AGORA International Journal of Economical Sciences, http://univagora.ro/jour/index.php/aijes
ISSN 2067-3310, E-ISSN 2067-7669
Vol. 19, No. 2 (2025), pp. 282-294

EVOLVING HEALTH, EDUCATIONAL AND SOCIAL NEEDS OF CHILDREN WITH TYPE 1 DIABETES IN GEORGIA: A COMPARATIVE STUDY 2023–2025

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Abstract: *Type 1 Diabetes (T1D) in children poses complicated medical, psychological, and educational challenges, especially in countries where development is limited. In Georgia, data do not cover the evolving needs of children with diabetes and their families. This research compares 2023 and 2025 data in identifying successes and challenges in diabetes care in children. A quantitative cross-sectional survey was performed with 177 parents and caregivers of children with T1D using a structured online and telephone interview questionnaire. The new survey was a modified version of the 2023 survey with additional questions about access to diabetes technology, education, and psychosocial support. Descriptive and comparative analyses were performed using SPSS version 29.0 and results were interpreted on the population basis. Access to continuous glucose monitoring (CGM) increased from 38% to 61%, and parental participation in diabetes education programs increased from 42% to 68% between 2023 and 2025. Awareness of psychosocial support services increased by 29%, and reported barriers to insulin affordability decreased by 18%. Although this trend changed dramatically, 32% of families - especially in rural areas - still had trouble accessing consistent endocrinology care, and 40% did not have appropriate school-based diabetes management support. The present study addresses a lack of understanding on the challenge in diabetes care post transition in Eastern European health systems with the continued technological development and its correlation with socioeconomic and regional differences. It offers quantitative information of improved access, awareness and highlights systemic gaps of educational and psychosocial care. These results underscore the requirement for integrated, multidisciplinary diabetes care models that integrate medical, family, and school support. Such findings may inform ongoing policy and healthcare efforts to shape equitable treatment to better pediatric diabetes in Georgia and comparable developing countries.*

Keywords: *Challenges related with T1D, pediatric diabetes, T1D management, caregiver perspectives about T1D, psychosocial support for T1D.*

Introduction

Type 1 Diabetes (T1D) is an autoimmune condition characterized by pancreatic β-cell destruction, leading to absolute insulin deficiency. According to the International Diabetes Federation (IDF) Diabetes Atlas 11th edition (2025), an estimated 1.8 million children and adolescents under 20 years are living with type 1 diabetes worldwide. (IDF Diabetes Atlas 2025).

Management of the disease requires lifelong insulin administration, continuous glucose monitoring, and comprehensive education on self-management. However, despite technological advances in insulin delivery systems and digital health tools, substantial disparities persist between high- and low-income countries, particularly in pediatric populations (Saiyed et al., 2021).

Children with T1D face multifaceted challenges that span medical, psychological, educational, and social domains. Studies show that medical management complexities (such as fluctuating insulin needs, hypoglycemia, and delayed diagnosis) are compounded by psychological burdens, including stress, anxiety, and parental burnout (Baş & Dönmez, 2025); (Br & Raman, 2019). Educational barriers further intensify these difficulties - many children and parents lack structured training on insulin adjustment and dietary management (Marklund et al., 2022). In developing nations, the economic burden of insulin and glucose testing often consumes a significant portion of household income, making effective disease control challenging (Raha et al., 2009).

From a health economics perspective, T1D remains one of the costliest chronic diseases to manage, both directly through insulin and devices and indirectly through lost productivity and complications (Quattrin et al., 2023). Although technologies such as insulin pumps and continuous glucose monitoring have been shown to be cost-effective in the long term, their uptake in low- and middle-income countries remains minimal due to limited infrastructure, affordability, and awareness. These disparities highlight a pressing need for health system reforms that ensure equitable access to pediatric diabetes care.

Research Problem Statement: There is still a regional variation of diabetes care for children in Georgia, despite advances in technology, representing unequal patient access to endocrinology, poor diabetes literacy in schools and the economic realities of lack of access to insulin in the region. Closing these disparities calls for an understanding of the changing medical, educational, and social challenges of this population.

This study aims to:

1. Evaluate changes in the access to diabetes technology, education, and psychosocial support for children with T1D between 2023 and 2025.
2. Assess caregiver knowledge and healthcare systems responsiveness in the management of patients with pediatric diabetes.
3. Explore persistent barriers to equitable diabetes care in Georgia.

Research Methodology

This study developed a quantitative research design using a structured questionnaire survey for the assessment of the changing health, educational, and social needs of children with Type 1 Diabetes (T1D) in Georgia. The community was parents and relatives of children diagnosed with T1D. A total of 177 valid responses were collected and analyzed. The instrument, adapted from the 2023 baseline study which was developed after focus group interviews and in-depth interviews of parents and health care professionals, has contained relevant information from the survey.

In the current study, in 2025, several new items were applied, specifically, to assess changes in access to diabetes technology, psychosocial support, and knowledge awareness of how to become educated about diabetes. Initially, the questionnaire was piloted with five participants, and modified accordingly, to clarify its purpose and contextual relevance.

Convenience sampling technique was adopted owing to the lack of a national database of children with T1D and practical challenges in reaching a medically-related population. This approach enabled efficient recruitment based on well-established community networks, including Internet parent forums and telephone outreach. Although convenience sampling methods allow for access to a spectrum of subjects, within little time and resources, it also could include selection bias, impeding generalizability of the results. However, to alleviate some limitation of the sample, recruitment was conducted across multiple geographic areas and social groups from which a broad selection of samples was generated to help to reduce limitation in generalizability of the findings.

