

<https://doi.org/10.59298/NIJSES/2026/71.5155>

Mental Health Challenges Faced by Children with Arthritis in East Africa: A Review

Katu Amina H.

School of Natural and Applied Sciences Kampala International Uganda

ABSTRACT

Arthritis, particularly Juvenile Idiopathic Arthritis (JIA), poses significant physical and psychological challenges to children. In East Africa, the mental health challenges faced by children with arthritis remain largely unaddressed, despite the increasing recognition of the disease's physical impact. JIA, a chronic autoimmune disorder, leads to joint inflammation, causing pain and disability, but the psychological toll is equally severe, with children often experiencing anxiety, depression, social isolation, and body image issues. The stigma surrounding chronic illnesses in East African communities, coupled with inadequate mental health services, exacerbates these challenges. This review examines the mental health burdens faced by children with JIA in East Africa, exploring the psychological impacts, cultural barriers, and healthcare gaps that hinder proper care. The study emphasizes the need for integrated mental health care into the treatment of JIA and the importance of community awareness and support. By proposing strategies for improving mental health care, the review aims to enhance the well-being of children with arthritis and advocate for a more holistic approach to chronic disease management in the region.

Keywords: Juvenile Idiopathic Arthritis, Mental Health, Children, East Africa, Depression, Anxiety.

INTRODUCTION

Arthritis in children, particularly Juvenile Idiopathic Arthritis (JIA), is a debilitating condition that affects the growth and development of affected individuals. JIA, characterized by persistent joint inflammation, is the most common form of arthritis in children and can occur at any age before the age of 16 [1]. It is an autoimmune disorder, where the body's immune system mistakenly attacks its own joints, leading to chronic pain, swelling, and damage to the affected joints. While the physical aspects of JIA are well-documented, there is a growing recognition of the profound mental health challenges that children with arthritis face, especially in regions like East Africa, where healthcare infrastructure for chronic conditions is often insufficient [2]. In East Africa, JIA is not as thoroughly studied or documented as in other parts of the world, making it difficult to assess the full scope of the disease. This region, like many parts of sub-Saharan Africa, grapples with a variety of health challenges, including limited healthcare access, poor diagnosis rates, and cultural stigmas surrounding chronic illnesses [3]. Consequently, the emotional and psychological impact of arthritis on children remains underexplored. While advances in medical treatments for JIA have improved physical outcomes, the psychosocial aspects of the condition often go unnoticed. Recent studies conducted in high-income countries have shown that children with JIA are at an elevated risk of developing mental health issues such as depression, anxiety, and social isolation [4]. However, the situation in East Africa is more complex due to cultural beliefs, stigma, and healthcare limitations. In East African communities, chronic illnesses are often misunderstood and stigmatized, leading to a lack of support systems for children with arthritis. Parents and caregivers, who may already be dealing with economic hardship, may be ill-equipped to address the mental health needs of their children [5]. The lack of adequate mental health services, combined with the stigma

surrounding chronic illness, contributes to a cycle of neglect for the psychological well-being of children with JIA. This situation underscores the importance of examining the mental health challenges faced by children with arthritis in East Africa, a region where healthcare systems are still evolving and often focus more on addressing physical health needs [6].

Despite the growing recognition of the physical symptoms and treatments for JIA, the mental health challenges faced by children living with the condition in East Africa remain largely unaddressed. Children with JIA experience a wide array of emotional and psychological challenges, including feelings of frustration, isolation, fear, and depression. However, due to the limited mental health services available in many East African countries, these children are often unable to receive the psychological support they need [7]. In some communities, there is also a cultural stigma that views mental health issues as a sign of weakness or a result of personal failure, making it even more difficult for children and their families to seek help. The lack of comprehensive data on the mental health outcomes of children with JIA in East Africa further complicates the situation. Health professionals in the region may be aware of the physical aspects of arthritis, but may lack the training or resources to address the psychological needs of these children [8]. Additionally, family members and caregivers may not fully understand the importance of mental health in the overall well-being of children with chronic illnesses. As a result, children with JIA in East Africa often suffer in silence, their psychological struggles compounded by a lack of recognition and care. This situation calls for a comprehensive examination of the mental health challenges faced by these children, as well as an exploration of potential strategies for addressing these challenges within the context of East African healthcare systems [9]. This study aims to comprehensively investigate the mental health challenges faced by children with Juvenile Idiopathic Arthritis (JIA) in East Africa, an often-overlooked aspect of the disease. One of its specific objectives is to explore the psychological impacts of JIA, including anxiety, depression, social isolation, and issues with body image. Additionally, the study seeks to understand the stigma and misconceptions surrounding JIA, focusing on how cultural beliefs and social barriers contribute to the marginalization of affected children, particularly regarding mental health. Another key objective is to evaluate the availability and accessibility of mental health services for children with JIA in the region, identifying gaps in service provision and areas for improvement. Finally, the study aims to recommend strategies for improving mental health care and support for children with JIA, suggesting practical solutions for healthcare providers, policymakers, and communities. The significance of this research is profound, as it seeks to raise awareness about the often-neglected psychological side of chronic illness. By identifying specific mental health challenges and cultural barriers, this study could encourage healthcare systems to adopt a more holistic approach to treating JIA, integrating mental health care into the treatment protocols. Additionally, it could inform policymakers, advocating for mental health support within chronic illness healthcare frameworks, and contribute to reducing stigma in communities. Ultimately, this study strives to enhance the well-being of children with JIA in East Africa.

