 65 | 54.17% |
| No | 55 | 45.83% |
| Nature of Diabetes Distress | | |
| Feeling of Burden | 24 | 36.92% |
| Fear of Failing at Keeping Up with Diabetic Care | 17 | 26.15% |
| Fear of Living with Diabetes Mellitus | 15 | 23.08% |
| Feeling of Being Controlled | 22 | 33.85% |
| No Support from Healthcare | 14 | 21.54% |
| Social Isolation | 11 | 16.92% |
| Prevalence of Cognitive Dysfunctions | | |
| Yes | 43 | 35.83% |
| No | 77 | 64.17% |

| Nature of Cognitive Dysfunctions | | |
|------------------------------------------|----|--------|
| Memory Impairment | 12 | 27.91% |
| Executive Function Deficits | 8 | 18.60% |
| Processing Speed Reduction | 17 | 39.53% |
| Attention and Concentration Difficulties | 13 | 30.23% |
| Verbal Fluency Decline | 7 | 16.28% |
| Visuospatial Impairment | 16 | 37.21% |

Section III Health Seeking Behaviour

92.50% of the total respondents reported consulting doctor as a part of their health-seeking behaviour, whereas 7.50% reported not consulting any doctor for the management of diabetes. 75% of the respondents reported taking the medications regularly, 1.67% reported not taking any medication for management of diabetes, and 23.33% reported skipping the medications occasionally. 97.30% respondents took insulin to manage the disease. 93.33% of the total respondents regularly monitored blood glucose levels, 1.67% never monitored blood glucose levels for the management of diabetes, and 5% occasionally skipped the monitoring of blood glucose levels. 80.83% of the total respondents followed a dietary regimen for the management of diabetes, whereas 19.17% of them did not follow any dietary regimen for diabetes management. 59.17% of the total respondents did regular exercise or practiced yoga. 40.83% of the total respondents never exercised or practiced yoga as a management of diabetes. 61.64% maintained a healthy diet, 17.81% regularly exercised or practiced yoga, 78.08% regularly monitored their blood glucose levels, 36.99% monitored their blood pressure, 23.29% managed their cholesterol, 16.44% ceased smoking, 15.07% ceased alcohol intake, 45.20% adhered to the prescribed medications, 28.77% went for regular check-ups and treatment, 17.81% adhered to proper wound care, 13.70% received antibiotic or antifungal therapy, 10.96% wore supportive footwear, and lastly, 6.85% used hearing aids.

Table 3- Health Seeking Behaviour.

| Variable | Frequency | Percentage (%) |
|---------------------------------------|------------------|-----------------------|
| Consultation | | |
| Yes | 111 | 92.50% |
| No | 9 | 7.50% |
| Intake of Diabetes Medications | | |
| Yes | 90 | 75% |
| No | 2 | 1.67% |
| Sometimes | 28 | 23.33% |
| Intake of Insulin | | |
| Yes | 36 | 97.30% |
| Sometimes | 1 | 2.70% |
| Blood Glucose Monitoring | | |

| | | |
|------------------------|-----|--------|
| Yes | 112 | 93.33% |
| No | 2 | 1.67% |
| Sometimes | 6 | 5% |
| Dietary Regimen | | |
| Yes | 97 | 80.83% |
| No | 23 | 19.17% |
| Exercise/ Yoga | | |
| Yes | 71 | 59.17% |
| No | 49 | 40.83% |

SECTION IV: Health Seeking Behaviour with respect to comorbidities

61.64% maintained a healthy diet, 17.81% regularly exercised or practiced yoga, 78.08% regularly monitored their blood glucose levels, 36.99% monitored their blood pressure, 23.29% managed their cholesterol, 16.44% ceased smoking, 15.07% ceased alcohol intake, 45.20% adhered to the prescribed medications, 28.77% went for regular check-ups and treatment, 17.81% adhered to proper wound care, 13.70% received antibiotic or antifungal therapy, 10.96% wore supportive footwear, and lastly, 6.85% used hearing aids. 48.72% regularly took medications for the management of their mental health, 30.77% were referred to psycho-therapy, 20.51% attended support group meetings, 48.72% led a healthy lifestyle, and 12.82% were inclined towards engaging in hobbies and favourite activities.