Two main data collection methods were deployed:

1. Surveys via Google Forms through closed Facebook groups and targeted email lists of parents of children with diabetes.
2. Telephone-assisted interviews, performed by trained interviewers who filled in responses for those who could not participate in the online form.

All participants also provided informed consent prior to data collection and participation was voluntary. Analyses were performed with SPSS version 29.0. The analysis used descriptive statistics (frequencies, percentages, means) for summarizing responses.

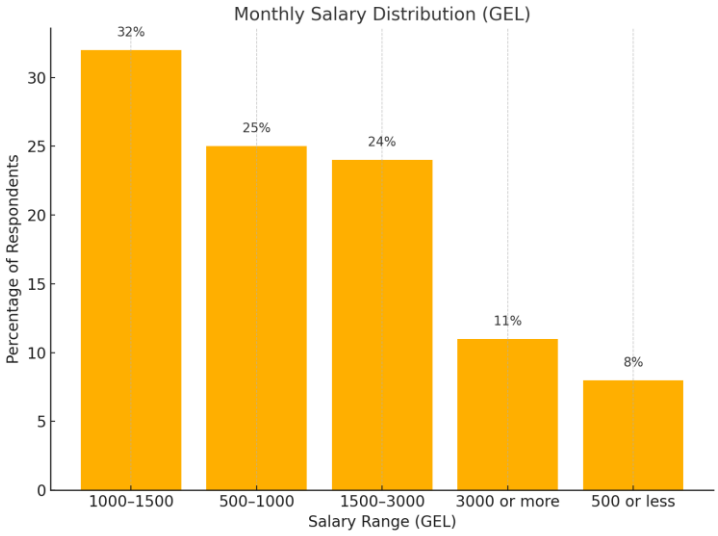
A comparative trend analysis was used to understand differences between both cohorts including in technology adoption, access to healthcare, and parental awareness. As there were no cohort or similar individual observations across the datasets, findings were only interpreted at the population rather than using analysis of inferential data.

A convenience sampling scheme was also utilized, as there was no national registry of T1D children and restricted clinical populations. Though this restricts the statistical generalizability of results, this approach allowed us to reach a typically hard-to-reach group via targeted Facebook communities and snowball sampling. Moreover, self-reported data create the possibility of recall and response bias. Regardless of these limitations, replication of the 2023 instrument and multiple data collection modes strengthen the robustness of trend-based conclusions on pediatric diabetes care in Georgia.

Research Findings

Quantitative research involved 177 parents or guardians - 86% mothers of children with diabetes, 6% fathers, and 8% other close family members of the children. Almost equally distributed among the children whose parents or relatives took the questionnaire was the gender composition: 51% were male and 49% were female. As such, it is important to note that 90% of interviewees were people participating in the survey for the first time, while 10% had previously participated in earlier research.

In addition, as to the respondents' place of residence: 25% live in Tbilisi, 18% in the Adjara region, 14% in Imereti, 14% in Shida Kartli, 10% in Samegrelo, etc. Data on household income and employment were considered important in accordance with the objectives of the study. For example, 8% of respondents (14 families) earned less than 500 GEL per month, 24% (43 families) were earning 501–1000 GEL, 31% had an income between 1001 and 1500 GEL, 15% were in 1500–3000 GEL, and 11% had an income above 3000 GEL (Diagrams #1 & #2).



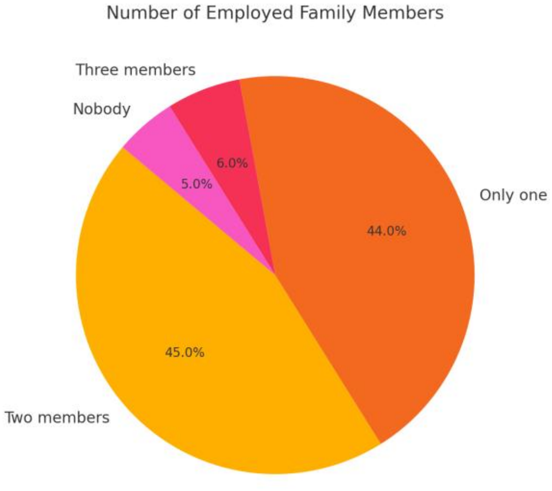


Diagram 1. *Monthly salary distribution* **Diagram 2.** *Number of employed family members*

In the qualitative portion of the 2023 survey, parents noted the importance of effective communication during focus group discussions, pointing out past failures in this regard. Therefore, this also comes up in the quantitative analysis. In the subsequent questionnaire, individuals were asked to evaluate their experience receiving information following a diagnosis of diabetes. In the demographic of the respondents, 72% (125 people) selected “The doctor had given the information clearly,” 17% (30 people) the one that “The information regarding diabetes management was unclear to me,” and 11% chose “Other.” (Diagram #3).

