'I have lived with diabetes since six'

Diagnosed with diabetes at seven, Jemimah Chelogoi's life shifted to daily insulin, strict routines and constant monitoring, revealing the resilience it takes to grow up with diabetes.

BY BEATRICE NAKIBUUKA

On a quiet afternoon in 2018, what began as a mother's concern would soon unravel into a life-changing diagnosis.

Seven-year-old Jemimah Chelogoi had always been an active child, but something had shifted. She was losing weight rapidly, drinking excessive amounts of water, and yet appeared constantly dehydrated. Her appetite had grown unusually large, and at night she began wetting her bed, something she had long outgrown.

To many, these might have seemed like passing childhood changes. But to her mother, Dr Faith Kamwasir, they were red flags.

"I knew something was not right," she recalls. "The changes were too sudden, too extreme."

One day, she picked Jemimah up from school and took her straight to the hospital. The results stunned even the doctors.

"Her blood sugar levels were extremely high," Dr Kamwasir says. "We were admitted for a week as the doctors tried to stabilise her."

In that moment, childhood as Jemimah knew it came to an abrupt halt. She had diabetes.

Learning to live with needles

Discharge from the hospital did not mean a return to normal life. Instead, it marked the beginning of a demanding routine, one that required discipline far beyond her age.

Jemimah was prescribed oral medication and insulin injections that she had to administer herself. Her diet was also tightly controlled, with reduced carbohydrates and sugar intake, and more green vegetables. For a seven-year-old, it was overwhelming.

"I was scared," Jemimah recalls softly. "The needles were big, and I feared injecting myself. I did not understand why I had to go through all that."

School quickly became difficult. Away from her parents, managing the condition proved challenging. She frequently experienced hypoglycaemia (dangerously low blood sugar levels), leaving her weak, disoriented, and sometimes unable to speak or walk.

"At school, they would give her glucose when she collapsed and then call us," her mother says. "It was frightening."

The dietary restrictions added another layer of difficulty. School meals were not designed for children managing diabetes, and balancing her blood sugar became a daily struggle.

To cope, the family arranged for specially prepared meals to be delivered to her school every day, a logistical and financial strain, but one they could not ignore.

When care is not child-friendly

In the early months after diagnosis, Jemimah was treated at a hospital that primarily managed adult diabetes patients. While the care was well-intentioned, it was not tailored for a child.

"The syringes were meant for adults," Jemimah says. "The needles were big. I was always afraid I would hurt myself."

The clinical environment, combined with a lack of child-focused support, made adjustment harder. Adherence to treatment became inconsistent, not out of defiance, but fear and discomfort.

Recognising this gap, her parents made a critical decision: to transfer her to a facility specialising in paediatric diabetes care.

Finding community, confidence

The following year, Jemimah was enrolled at Holy Innocents Children's Hospital in Mbarara. It marked a turning point, not just in treatment, but in outlook.

For the first time, she realised she was not alone.

"There were more than 200 children with diabetes," her mother says. "It changed everything."

Care at the hospital went beyond prescriptions. It was holistic, involving the entire family. Each member was taught how to support her, from recognising warning signs to helping maintain a balanced lifestyle.

Jemimah began to take ownership of her condition. She learnt to monitor blood sugar using a glucometer, record readings, administer insulin correctly, and track how food affected her body. These records became central to her monthly reviews.

"Now I understand what my body needs," she says. "I know what to do when my sugar goes up or down."

The difficult teenage stage

If childhood brought confusion, adolescence brought deeper questions. As Jemimah entered puberty, diabetes became more complex, physically and emotionally.

Hormonal changes began affecting her blood sugar levels, making control more difficult. At the same time, she began questioning her condition.

"One of the hardest things she asked was, 'Why me?'" her mother recalls. "She wondered if she had done something wrong."

The emotional weight grew. Jemimah withdrew, resisted treatment at times, and struggled with acceptance.

"She kept to herself a lot," Dr Kamwasir says. "It was one of the toughest times for us as a family."

But through patience, conversation and continued education, things began to shift. Jemimah started reading about diabetes and slowly understood it was not a punishment, but a manageable medical condition.

Building a new routine

Today, at 15, Jemimah's life is defined not by limitation, but by structure.

Her day begins at 6am. Before anything else, she checks her blood sugar by pricking her finger and testing a small drop of blood. The reading determines her next step.

"If my sugar is high, I delay breakfast," she explains. "If it is low, I eat immediately or take something sweet."

She then administers her insulin injection, following her prescribed dosage.

Though routine now, it still requires vigilance.

"There are times I forget to check," she admits. "But I make sure I record it as soon as I remember."

When her sugar is high, and she feels hungry, she adjusts carefully. "I drink a lot of water or eat an orange or an apple. The snack should be low in carbohydrates, or I exercise."

Unlike before, she now manages her condition alongside regular school meals. She eats three meals a day, avoids skipping meals, and controls portion sizes to prevent spikes.

Her school has also supported her, with teachers aware of her condition and prepared to respond in emergencies.

"I can tell when my sugar is dropping," she says. "I feel it in my body."

Resilience

"I remember when I first found out I had diabetes at seven, it felt like my childhood stopped instantly. I was scared of the needles and did not understand why I had to prick myself every day or watch everything I ate. School was hard because I would sometimes collapse when my sugar dropped. But over time, I learnt my body, I learnt my routine, and I learnt that diabetes is not a punishment. It is something I live with every day, and I can still have a full life if I take care of myself," says Jemimah Chelogoi



Jemimah Chelogoi administers her daily insulin injection, a routine she has followed since the age of seven, turning fear into discipline as she learns to manage life with diabetes. PHOTO/ COURTESY

SPOTTING DIABETES EARLY IN CHILDREN

Early diagnosis can save a child's life. In many cases, the warning signs of diabetes are easy to miss, or mistaken for normal childhood changes. Key symptoms include frequent urination (often bed-wetting in a previously dry child), excessive thirst, unusual weight loss, constant hunger, fatigue, and blurred vision.

Some children may also become irritable or less active. If left untreated, diabetes can lead to serious complications such as diabetic ketoacidosis, a life-threatening condition. Health experts advise parents and teachers to seek medical attention immediately if these symptoms appear. Early detection and proper management can help children live healthy, active lives.

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