Psychological Impacts of Arthritis on Children

Children diagnosed with arthritis face significant psychological challenges that can deeply affect their well-being. Anxiety and depression are among the most common psychological impacts, as the unpredictability of flare-ups and the chronic nature of the disease create constant worry [10]. These children often fear the potential for long-term disability and the pain associated with their condition. A study in Uganda revealed that children with chronic illnesses, such as arthritis, were more likely to report feelings of sadness, hopelessness, and frustration, highlighting the mental health burden they carry. In addition, social isolation and stigmatization are prevalent in many East African communities, where chronic conditions like arthritis are poorly understood. Children with arthritis may be misunderstood, leading to exclusion by peers, teachers, and even family members, which further compounds feelings of loneliness and detachment [11]. This lack of social interaction can hinder healthy emotional development and reduce the child's participation in critical activities like school events or play. The disease can also negatively impact cognitive and emotional development [12]. Physical limitations restrict their engagement in academic and extracurricular activities, which can lead to academic struggles, decreased self-esteem, and a lack of confidence. Prolonged pain also interferes with concentration, learning, and the development of positive coping strategies, all of which are essential during childhood [13].

Barriers to Mental Health Care

Mental health care for children with arthritis in East Africa is severely limited by several factors, creating significant barriers to effective treatment. First, there is a lack of specialized services. Pediatric mental health professionals, particularly those with expertise in managing chronic illness-related psychological issues, are scarce, especially in rural areas [14]. Many healthcare facilities do not integrate mental health care into the treatment of chronic conditions like arthritis, resulting in fragmented care that fails to address the psychological well-being of young patients. This scarcity of trained specialists contributes to an underdeveloped mental health infrastructure in the region. Second, cultural beliefs and stigma surrounding mental health in East Africa further complicate access to care [15]. In many communities, mental health issues are often misunderstood and associated with superstitions, which discourages families from seeking professional help. Additionally, some cultures perceive arthritis as a result

of witchcraft or divine punishment, amplifying the stigma not only of the disease but also of its psychological impact. As a result, children with arthritis and their families may avoid discussing or addressing the mental health aspects of the condition. Finally, financial and logistical barriers are significant obstacles to mental health care. The cost of mental health services, including therapy, medication, and transportation to healthcare facilities, can be prohibitive for many families [16]. With limited resources, families often prioritize physical health over mental health, leading to a severe underutilization of available mental health services. The long distances to specialized care centers and the lack of adequate insurance coverage further complicate access to essential mental health services. Together, these factors create a significant challenge for children with arthritis in East Africa to receive the comprehensive care they need [17].

Caregiver Burden and Family Impact

Caregivers of children with arthritis often bear a significant emotional, physical, and financial burden that affects both their personal lives and family dynamics. Managing a child's chronic condition requires constant attention, medical oversight, and emotional support, all of which can lead to caregiver burnout [18]. The emotional toll is particularly profound, as parents and guardians may experience guilt, anxiety, and stress, often exacerbated by cultural perceptions that associate chronic illnesses with shame or stigma. This feeling of guilt can stem from the belief that they are not doing enough for their child or from the constant worry about their child's health. Financially, the cost of managing a child's treatment, medications, and regular medical visits can place additional strain on the family, often forcing caregivers to juggle their own work schedules and daily responsibilities [19]. As caregivers become increasingly overwhelmed, family dynamics can shift, with relationships becoming strained due to the pressures of caregiving. The child's well-being may also be affected, as caregivers may have less emotional energy to provide the nurturing and support needed for their child's development. Ultimately, the compounded burden on caregivers can lead to long-term negative effects on both the caregiver's and the child's physical and mental health [20].

