World Journal of Pharmaceutical Science and Research
www.wjpsronline.com
Research Article
ISSN: 2583-6579
SJIF Impact Factor: 5.111
Year - 2025
Volume: 4; Issue: 4
Page: 342-351

OBSTACLES TO ACCESS TO MODERN HEALTHCARE: A STUDY OF THE EXPERIENCES AND PERCEPTIONS OF THE INDIGENOUS PYGMEE PEOPLE OF THE YAHUMA TERRITORY IN THE DEMOCRATIC REPUBLIC OF CONGO

Santhos Lobwa Bosongo*[1], Stany Bitaboto Geninga[1], Didier Chuy Kalombola[2], Bolinda wa Bolinda[3], Faustin Chenge Mukaleng[2]

[1]Official University of Yabaondo.
[2]University of Lubumbashi.
[3]University of Kisangani.

Article Received: 20 June 2025 | | ***Article Revised: 12 July 2025*** | | ***Article Accepted: 04 August 2025***

***Corresponding Author: Santhos lobwa Bosongo**
Official University of Yabaondo.
DOI: https://doi.org/10.5281/zenodo.16888853

How to cite this Article: Santhos lobwa Bosongo, Stany Bitaboto Geninga, Didier Chuy Kalombola, Bolinda wa Bolinda, Faustin Chenge Mukaleng (2025) OBSTACLES TO ACCESS TO MODERN HEALTHCARE: A STUDY OF THE EXPERIENCES AND PERCEPTIONS OF THE INDIGENOUS PYGMEE PEOPLE OF THE YAHUMA TERRITORY IN THE DEMOCRATIC REPUBLIC OF CONGO. World Journal of Pharmaceutical Science and Research, 4(4), 342-351. https://doi.org/10.5281/zenodo.16888853

ABSTRACT

Background: Despite global recognition of access to healthcare as a fundamental right, many indigenous communities such as the Yahuma Pygmies in the Democratic Republic of Congo (DRC) face significant barriers. Marginalized and geographically isolated, these indigenous people face multidimensional barriers that affect their access to modern healthcare. The aim of this study is to understand and analyze the barriers to access to modern healthcare as experienced and perceived by Yahuma pygmies in the Democratic Republic of Congo. **Methods**: Using a phenomenological qualitative approach, we were able to focus on the subjective meanings that individuals attribute to their experiences, with an emphasis on their day-to-day lived experience. **Results**: High healthcare costs, geographical challenges such as the remoteness of health centers and the General Hospital, and socio-cultural and dietary concerns complicate pygmies' access to modern health structures. Distrust reinforces pygmies' reluctance to seek modern care. **Conclusion**: It should be noted that the above-mentioned interconnected obstacles perpetuate the health marginalization of pygmies. An integrated approach, respecting their cultural specificities, is essential to improve their access to modern healthcare.

KEYWORDS: Barriers, modern healthcare, experiences, perceptions, Indigenous people, Pygmy.

1. INTRODUCTION

In a world where medical and technological advances have considerably improved access to healthcare, some populations still remain on the margins of modern healthcare systems. Access to so-called modern healthcare represents a major challenge for indigenous populations around the world.

Known for the extreme deprivation that characterizes their lives, the health problems of pygmies are partly resolved through the use of their pharmacopoeia, but this remains ineffective against many pathologies (EBOLA, HIV...), and these communities therefore deserve special attention.[1,2]

Pygmies as a whole have a deep-rooted knowledge of pharmacopoeia in general, and traditional medicine in particular, which influences their perception of illness and modern healthcare. Traditional medicine is often preferred, not only out of cultural habit, but also out of distrust of a health system perceived as foreign and inaccessible. Moreover, the stigmatization and discrimination to which they are subjected in formal health structures reinforce their reluctance to use these services.[3,4,5,6]

In several African countries, such as Burundi, Cameroon, two Congo (Congo Brazzaville and the Democratic Republic of Congo), Gabon, the Central African Republic and Equatorial Guinea, indigenous peoples, commonly known as pygmies, are threatened with extinction as a result of deforestation, and driven out of the tropical rainforest now exploited for precious wood or cocoa plantations. This is gradually depriving them of their habitat, hunting grounds and, above all, a source of their mainly plant-based health care.[7,8]

Often less open-minded, sick Pygmies, particularly the elderly, prefer to die in their huts. The virtual non-existence of health centers in their environment limits their ability to seek care when one of their number falls ill, and this poor access to primary health care services can have significant life consequences.[9,10,11] Inaccessibility to primary healthcare is notorious and has serious consequences for indigenous peoples. Indeed, several surveys carried out in “Pygmy” households have shown that infant morbidity and mortality rates are high in their camps. Lewis (1999) noted that the infant mortality rate among children under the age of five in Mbendjele communities (settled in Likouala and Sangha) reached an unacceptably high level of 27%. Measles was the leading cause of this rate. What's more, just 16% of women of childbearing age and 21% of teenagers declared in a CAP survey that they had had a prenatal consultation during their last pregnancy. The same survey noted that nearly 75% of adult and adolescent women gave birth at home, compared with only 25.8% and 22.2% respectively, who gave birth at the maternity hospital.[21]