TABLE 4- Health Seeking Behaviour with respect to Comorbidities.

| Variable | Frequency | Percentage (%) |
|-------------------------------------------------------------------|-----------|----------------|
| Health seeking behaviour & Physical Comorbidities | | |
| Healthy Diet | 45 | 61.64% |
| Regular Exercise or Yoga | 13 | 17.81% |
| Blood Glucose Monitoring | 57 | 78.08% |
| Blood Pressure Monitoring | 27 | 36.99% |
| Cholesterol Management | 17 | 23.29% |
| Smoking Cessation | 12 | 16.44% |
| Alcohol Cessation | 11 | 15.07% |
| Medication Adherence | 33 | 45.20% |
| Regular Check-up and Treatment | 21 | 28.77% |
| Proper Wound Care | 13 | 17.81% |
| Antibiotic or Antifungal Therapy | 10 | 13.70% |
| Wearing Supportive Footwear | 8 | 10.96% |
| Usage of Hearing Aids | 5 | 6.85% |
| Health seeking behaviour & Psychological Comorbidities | | |
| Medications | 19 | 48.72% |
| Psycho-Therapy | 12 | 30.77% |
| Support Groups | 8 | 20.51% |
| Healthy Lifestyles | 19 | 48.72% |
| Hobbies | 5 | 12.82% |

DISCUSSION

Socio-demographic profile and its implications

Socio-economic profiles of the respondents are the particular attributes of individual respondents that potentially act as determining factors of diabetes, comorbidities and implications of diabetes, and the health-seeking behaviour of the respondents. This study was conducted with respondents within the age group of 25-55 years. Most of the respondents for this study were above the age of 40 years. However, a significant proportion was also in their 20s. Diabetes has generally been linked with the middle age group and elderly people as a lifestyle disease and with children and adolescent age groups as an autoimmune disease. However, the age factor has become blurred over the recent years. Xie et al. (2022) observed that young people are increasingly getting diagnosed with type 2 diabetes mellitus. The early onset of the disease has posed as a global health crisis, especially for women in their reproductive age. Leslie et al. (2021) noted that the cases of onset of type 1 diabetes in adulthood are rising as compared to those in childhood as per the recent trends.

This study included both male as well female respondents. Diabetes is not particularly a gender-specific disease. This chronic illness has an adverse impact on both men as well as women. Additionally, this study covered the educational aspects of the respondents. A notable section of the respondents had completed their graduation and post-graduation. Some even had Diploma and Ph.D. degrees. A smaller section had merely passed secondary and higher secondary education. This result aligns with the research done by Lamb et al. (2021) on finding association between diabetes and diabetes management with education attainment, where they found that there is a positive correlation between level of education and diagnosis of diabetes, especially with respect to India. Lamb et al. (2021) reasoned that access to higher educational level indicates more accessibility to sedentary activities like using private vehicles, consumption of high saturated food such as alcohol, fast food and instant beverages, sedentary work life doing desk jobs, which leads to increasing the risk of diabetes.

Following the educational qualifications, this study also expanded to the employment status of the respondents. Most of the respondents were employed. However, a smaller segment had no employment. This segment included diabetic homemakers. As Aldossari et al. (2022) pointed out that unemployed diabetic individuals are more prone to stress than their employed counterparts, as well as diabetic women are at a heightened risk of developing distress compared to diabetic men. The findings indicate a high prevalence of diabetes distress, affecting over half of the study population (54.17%), consistent with previous research identifying diabetes distress as a common emotional burden among individuals with

diabetes (Fisher et al., 2012; Morales-Brown, 2024). This distress reflects the ongoing demands of diabetes self-management and is known to negatively impact behavioural and clinical outcomes. Feelings of burden (36.92%) and being controlled by diabetes (33.85%) were the most prominent distress domains, suggesting that the perceived intrusiveness of the condition contributes to emotional exhaustion and reduced self-care engagement (Gonzalez et al., 2008; Cicek et al., 2021).

The nature of profession of the working respondents included teachers, legal and medical professionals, self-employed, IT personnel, railways, income tax department, LIC agent, police department, and bank sector. A large portion of the respondents belonged from middleclass. However, this study also incorporated respondents from lower and upper social classes respectively.