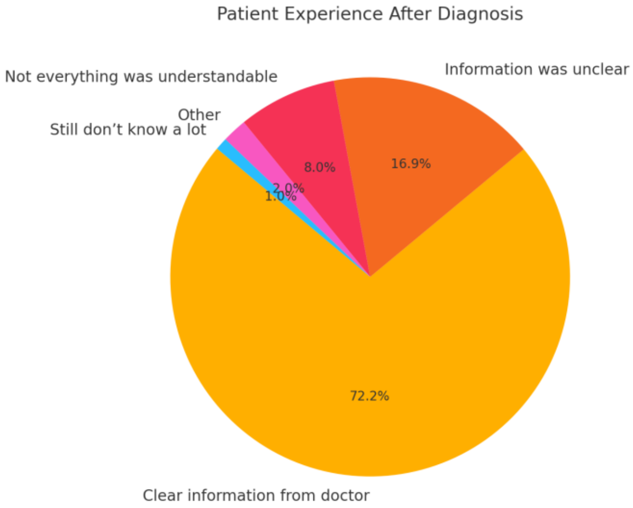


Diagram 3. *Evaluation of after diagnosis experience*

During the qualitative phase of the study, focus group discussions identified several notable critiques and some key negative experiences associated with the Diabetes School in 2023. Therefore, in the quantitative phase, participants rated the courses they had attended at the Diabetes School. The topic was investigated in the 2025 study as well. In the study, it was reported that 23.6% of the respondents (41 people) said that the course was “very informative,” while 47.1% said it was “informative.” At the end 23% were neutral, 4% (7 individuals) found it to be “not informative at all” and 2.3% did not. In comparison, the 2023 research showed distribution as follows for the same question: 26% (40 subjects) considered it to be “very informative,” 28% (40 participants) considered it to be “informative,” 26% (40 individuals) considered as neutral, 12% (18 subjects) thought it was “not informative at all” and 7% as “not informative.” Diagram #4.

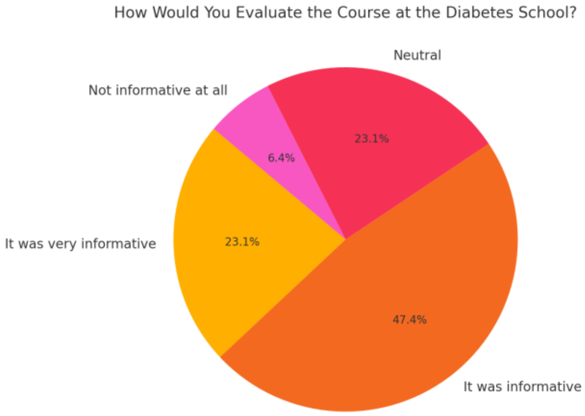


Diagram 4. *Evaluation of the course completed at the Diabetes School (2025)*

Furthermore, parents in the 2023 Focus Group commented on the challenges related with clear communication from the healthcare provider. The 2025 study also investigated this concern. In response to the question - “Do you think medical staff give you enough information about the management of Type 1 diabetes?” - 26% (46 survey respondents) fully agreed, 53% (93 surveyed respondents) agreed, 18% were neutral, 2% disagreed and 2 completely disagreed (Diagram #5)

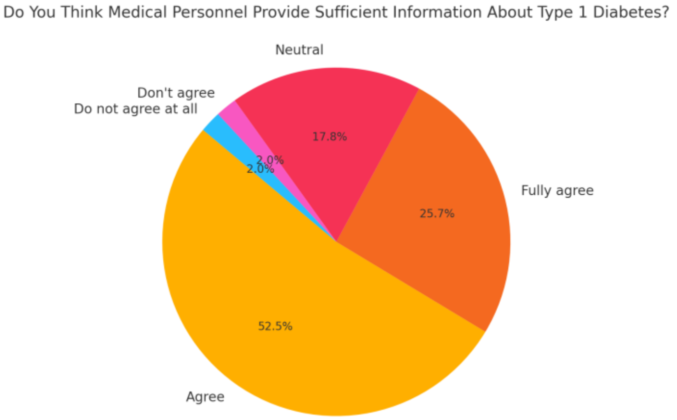


Diagram 5. *Do you believe that medical staff provide sufficient information about the management of Type 1 diabetes?*

The 2023 study, via all three focus groups, did find that the current method of scheduled (routine) check-ups, which included hospitalization of the child, was viewed as problematic. That prompted an open-ended question in the questionnaire: “What changes would you like to see made in the conduct of scheduled check-ups?” This question also appeared in the 2025 survey. The most widely reported response, among 93 answers, was that the majority of patients would prefer the examinations to be performed as outpatient assessments, rather than the need for a hospital stay, which increases the strain on the children and the requirement of bringing them to work or travel to Tbilisi. The results from the interviews also noted that these tests should be available anywhere, focusing on regional access to eliminate the need to travel to Tbilisi for these types of checkups.