In Uganda (the Twa) and the Central African Republic (the Aka), the mortality rate among Pygmy children is high. Mortality in the first year of life is 25% and 20.22% respectively. It is 27% before the age of five among the Mbendjele in northern Congo, and 40-59% among the Twa in Uganda. These rates are twice as high as among non-Pygmies in the region.[22]

In the Democratic Republic of Congo, according to a study carried out in the GOMA Health Zone in North Kivu, out of 11,651 women in 164 villages/sites, 4,217 have access to health services in 67 villages/sites, i.e. 36%. Out of 19,719 children, only 4,761, or 24% of “Pygmy” children, had access to the vaccination program.[23]

In the province of Tshopo, particularly in the Territory (Health Zone) of Yahuma, the Pygmies commonly known as “Mbuti” live in remote areas, often difficult to access due to the lack of passable roads. What's more, the available health centers are often under-equipped and lack qualified staff, which limits the quality of care offered.

Very little, if any, work has explored how these Pygmy peoples perceive and interact with modern medicine. It is therefore essential to undertake research to promote inclusive, culturally sensitive approaches to healthcare, particularly for the Yahuma Pygmies.

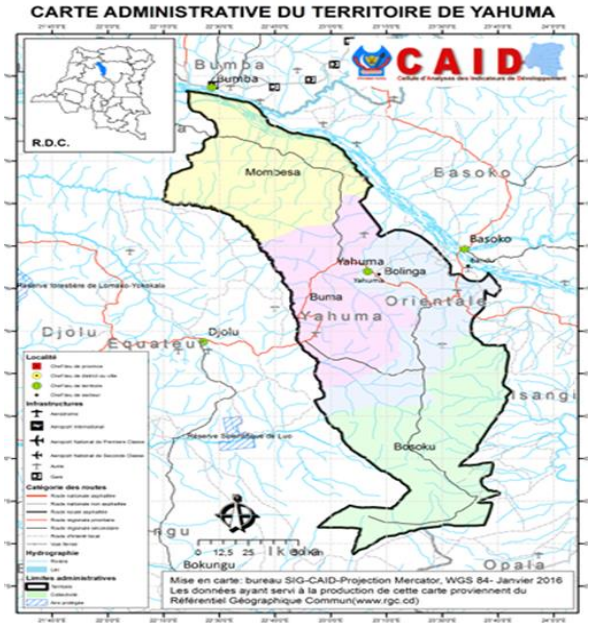
This study aims to analyze the obstacles faced by pygmies in relation to modern healthcare, through the experiences and perceptions of members of this community, adopting a phenomenological approach to understanding subjective experiences.

By giving a voice to the Yahuma Pygmies, we seek to highlight the specific challenges they face and identify possible solutions adapted to their realities.

2. MATERIALS AND METHODS

2.1. Type of study

We conducted a qualitative study using a phenomenological approach to identify the perceptions of modern medicine by the Yahuma Pygmies. The study was conducted over a period of seven months, from 01 August 2023 to 31 March 2024.



2.2. Study environment

Our study took place in the Yahuma Health Zone, which covers the entire territory of the same name, one of the seven Territories of the province of Tshopo in the DRC.

The Yahuma territory is made up of three sectors (BOLINGA, BOSOKU and BUMA) and one chiefdom, that of MOMBESA. The Territory of Yahuma is mainly inhabited by the Mongando tribe, which makes up the majority of the population; there is also another minority tribe called Mombesa. Yahuma also has a special population from various backgrounds, known as ‘Pygmies’, the subject of our study.

Yahuma is located 314 km from Kisangani, the capital of Tshopo Province, downstream from the Congo River. This territory, which is equivalent to a single health zone, has 27 health areas (HAs), one HGR, 4 CSRs and several health posts. All of the 2nd level facilities (the HGR and the four CSRs: MOSITE, KORET, BONDAMBA and MOMBONGO II) are located off-centre in the ZS, making access to quality care difficult for some inhabitants.

2.3. Study population

Our study population included all the indigenous 'Pygmy' peoples living in the Yahuma Health Zone, divided between the BUMA Sector (settled in Yalonde Village) and the MOMBESA chiefdom (in around 17 encampments scattered around the villages, the main ones being : LOINZI, TONDENGO, IWE, etc.).

2.4. Selection of participants

The participants in the study were key informants selected by reasoned choice from among the 'Pygmies'. An indicative sample size of 11 key informants was used as a starting point.

Only adult 'Pygmy' men and women who were recognised community leaders and identified by the community as such, who had lived for at least the previous three years in the Yahuma HZ, who were present at the time of the research, and who could speak French, Lingala and/or Swahili were included in the study.

2.5. Data collection

The data (opinions) concerning our study were collected from key informants with the status of community leaders, using the technique of individual in-depth semi-structured interview (IISSI), using a pre-tested interview guide, and in face-to-face mode.