A huge aggregate of the respondents was diagnosed with diabetes more than 6 years ago, followed by respondents who were diagnosed with the chronic illness in the recent years. More than half of the respondents in this study were diagnosed with type 2 diabetes mellitus, while a smaller proportion had type 1 diabetes. The World Health Organization has identified type 2 diabetes mellitus as the most prevalent form of diabetes, noting a significant rise in its incidence over the past few decades. A considerable fragment of this study also included respondents who were unable to specify their type of diabetes. Lack of public awareness regarding the type of diabetes mellitus that one gets diagnosed with arises out of determining factors like gender and education. Diabetic women and diabetic individuals having higher educational qualifications tend to have a better knowledge of their type of diabetes (Sękowski et al., 2022).

It was evident from the findings that lifestyle affects the risk of diabetes. Diabetes may be prevented or delayed by lifestyle changes. This highlights the significant role of modifiable behaviours alongside hereditary risk in the development of diabetes, emphasising the importance of lifestyle-based prevention strategies, particularly for individuals with a family history of the disease. A smaller proportion of participants (6.66%) had gestational diabetes, making it clinically significant due to its association with a greater likelihood of developing type 2 diabetes in the future.

Prevalence of Comorbidities

The findings show that three out of five respondents have physical comorbidities along with their diabetic condition. Hypertension was the most reported comorbidity which was affecting almost half of this study's population, while retinopathy was a close second.

Cardiovascular disease was reported by more than quarter of the population, while neuropathy was reported by one-fifth of the population. This reflects how diabetic patients are susceptible to cardiovascular and neural comorbidities. These findings reiterate past studies argument on physical comorbidities leading to gradual damaging of blood vessels and nerves due to increased glycaemic level (Nimesh et al., 2019; Laiteerapong et al., 2019; Cicek et al., 2021).

Almost two-thirds of diabetic respondents have stated that they suffer from psychological comorbidities. Sleeping and stress-related disorders were most reported. This aligns with Reutrakul&Cauter's (2014) observation on how insulin resistance affects sleep cycle and vice-versa. Depressive and anxiety disorders were also reported by a significant number of respondents, affirming the past researches' argument on distress and diabetes go hand-in-hand, leading to adverse health outcomes (Gonzalez et al., 2008; Egede & Ellis, 2010; Smith et al., 2013).

Health-seeking behaviour

The findings show that respondents are highly involved in health-seeking behaviours to manage diabetes. Regular consultation with healthcare providers was practiced by almost all participants. This was followed by intake of diabetic medication, where almost everyone reported to be insulin users and then followed by three fourth of the respondents adhering to oral medicines. Blood glucose monitoring and dietary regimen were also among the highly abided health seeking behaviours. In comparison, physical activities such as exercises or yoga were less reported by the respondents. This is consistent with evidence that lifestyle behaviours are more difficult to sustain than pharmacological treatments due to barriers such as time constraints, physical limitations, and lack of motivation (Cicek et al., 2021).

Health seeking behaviour with respect to comorbidities

The findings reflect the reasoning behind respondents seek to reduce long-term cardiovascular risk integrated through blood pressure and blood sugar management within diabetes care. Hypertension and retinopathy being as the most prevalent comorbidity suggests why respondents focused more on blood pressure management. Respondents prioritised health seeking behaviours such as blood glucose monitoring and maintaining healthy diet. These behaviours are directly linked to managing blood sugar level, which is the primary cause of aggravating diabetic comorbidities (Nimesh et al., 2019; Laiteerapong et al., 2019; Cicek et al., 2021).

However, preventive health seeking behaviours such as cholesterol management, abstinence from smoking and alcohol, and regular exercise/yoga were comparative less adhered by the respondents. This suggests a tendency to focus on immediate disease management rather than long-term prevention of comorbid conditions, a pattern noted in previous studies (Shrivastava et al., 2013). Behaviours in relation to wound care and supportive footwear were also among the least followed, further supporting the claim that there is a gap in comprehensive self-care.