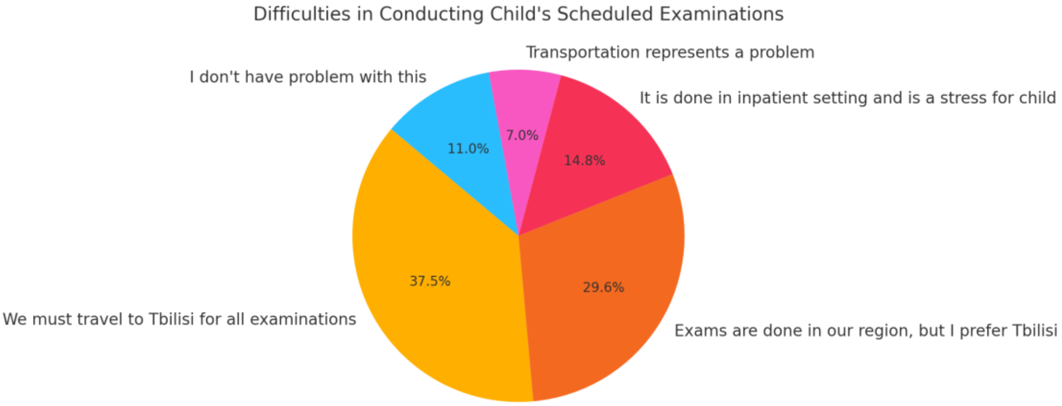


Diagram 6. *Difficulties in conducting child’s scheduled examinations*

In addition, respondents indicated that psychologist consultations should be made and that funded diagnostic services should be expanded. Because the qualitative phase of the previous study had focused on scheduled examinations, another inquiry presented, was: “If the scheduled check-ups of your child are difficult for you to perform, please select your response or comment." According to the results - 22% of respondents answered the question: "I must take my child to Tbilisi; these tests are not available in our district"; 26% said: "They are done on an inpatient basis, and this is very stressful and I would like it to be done outpatient"; 15% noted scheduled tests within the district, which they still choose to take their child to Tbilisi but 12% answered: "Transportation is an issue."

In the present case there is a stronger need to separately analyze Tbilisi parents' and other regions', parents' responses. When looking at the question from this point of view, it is clear that close to half of parents living in the regions were willing to choose the answer, "I have to bring my child to Tbilisi. These tests are not carried out in our district" -which means one can see that this is such an issue. (Diagram #6).

The diagram bellow illustrates how parents and guardians assess their awareness of diabetes control. 43% of those surveyed said, "I need to know more," whereas 28% said, "It would be desirable to have more information." 23% felt they had enough knowledge in place, and 6% told us they had questions without a quick answer.

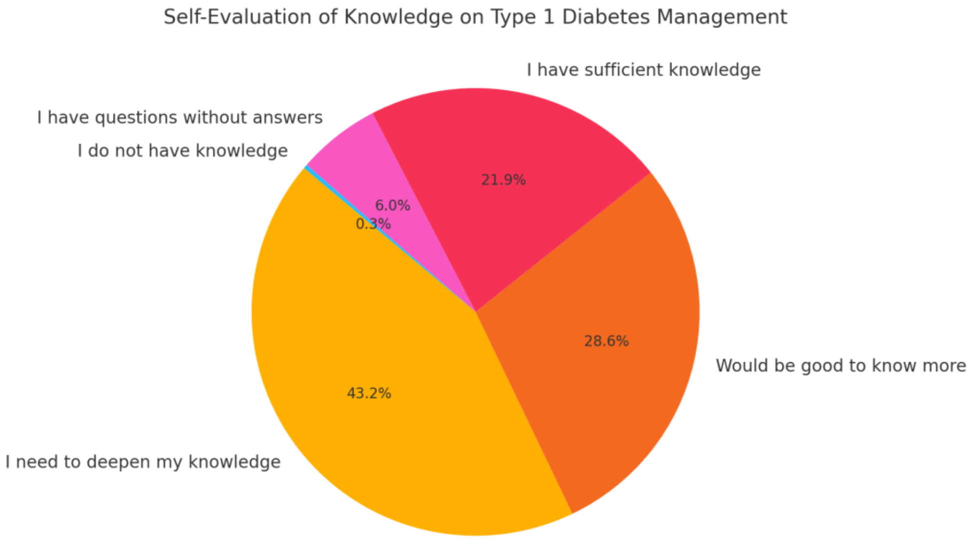


Diagram 7. *How would you assess your knowledge regarding diabetes management?*

A second question, recognizing the importance of educating parents, was "In your opinion, how necessary is it to make diabetes school more accessible to parents?" In most responses about it - 95.4% said that is necessary, with 4.6% answering "I don't know." A separate, similar question asked respondents' preferences with regard to frequency, timing and format of diabetes school.

Generally, the majority of respondents voted for the school to be held twice yearly. A lot of parents preferred the question-and-answer format, so they could ask as many questions as they possibly could, which is especially handy in hearing the latest news. Some also supported placing the diabetes school online.

Parents and guardians surveyed were asked to rate their own skills in managing their child's diabetes on a five-point scale. Thus, 62.3% (109 persons) rated their management skills at 4 out of 5, 17.7% rated themselves at 3, and only 18.3% rated themselves at a maximum of 5. Three respondents scored themselves just a 2 or one point on their ability.

The item of the survey examined the needs of children with diabetes within the school. Participants selected different responses. A significant 82% of respondents feel "teacher education is needed and that the teaching of a child can address this" with regards to diabetes;

51% feel with “The school doctor should be more involved”; 55% have “School nurses must be trained and active”; 68% agree that “Classmates should be informed about diabetes and ways to offer support”; 15% of participants believe that one child with diabetes needs to have an assistant at school. Interestingly, an additional 19% of participants in the 2025 survey ask for professional development and information from teachers, and 23% think that students need to know about it. Plus, 21% less than in 2023 say that a personal assistant is required.