Strategies for Addressing Mental Health Challenges:

Addressing mental health challenges in children with arthritis requires a multifaceted approach to ensure that both their physical and emotional well-being are adequately supported. First, integrating mental health into pediatric care is crucial. Routine mental health screenings during regular check-ups for arthritis can help identify early signs of emotional distress, such as anxiety and depression [21]. Training healthcare providers to recognize the psychological effects of chronic illnesses ensures that these issues are not overlooked, allowing for a more comprehensive, holistic approach to care. Additionally, community-based support plays a vital role in helping children cope with the social and emotional challenges of arthritis. Peer support groups offer a sense of connection, reducing feelings of isolation and helping children realize they are not alone in their struggles [22]. School-based programs and community education can also raise awareness about the psychological impacts of chronic diseases, thereby fostering a supportive environment and reducing stigma.

Another essential strategy is improving access to mental health services. Governments and healthcare systems must prioritize mental health as part of comprehensive chronic illness management. This includes the training and recruitment of mental health professionals, as well as the establishment of specialized clinics that focus on the intersection of chronic illness and mental health [23]. Making these services affordable and accessible, particularly in rural or underserved areas, is also critical to ensure that no child is left behind. Lastly, psychosocial interventions, such as cognitive behavioral therapy (CBT), offer valuable tools for managing the emotional impact of arthritis. CBT helps children develop healthy coping mechanisms to deal with both physical and emotional pain. These interventions should be integrated into both private and public healthcare settings to ensure that all children, regardless of their socioeconomic status, have access to the support they need to thrive [24].

CONCLUSION

Children with arthritis in East Africa are confronted with substantial mental health challenges that are often overlooked in the treatment of chronic diseases. The absence of integrated mental health services within healthcare systems, compounded by cultural stigma and financial limitations, significantly hinders their access to necessary psychological support. Many children suffer in silence, unable to receive the counseling and emotional care they need to cope with the daily burdens of living with a chronic condition. As arthritis impacts not only physical health but also emotional and social well-being, healthcare systems must adopt a more holistic approach to treatment. This includes the integration of mental health services alongside physical care to address both the psychological and physical aspects of the disease. With targeted interventions that prioritize mental well-being, children with arthritis can be better supported, helping them build emotional resilience and improving their quality of life as they navigate the complexities of their condition.

REFERENCES

1. Thatayatikom, A., Modica, R., De Leucio, A.: Juvenile Idiopathic Arthritis. In: StatPearls. StatPearls Publishing, Treasure Island (FL) (2025)