The findings reflect that health seeking behaviour to manage psychological comorbidities is less practiced in comparison to health seeking behaviours to manage physical comorbidities, even though the prevalence of psychological comorbidities including diabetic distress is significantly high and diversified. Demand of time, energy/motivation, and financial resources, along with managing other aspects of life, dietary restrictions, increases the feeling of burden on diabetic patients (K.B et al., 2025; Cicek et al, 2021; Gonzalez et al., 2008). This was also noticed in this study where a significant number of respondents claimed feeling of burden and feeling of being controlled as their reason of diabetic distress.

For managing psychological distress, most of the respondents adhere to medications and maintaining a healthy lifestyle, followed by psycho-therapy. similar pattern to health seeking behaviour, comparatively less respondents have claimed to adhere to preventive and holistic behaviour such as joining support groups or pursuing a hobby. This is in tandem with the same rationality, that is, diabetic patients seek to focus on immediate alleviating of symptoms, rather than long-term prevention of comorbid conditions.

SUGGESTIONS

High proportion of diabetic patients suffering from cardiovascular comorbidities such as hypertension and retinopathy suggests need for comprehensive cardiovascular risk reduction strategies that address multiple risk factors simultaneously (Cicek et al., 2021).

This study also noted significant number of diabetic individuals experiencing psychological comorbidities but with limited adherence of health seeking behaviours to manage them. This calls for the need for integrated care approaches including awareness drive to address psychological comorbidities effectively. Incorporating routine mental health screening, psychosocial support, and multidisciplinary interventions into diabetes management may improve treatment adherence, blood sugar monitoring and management, and overall wellbeing of the individual. The results from the study further support calls to move beyond a purely biomedical model of diabetes care toward a more holistic, patient-centred framework.

Those who have family history of diabetes should become aware of the possibility of acquiring the disease in future. Awareness programmes should be planned using government infrastructure, media etc. Such individuals at risk should make necessary lifestyle changes, consult doctors etc. to manage/ delay the onset of the disease.

Social workers and mental health professionals can help in addressing psychological distress of the individuals. Result reflecting high prevalence of diabetic distress emphasise the necessity for implementing routine screening and focused, patient-centred strategies to manage and reduce diabetic distress and improve long-term outcomes. The presence of cognitive dysfunction among a substantial proportion of patients highlights the need for routine cognitive screening in diabetes care, particularly for individuals with long disease duration or poor glycemic control.

Awareness generation about the disease and the consequences of having the disease should be made known to one and all. Addressing diabetes and potential comorbidities through patient-centred, multidisciplinary approaches is essential in improving both physical and psychological well-being along with management of long-term diabetes outcomes. Interventions can start from Anganwadi centres, primary school, primary health centres all other healthcare institutions, educational institutions can help in awareness generation.

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is a flagship program under National Health Mission with a goal to prevent and manage these non-communicable diseases (NCDs) the people are suffering in the country. They have set up NCD cells at national, district, and district level to facilitate healthcare services such as early diagnosis, disease management, follow-up treatments, and referrals more accessible, along with strengthening of healthcare in for these diseases, which includes diabetes. More awareness needs to be spread about NPCDCS program so that diabetic patients suffering from comorbid conditions can seek these comprehensive services.

The Govt. has successfully addressed polio challenge in the country, if all stakeholders work together as was done in eradication of polio the challenges of diabetes can also be addressed. Govt. should exclusively frame a policy to address the concerns of diabetes. Appointment of medical social workers in all health care institutions across the country is the need of the hour.

CONCLUSION

Age factor in diabetes has blurred as this study shows how there are significant number of patients with diabetes who were in there 20s (if not the highest). It was also noted that more women suffered from physical and psychological comorbidities as compared to men, which can be reasoned through the time, energy, and financial constraints. Positive correlation between level of education and diagnosis of diabetes was also identified in this study, signposting towards diabetes being a lifestyle disease.