In terms of the need for kindergartens for the children with diabetes, 20 percent indicated that "the child needs an assistant in kindergarten" and 73.3 percent declared that "We should prepare teachers on diabetes aspects." Moreover, 21.3% expressed the need to select "Other." By 2025, respondents who considered teacher training and awareness important had risen by 35% and those who believed a personal assistant was crucial for the child had declined by 26% in contrast to the 2023 data.

Researchers have brought up in the qualitative part of the 2023 study that psychologists’ participation represented an issue and necessity. This question arose in following-up study. For the necessity of psychologist involvement, a five-point rating was given by 63.2% (110 people), followed by four by 27%, three by 8%, two by 0.6%, one by two or other people. As for the importance of a nutritionist or dietitian helping with dealing with a child's diabetes, 82% of respondents in the survey graded it as highly (five point) important; 13% rated it with 4 points, 4 percent three points, among other scores. (80% of respondents rated it as a five-point, 12% rated four-point, and 5% rated the need three-point, etc.). On this point, both years’ surveys yield findings that are almost the same. As a result, the majority of respondents see the involvement of both a psychologist and a nutritionist/dietitian as key to controlling a child's diabetes.

In the 2023 trial, participants noted key problems with the state-funded continuous glucose monitoring (CGM) devices. As such, this concern was included within an issue-led research tool and a follow-up question is mentioned: “Do you use the CGM device (continuous glucose monitoring system) (Medtronic) provided by the diabetes program?” From the 2025 survey, 81 percent used Medtronic, 3 per cent did not use it, 7 per cent could not use it and 9 per cent had a different CGM system. In 2023, 48% reported using Medtronic, 17% told us they don’t use it, 15% would say they “can’t use it” and 20% use one of them. (Diagram #8.)

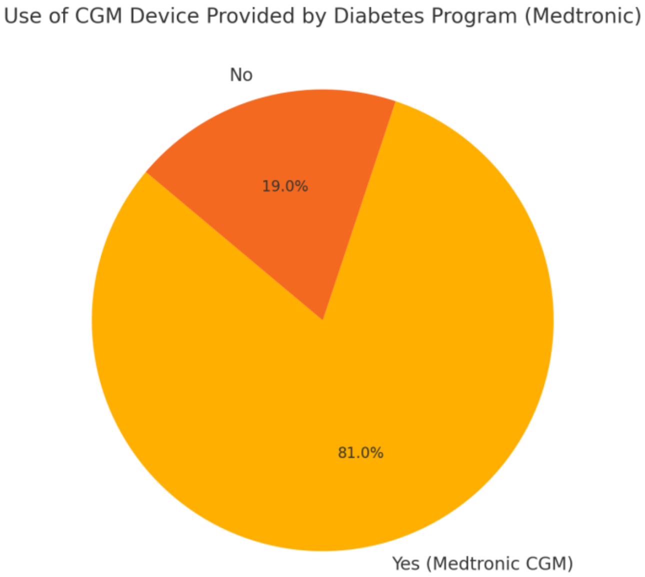


Diagram 8. *Do you use the CGM device (continuous glucose monitoring system) (Medtronic) provided by the diabetes program?*

An alternate question was about these devices: “If you use the CGM devices provided by the diabetes program, how satisfied are you? “14% are very satisfied, 54% are satisfied, 27% are neutral, 4% are dissatisfied and 2% are very dissatisfied,” the responses said. (Comparison between previous surveys indicated that the answers on 2023 survey were as follows: 7% very satisfied, 19% satisfied, 32% neutral, 28% dissatisfied, and 14% very dissatisfied). Those responses indicate that some respondents are more content with the state-funded Medtronic device as compared to the existing figures (up 7% in those people who were very satisfied and up 35% in those who were satisfied) and a decrease in dissatisfaction (12% less very dissatisfied and 24% less dissatisfied). (Diagram #9).

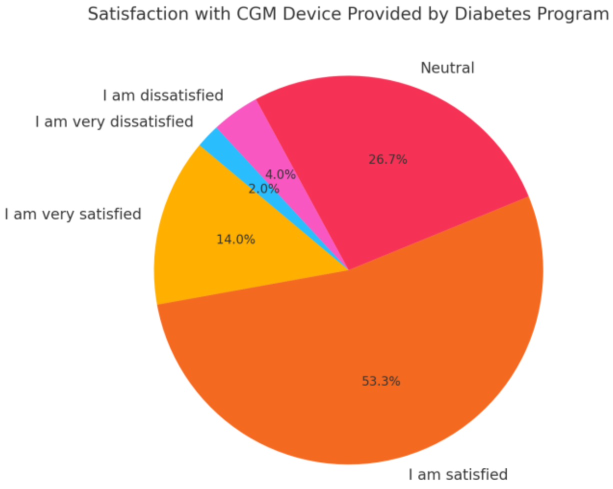


Diagram 9. *If you use the CGM devices (continuous glucose monitoring systems) provided by the diabetes program, please indicate how satisfied you are*

Respondents had the opportunity to comment regarding why they were unable to use or felt dissatisfied with the Medtronic CGM device. The most common complaints cited were skin irritation in children; being too large; and not being painless to take off and reapply. Most respondents also indicated a choice that they wished were offered to them like other manufacturers of such devices like Libre and Dexcom.

Still another question asked participants to list and rate the most serious problems faced in maintaining a child’s diabetic health with multiple choices. Diagram #10 is the chart below for the results of the 2025 survey.