2. Thatayatikom, A., Modica, R., De Leucio, A.: Juvenile Idiopathic Arthritis. In: StatPearls. StatPearls Publishing, Treasure Island (FL) (2025)
3. George, N.S., David, S.C., Nabiryo, M., Sunday, B.A., Olanrewaju, O.F., Yangaza, Y., Shomuyiwa, D.O.: Addressing neglected tropical diseases in Africa: a health equity perspective. *Global Health Research and Policy*. 8, 30 (2023). <https://doi.org/10.1186/s41256-023-00314-1>
4. Alope, C., Ibiam, U. A., Obasi, N. A., Orji, O. U., Mordi, J. C. et al Effect of ethanol and aqueous extracts of seed pod of *Copaifera salikounda* (Heckel) on complete Freund's adjuvant-induced rheumatoid arthritis in rats. *J Food Biochem*. 2019 Jul;43(7):e12912. doi: 10.1111/jfbc.12912. Epub 2019 May 23. PMID: 31353723.
5. de-Graft Aikins, A., Sanuade, O., Baatiema, L., Adjaye-Gbewonyo, K., Addo, J., Agyemang, C.: How chronic conditions are understood, experienced and managed within African communities in Europe, North America and Australia: A synthesis of qualitative studies. *PLoS One*. 18, e0277325 (2023). <https://doi.org/10.1371/journal.pone.0277325>
6. Ugwuja, E. I., Aja, P. M., Igwenyi, I. O., Ibiam, U. A., et al. Antioxidant Effect of *Buchholzia coriacea* Ethanol Leaf Extract and Fractions on Freund's Adjuvant-induced Arthritis in Albino Rats: A Comparative Study. *Slovenian Veterinary Research*. 2022; 59 (1): 31–45. doi: 10.26873/svr-1150-2022.
7. Gor, K., Lee, Y.-S., Sprong, M.E., Hollender, H., Shrestha, J., Huang, X.: Modifications of the Effect of Juvenile Idiopathic Arthritis (JIA) on Anxiety and Depression in Children and Adolescents: A Pseudo-longitudinal Study of 192,019 Children in the United States. <https://doi.org/10.2174/0117450179372640250324051404>
8. Alum, E. U., Ugwu, O. P. C. Nutritional Strategies for Rheumatoid Arthritis: Exploring Pathways to Better Management. *INOSR Scientific Research*. 2023; 10(1):18-26. <https://doi.org/10.59298/INOSRSR/2023/3.2.47322>
9. Silim, H., Wamithi, S., Riang'a, R.M., Migowa, A.: Experiences among parents caring for children with juvenile idiopathic arthritis at a tertiary referral hospital in Kenya. *Front Pediatr*. 13, 1443529 (2025). <https://doi.org/10.3389/fped.2025.1443529>
10. Fair, D.C., Rodriguez, M., Knight, A.M., Rubinstein, T.B.: Depression and Anxiety In Patients With Juvenile Idiopathic Arthritis: Current Insights And Impact On Quality Of Life, A Systematic Review. *Open Access Rheumatol*. 11, 237–252 (2019). <https://doi.org/10.2147/OARRR.S174408>
11. West, J.S., Kamis, C.: The Long-Term Impact of Childhood Disability on Mental Health Trajectories in Mid- to Late-Life. *J Aging Health*. 34, 818–830 (2022). <https://doi.org/10.1177/08982643211066184>
12. Ibiam, U. A., Alum, E. U., Ugwu, O. P. C. A Comprehensive Review of Treatment Approaches and Perspectives for Management of Rheumatoid Arthritis. *INOSR Scientific Research*. 2023; 10(1):12-17. <https://doi.org/10.59298/INOSRSR/2023/2.2.13322>
13. Acosta-Gonzaga, E.: The Effects of Self-Esteem and Academic Engagement on University Students' Performance. *Behav Sci (Basel)*. 13, 348 (2023). <https://doi.org/10.3390/bs13040348>
14. Saade, S., Parent-Lamarche, A., Khalaf, T., Makke, S., Legg, A.: What barriers could impede access to mental health services for children and adolescents in Africa? A scoping review. *BMC Health Services Research*. 23, 348 (2023). <https://doi.org/10.1186/s12913-023-09294-x>
15. Armin R, Fisher S I (2018). Lupus Erythematosus Cell. *Arthritis & Rheumatology*, 70, (7), 1101. DOI 10.1002/art.40489
16. Daniel, M., Njau, B., Mtuya, C., Okelo, E., Mushi, D.: Perceptions of Mental Disorders and Help-Seeking Behaviour for Mental Health Care Within the Maasai Community of Northern Tanzania: An Exploratory Qualitative Study. *East Afr Health Res J*. 2, 103–111 (2018). <https://doi.org/10.24248/EHRJ-D-18-00004>
17. Mugambwa, K.A., Lutchemun, W., Gach, J., Bader, C., Froeschl, G.: Mental health of people with limited access to health services: a retrospective study of patients attending a humanitarian clinic network in Germany in 2021. *BMC Psychiatry*. 23, 270 (2023). <https://doi.org/10.1186/s12888-023-04727-7>
18. Haroen, H., Juniarti, N., Sari, C.W.M., Sari, S.P., Arovah, N.I., Pardosi, J.F., Wibowo, D.A.: Caregiver Burden and Its Related Factors Among Family Members of Patie | JMDH.
19. Dolezal, L.: Shame anxiety, stigma and clinical encounters. *J Eval Clin Pract*. 28, 854–860 (2022). <https://doi.org/10.1111/jep.13744>
20. Murray, L., Doherty, N., Adair, P.: Exploring the Impact of Child Hospitalisation on the Family System: A Qualitative Study Using Framework Analysis. *Children*. 12, 1159 (2025). <https://doi.org/10.3390/children12091159>
21. Fawole, O.A., Reed, M.V., Harris, J.G., Hersh, A., Rodriguez, M., Onel, K., et al.: Engaging patients and parents to improve mental health intervention for youth with rheumatological disease. *Pediatric Rheumatology*. 19, 19 (2021). <https://doi.org/10.1186/s12969-021-00503-7>

22. Leite, Â.: Chronic Illnesses: Varied Health Patterns and Mental Health Challenges. *Healthcare*. 13, 1396 (2025). <https://doi.org/10.3390/healthcare13121396>
23. Abramowitz, S., Backe, E.L., Gwaikolo, W., Nkengasong, S., Banerjee, D., Murray, S.M.: Mental health interventions in public health emergencies: The best and the rest in research, evidence, intervention, and policy responses. *SSM - Mental Health*. 7, 100375 (2025). <https://doi.org/10.1016/j.ssmmh.2024.100375>
24. Schwarz, T., Schmidt, A.E., Bobek, J., Ladurner, J.: Barriers to accessing health care for people with chronic conditions: a qualitative interview study. *BMC Health Services Research*. 22, 1037 (2022). <https://doi.org/10.1186/s12913-022-08426-z>

CITE AS: Katu Amina H. (2026). Mental Health Challenges Faced by Children with Arthritis in East Africa: A Review. NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES, 7(1):51-55. <https://doi.org/10.59298/NJSES/2026/71.5155>