Diabetic individuals suffering from comorbidities tend to focus more on managing the disease and its symptoms such as controlling the glycemic level through monitoring devices, medicines, and diet. Preventive behaviours like regular exercise, cholesterol management, smoking cessation, and alcohol cessation were least adhered to by the diabetic individuals. Similarly for psychological comorbidities, medicines and psychotherapy are sought after to alleviate the disease, instead of seeking comprehensive wellbeing through support groups or pursuing hobby. These observations lead to the conclusion that diabetic individuals tend to focus on immediate disease management rather than long-term prevention of comorbid conditions and holistic wellbeing. Integrated and patient-centred healthcare approaches including awareness drive and comorbid inclusive selfcare guidelines are needed to address diabetic comorbidities effectively.

Avenues for further research

This research was conducted on 120 respondents. Sample size could be further increased in further research for better representation of the population. This study has focused on urban parts of 2 districts of West Bengal. There needs to be more rural representation to understand health seeking behaviour across diverse demographics.

REFERENCES

1. Aldossari, K. K., Shubair, M. M., Al-Ghamdi, S. H., Alduraywish, A. A., Almeshari, A. A., Alrasheed, A. A., Aldahash, R., Angawi, K., Gaissi, A., Alhumud, H. A., & El-Metwally, A. (2022). Psychological Wellbeing of Diabetic Individuals, Prediabetics, and Non-diabetics: A Population-Based Study in Saudi Arabia. *Frontiers in Psychology*, 13, 863861. <https://doi.org/10.3389/fpsyg.2022.863861>
2. Banerjee, A., Paul, B., Dobe, M., Bandyopadhyay, L., Bhattacharyya, M., & Sahu, M. (2021). Determinants of Treatment Adherence Among Patients Living With

- Noncommunicable Diseases: A Mixed-Method Study in a Rural Area of West Bengal. *Journal of Patient Experience*, 8. <https://doi.org/10.1177/23743735211039330>
3. Biessels, G. J., &Despa, F. (2018). Cognitive decline and dementia in diabetes mellitus: Mechanisms and clinical implications. *Nature Reviews: Endocrinology*, 14(10), 591–604. <https://doi.org/10.1038/s41574-018-0048-7>
 4. Bodke, H., Wagh, V., & Kakar, G. (2023). Diabetes Mellitus and Prevalence of Other Comorbid Conditions: A Systematic Review. *Cureus*, 15(11), e49374. <https://doi.org/10.7759/cureus.49374>
 5. Cicek, M., Buckley, J., Pearson-Stuttard, J., & Gregg, E. W. (2021). Characterizing Multimorbidity from Type 2 Diabetes: Insights from Clustering Approaches. *Endocrinology and metabolism clinics of North America*, 50(3), 531–558. <https://doi.org/10.1016/j.ecl.2021.05.012>
 6. Egede, L. E., & Ellis, C. (2010). Diabetes and depression: global perspectives. *Diabetes research and clinical practice*, 87(3), 302–312. <https://doi.org/10.1016/j.diabres.2010.01.024>
 7. Fatma, N., & Ramamohan, V. (2022). Analysis of Healthcare Seeking Behavior Among Patients Visiting Public Primary and Secondary Healthcare Facilities in an Urban Indian District. *Public and Global Health*. <https://doi.org/10.1101/2022.08.31.2227944>
 8. Fisher, L., Hessler, D. M., Polonsky, W. H., & Mullan, J. (2012). When is diabetes distress clinically meaningful?: establishing cut points for the Diabetes Distress Scale. *Diabetes care*, 35(2), 259–264. <https://doi.org/10.2337/dc11-1572>
 9. Fried, L. P., Ferrucci, L., Darer, J., Williamson, J. D., & Anderson, G. (2004). Untangling the concepts of disability, frailty, and comorbidity: implications for improved targeting and care. *The journals of gerontology: Series A*, 59(3), 255–263. <https://doi.org/10.1093/gerona/59.3.m255>
 10. Gonzalez, J.S., Safren, S.A., Delahanty, L.M., Cagliero, E., Wexler, D.J., Meigs, J.B. and Grant, R.W. (2008), Symptoms of depression prospectively predict poorer self-care in patients with Type 2 diabetes. *Diabetic Medicine*, 25: 1102-1107. <https://doi-org.manchester.idm.oclc.org/10.1111/j.1464-5491.2008.02535.x>
 11. Haileamlak A. (2018). What Factors Affect Health Seeking Behavior?. *Ethiopian journal of health sciences*, 28(2), 110. <https://doi.org/10.4314/ejhs.v28i2.1>
 12. KB, S., Meena, J., & P, B. (2025). Assessment of the Health Care Seeking Behaviour of Diabetic and Hypertensive Patients among Adult Population in Bhopal District. *SSR Institute of International Journal of Life Sciences*, 11(2), 7186–7192.