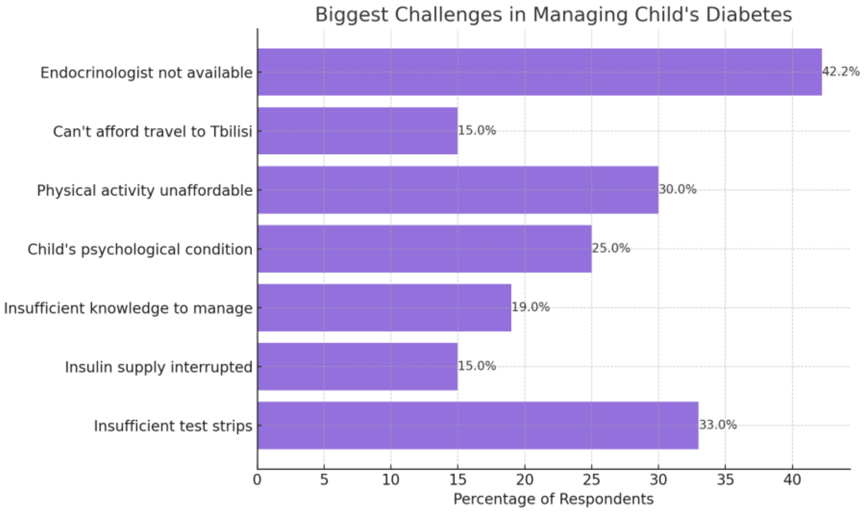


Diagram 10. *What represents the biggest challenge in managing a child’s diabetes?*

Through the lens of focus group discussions, it was noted that communication and social interaction among children with diabetes are vital. For instance, “camps for children living with diabetes are important.” They provided examples of situations when contact with other diabetics and sharing information positively affected their offspring's motivation. Consequently, the quantitative survey included this question: “How important do you believe it is for your child to communicate with other children who have diabetes?” In response, 49% of participants said it is "essential", 40% said it is "important", 9% selected "I don't know", and only one respondent answered that it is not necessary.

The quantitative study also looked into which digital technologies could help enhance a child’s diabetes management. Two or more responses were allowed from respondents. Diagram #11 presented below shows results and distribution.

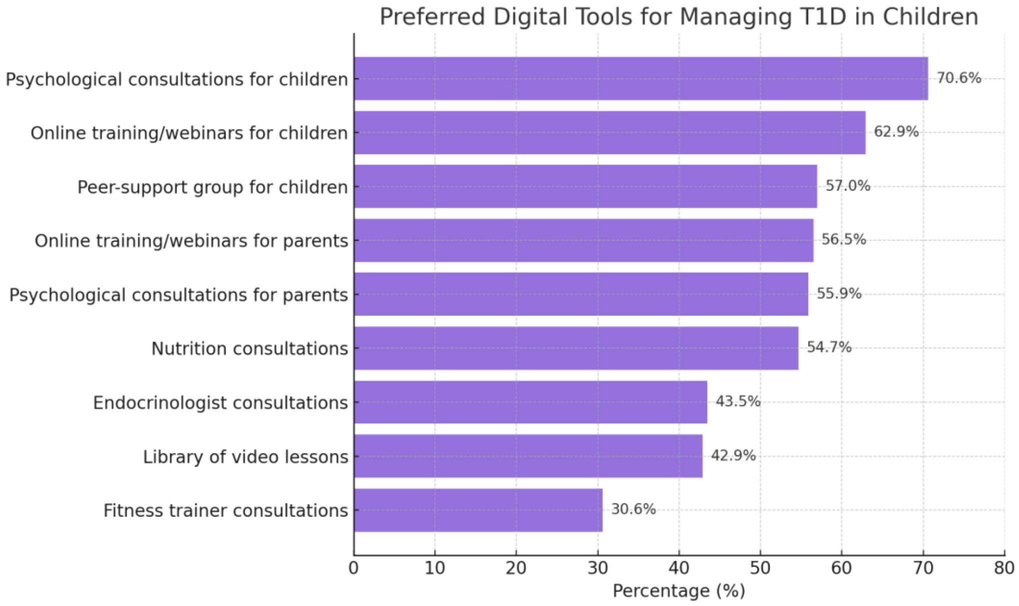


Diagram 11. *Which digital technologies would help better manage your child’s diabetes?*

The research instrument also asked questions relevant to insulin pumps. On the question - “Do you know about insulin pumps?” 83% of respondents replied "Yes" and 17% responded "No." It should be noted that 63% in the 2023 study answered “Yes” and 37% answered "No". When asked - Would you like your child to receive an insulin pump? - 61.5% responded "Yes", 34.3% "I do not know" and 4.2% "No". (In the 2023 survey, 54% wanted their child to have a pump, 39% said 'I don't know,' whereas 7% replied 'No'.)

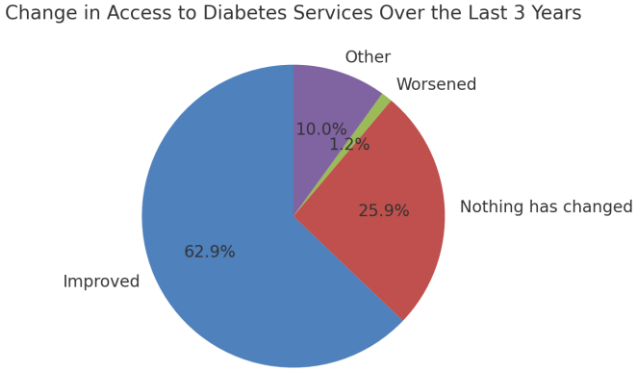


Diagram 12. *Respondents’ assessment regarding access to services and materials needed for diabetes management over the past three years.*

For the survey, it was imperative to know what perceptions and evaluations people had of how access to services and materials for a child with diabetes changed over the last three years. In this question, 64% said it had improved, 24% said nothing had changed, and 10% of them that the child had just been diagnosed with diabetes, and thus they could not compare it with the last time, etc., for this question.

In the same vein another question pertained to the perception and assessment of change during the last three years – "Define the changes of the past three years in your child's diabetes management". In response to this question - 94% of participants answered, that their education/knowledge about how diabetes is managed was better; For 6% it was not; In terms of financial expenses - 17% believe it is better, 41% don't think so and 42% think it has changed for the worse;

Regarding child's psychological condition - 47% of respondents say it's improved, 44% think not to have changed and 9% believe it has worsened; "My confidence in managing my child's diabetes " - 84% say it has improved, 16% note that it hasn't changed; CGM continuous glucose monitoring device - 87% feel it is improved, 13% think it is the same; access to insulin and consumable materials - 27% say it has improved, 69% say it hasn't changed at all, and 4% answer that it has changed for the worse. (Diagram #13)

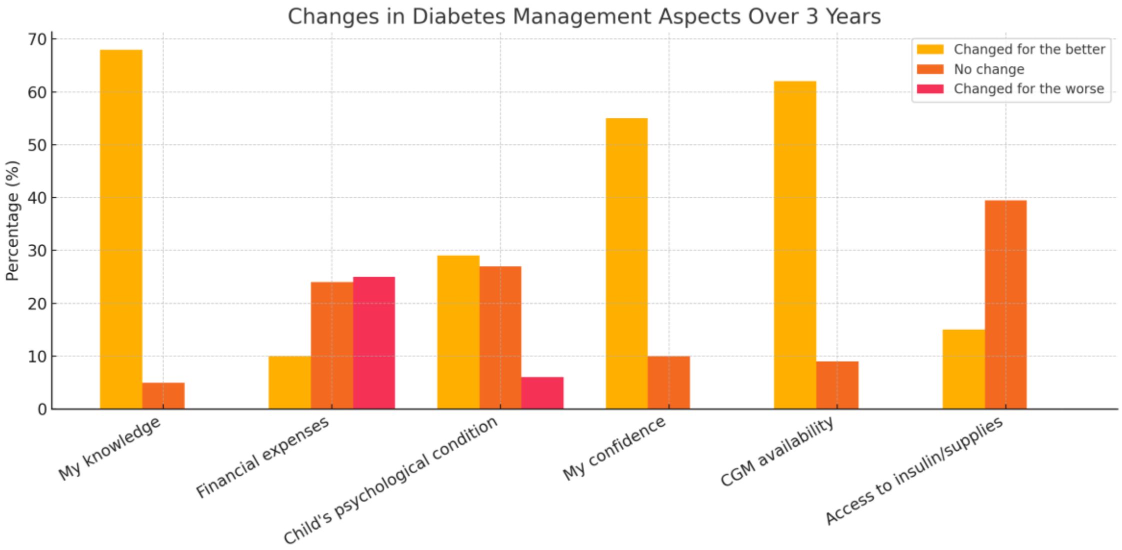


Diagram 13. *According to respondents' opinions, how important issues related to the child's diabetes management have changed over the past three years*

Discussion and Recommendations

This study was repeated and revealed the needs of children with type 1 diabetes in Georgia in terms of health, education and social support and the changes in these aspects according to parents/guardians' view. Overall conditions improved - knowledge and self-confidence levels of parents improved as did the use of modern diabetes management technologies, such as continuous glucose monitoring (CGM) devices. But some challenges linger. The following conclusions and recommendations can be drawn from the results of the study findings and analysis:

1. Educational and Confidence Boost of Parents:
   94% of parents/guardians described better understanding about management of diabetes in the past three years, and 84% reported increased self-efficacy in controlling their child's diabetes. Moreover, 87% mentioned some improvement in CGM device usage. Additionally, 64% of parents said access to diabetes-related services and materials had improved.