13. Laiteerapong, N., Huang, E. S., & Chin, M. H. (2011). Prioritization of care in adults with diabetes and comorbidity. *Annals of the New York Academy of Sciences*, 1243, 69–87. <https://doi.org/10.1111/j.1749-6632.2011.06316.x>
14. Lamb, K. E., Crawford, D., Thornton, L. E., Shariful Islam, S. M., Maddison, R., & Ball, K. (2021). Educational differences in diabetes and diabetes self-management behaviours in WHO SAGE countries. *BMC Public Health*, 21(1), 2108. <https://doi.org/10.1186/s12889-021-12131-7>
15. Morales-Brown, L.A., Guillermo, P.A., & Yakubu, S. (2024). Understanding Experiences of Diabetes Distress: A Systematic Review and Thematic Synthesis, *Journal of Diabetes Research*<https://doi-org.manchester.idm.oclc.org/10.1155/2024/3946553>
16. Nimesh, V. V., Halder, A., Mitra, A., Kumar, S., Joshi, A., Joshi, R., et al. (2019). Patterns of healthcare seeking behavior among persons with diabetes in Central India: A mixed method study. *Journal of Family Medicine and Primary Care*, 8(2), 677–683. https://doi.org/10.4103/jfmpe.jfmpe_317_18
17. Palta, P., Schneider, A. L. C., Biessels, G. J., Touradji, P., & Hill-Briggs, F. (2014). Magnitude of cognitive dysfunction in adults with type 2 diabetes: a meta-analysis of six cognitive domains and the most frequently reported neuropsychological tests within domains. *Journal of the International Neuropsychological Society:JINS*, 20(3), 278–291. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4132660/>
18. Piette, J. D., & Kerr, E. A. (2006). The impact of comorbid chronic conditions on diabetes care. *Diabetes care*, 29(3), 725–731. <https://doi.org/10.2337/diacare.29.03.06.dc05-2078>
19. Polonsky, W. H., & Henry, R. R. (2016). Poor medication adherence in type 2 diabetes: Recognizing the scope of the problem and its key contributors. *Patient Preference and Adherence*, 10, 1299–1307. <https://doi.org/10.2147/PPA.S106821>
20. Reutrakul, S., & Van Cauter, E. (2018). Sleep influences on obesity, insulin resistance, and risk of type 2 diabetes. *Metabolism*, 84, 56–66. Elsevier
21. Sękowski, K., Grudziąż-Sękowska, J., Pinkas, J., & Jankowski, M. (2022). Public knowledge and awareness of diabetes mellitus, its risk factors, complications, and prevention methods among adults in Poland-A 2022 nationwide cross-sectional survey. *Frontiers in public health*, 10, 1029358. <https://doi.org/10.3389/fpubh.2022.1029358>
22. Shrivastava, S. R., Shrivastava, P. S., & Ramasamy, J. (2013). Role of self-care in management of diabetes mellitus. *Journal of Diabetes & Metabolic Disorders*, 12, 14. <https://doi.org/10.1186/2251-6581-12-14>

23. Zhou, B., Rayner, A. W., Gregg, E. W., Sheffer, K. E., Carrillo-Larco, R. M., Bennett, J. E., Shaw, J. E., Paciorek, C. J., Singleton, R. K., Barradas Pires, A., Stevens, G. A., Danaei, G., Lhoste, V. P., Phelps, N. H., Heap, R. A., Jain, L., D'Ailhaud De Brisis, Y., Galeazzi, A., Kengne, A. P., ... Ezzati, M. (2024). Worldwide trends in diabetes prevalence and treatment from 1990 to 2022: A pooled analysis of 1108 population-representative studies with 141 million participants. *The Lancet*, 404(10467), 2077–2093. [https://doi.org/10.1016/S0140-6736\(24\)02317-1](https://doi.org/10.1016/S0140-6736(24)02317-1)