2. Still Unhealed Economic Barriers:
   Large percentages of families with diabetic children are still in dire financial straits. About one-third (32%) reported monthly family income below 1,000 GEL, and approximately 75% earn less than 1,500 GEL. In 44% of families, just one family worker is employed (compared to 50% in 2023 who reported the same income and employment status).
3. Limited Access to Qualified Pediatric Endocrinologists in Regions:
   According to the result of the repeated study, the access to qualified pediatric endocrinologists by residents living in regional areas remains a challenge. For example, 37% of respondents said that they have to take their child to Tbilisi for regular checks because service isn't available there. With low health coverage in these areas, parents lack a regular doctor to care about child locally. A further 29 percent would like to see doctors in Tbilisi because of poor trust in local specialists. And 43 percent said lack of endocrinologists in the region is the biggest obstacle in managing their child’s diabetes, with 15 percent saying they can’t travel to Tbilisi.
4. What Are the Important Points to Be Pertaining To Parent Education Formats?
   There are still needs for more effective formats for educating parents about type 1 diabetes, particularly early postdiagnosis. Adopting best practices from abroad - such as including psychologists and the parents’ psychological and emotional wellbeing - should be more in line with international best practices. Many respondents say they want to receive updated information at least every six months, ideally through Q&A-style sessions focused on the major issues.
5. Use of Digital Technologies:
   Digital tools may positively improve parents’ education and diabetes care, they reported. They may receive online training and consult with endocrinologists, psychologists and nutritionists, or they may have video lecture libraries and other access to the internet.
6. Better Satisfaction with CGM Devices:
   State-sponsored CGM devices and related concerns were critical in 2023 study. In the follow-up study, 81% of participants currently use these devices (compared with 48% in 2023). Satisfaction has improved - 54 percent are satisfied, 14 percent very satisfied and 19 percent satisfied (42 percent dissatisfied) in 2023. Nevertheless, it still faces problems such as skin irritation. Based on their needs parents should be able to choose their device from different suppliers.
7. Training school and kindergarten staff:
   Educational needs of the teachers, nurses and doctors are evident. More parents are demanding more awareness and engagement from educators and peers than in 2023. In 2025, for example, 19 percent more respondents supported training teachers, and 23 percent supported informing classmates. In 2025 21% less respondents requested personal assistants for children with T1D at schools, compared to 2023 year’s study. And similar trends in kindergartens - 35% more requested teacher training, and 26% less felt a personal assistant was needed. This highlights importance of training sessions and information campaigns for educators and caregivers, printed or video materials, and electronic distribution to enhance access.
8. Access to Sports Activities:
   Access to sports is a current challenge for children with diabetes. Tailored programs based on the specificities of diabetes are required. According to 29 percent of respondents, financial constraints prevent their children from getting adequate physical activity.
9. Urgence of Multidisciplinary Teams:

A team of specialists from all disciplines, such as psychologists and nutritionists, is an ongoing challenge. These teams should be assimilated to primary healthcare clinics. The introduction of a systemic approach of qualification raising - for example, continuous medical education modules. The need for strengthened and integrated primary care is underscored again.

10. Peer Socialization Platforms:
    The other needs identified are platforms with programs to encourage socialization among children with diabetes. Some of these platforms would offer them chances to learn about diabetes and become more involved with managing their health problem.
11. Public Awareness Campaigns:
    Education of teachers, doctors, parents, and nurses is in addition to raising diabetes awareness in all parts of society. Respondents stressed that their children need “support, not pity.” Public health campaigns should educate society what diabetes is and how best to support affected children. As 2025 noted having a 23% increase in respondents supporting this compared with 2023, the need to inform classmates would be particularly emphasized.

Conclusion

This article adds a new empirical understanding to developments in pediatric diabetes care in Georgia, where national-level data on Type 1 Diabetes (T1D) among children has been limited in the past. Through comparing 2023 and 2025, the research draws on emerging advances across diabetes technologies - from continuous glucose monitoring to blood glucose measurement - and reveals continued gap rates in educational equity, caregiver assistance, and health equity.

In contrast to previous regional studies that were predominantly concerned with medical outcomes, this study investigates the health, educational, and psychosocial aspects of family participation in chronic disease management within healthcare infrastructures constrained in the wider society.

In addition, the results contribute to international literature by contextualizing the Georgian experience in wider discussions on health system transition and social determinants of pediatric health. The comparative assessment reveals that Georgia has advanced in terms of both parental capacity building and diabetes technology adoption significantly, but the changes are not enough to overcome structural inequities. Families based outside the capital are still disproportionately set up to face barriers resulting from limited access to specialists, increased travel costs, insufficient school support to care for the child, and inadequate integrated psychosocial care.

Persistent socioeconomic vulnerability compounds these disparities: almost one-third of families living below the subsistence income level. In the absence of targeted financial protection measures as well as more comprehensive social policy reform, these households will suffer from further levels of exposure. Educational and psychological disadvantages undermine the child and his or her integration into school settings. It is important to use prevention and structured awareness campaigns to reduce stigma, prevent social isolation, and manage the disease more effectively.

This second research also identifies changes in care, education and psychosocial aspects of children living with type 1 diabetes in Georgia and their families. The analysis compares 2023 and 2025 data, revealing significant improvements in parental understanding, confidence to manage their children's diabetes, and access to necessary technologies (particularly continuous glucose monitoring [CGM]) during parental care.

However, the vast majority of surveyed participants (94%) report enhancing awareness and understanding of diabetes management and 87% say they see further improvement in adopting CGM technology and care, indicating that strides are being made in modernizing the care we provide to diabetics. Despite this progress, it still identifies areas of persistent and emerging challenges that must have immediate attention, the report said.

Systemic gaps are revealed in the lack of support within educational settings, availability, and limited access, especially to diabetes-appropriate physical activity programs, as well as multidisciplinary teams, consisting of psychologists and nutritionists.

The study's findings also highlight the importance of additional educational intervention efforts for parents and teachers, peer groups and the broader community to develop a better environment for children with diabetes. Awareness raised among classmates and trained school staff could serve to reduce stigma and support psychological well-being and school integration in children.

By reflecting the lives of care givers across a two-year period, this study provides insights into the dynamics of diabetes care provision in post-transition health care settings in Eastern Europe. It emphasizes the importance of sustained resources for enhancing primary care strengthening, digital health capacity, inclusiveness of education strategies, and public outreach aimed at creating a more just and robust health system to meet the demands of children with chronic conditions.

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