The interviews took place at a place convenient to each person and were recorded (after approval) on a Dictaphone, then transcribed immediately on returning from the field.

We manually recorded direct observations in the field using a semi-structured observation guide, concerning care-seeking behaviour, initiating an informal conversation to capture circumstantial perceptions.

The observation situations were recorded (with the approval of the participants) using a camera, and then developed into a transcript in the hours following their collection, on return from the field.

2.6. Analysis and interpretation of the data

The interview transcripts and developed observation notes were analysed, grouped by site and coded. The interview transcripts and observation notes were read and re-read several times.

The themes of interest were: therapeutic recourse in the event of illness, Pygmies' perception of modern medicine, Pygmies' requests and recommendations, and attitudes to the modernisation of healthcare.

The process of reduction, textual exposure and postulation was carried out iteratively until maximum accumulation and reduction of data was achieved.

The opinions gathered from our respondents were analysed manually.

2.7. Ethical considerations

We have sought and obtained informed consent for our respondents' participation in the study, and a guarantee that the results will not reinforce existing stereotypes or inequalities, but contribute to improving their access to modern care in an equitable, regular and contextual manner.

3. RESULTS

3.1. Socio-demographic characteristics of respondents

The study involved 11 respondents (3 women and 8 men), recruited from hunters and farmers in the entities concerned. All were anonymized under codes EN01 to EN11, and none were able to indicate their age precisely.

The majority of respondents (7 out of 11) came from the Yalonde site, making this area the most represented in the sample.

The other four participants were spread across different localities and camps, reflecting geographical diversity: Loinzi, Tondengo, Yahuma and Yasamola.

This distribution provided an insight into potential differences linked to the respondents' origins. Although the sample is limited, it covers several areas, offering varied perspectives.

3.2. Therapeutic recourse in the event of illness

For most of the subjects we spoke to, the first therapeutic recourse in the event of illness remains plants. This way of treating illness can even be harmful, for example by using chillies in enemas.

"First of all, if someone falls ill, we say a brother has fallen ill. We ask him, 'What's wrong? What do you feel? If he has a headache, for example, we go straight to the bush to find a rope or some leaves to treat him."

"We live by divine grace; we do enemas with chillies, lots of chillies. We really suffer. To heal, we sometimes need a lot of chillies, enemas, certain beverages made from the leaves of plants, our native suppositories, the leaves and bark of trees that are all around us here."

“I only used tree barks, I also made tattoos on my chest, look, see?”

An isolated case among our interviewees was recorded, who spoke of the Hospital as a first resort in case of illness.

"If I get sick, I make an effort to go to the hospital first. If at the hospital you don't get along with the nurse, especially when it comes to the fees to be paid, at the moment I go home for ancestral care. But first I go to the hospital. "

Despite the initial recourse to traditional pharmacopoeia in case of illness, the subjects interviewed all mentioned modern medicine, as an alternative recourse, especially when it doesn't work with traditional care; and this, with the money and influence of the Bantus.

“...If it doesn't work, at that point we go to the hospital or health center.”

“I thought I could go where the nurses are so they could take care of me.”

"If it didn't heal, we'd stop there. That's when we were in the forest. But with the advent of our domiciliation/sedentarization by the State, if there's no improvement we follow where the Doctors are."

3.3. Barriers to access to modern healthcare by pygmies

The main barriers to the use of modern healthcare by the Mbuti of YAHUMA are linked to the financial cost of care, geographical inaccessibility, and cultural differences; as presented in a few verbatims below:

a) Financial barriers

"Like the child I'm carrying here, if I take him to the health center, we won't treat him, we need money. We're astonished by your records; in Mobutu's time, we didn't know about records. "

"So the problem is money. I repeat, if I happen to go there? Sometimes others understand us, but most don't. For example, I've been sick, and I haven't even taken a single pill, because I can't afford it. I take my traditional medicines, my potions. I finished yesterday. "

"We have to go with a lot of money. If you go with 500fc, we won't treat you. You have to go with 5000 Congolese francs or 10,000 Congolese francs. Our assets are also limited, so what are we going to do, chief? "

".....but many are those who demand money or a beast to treat us. For your information, three people among the APs died at the PS, and the community got fed up and decided not to go to the CS anymore even in case of illness, until you our son, our representative you can see the authorities to help us when this."

"We thought that we, as indigenous people, could come in sick and you would treat us for free. As we are asked for money, we say that even if we get sick, we won't go there anymore. Where will we get the money? that's the big difficulty."

b) Cultural barriers

"We're very afraid of military dress, it doesn't fit. Our way of life is very different from yours. We eat a lot, and where are we going to get food?“

”Our way of life is very different from yours. If we're here in the village, it's only because God used you to act so that this tribe (AKA), these people, could leave the forest and go out to the village. But to go over there, to the Yahuma side? We're very afraid“

c) Geographical barriers

”We can't bear to go far (to MOMBONGO or YAHUMA). We can get sick now, go to YAHUMA? We also eat a lot, like caterpillars.

"In YALONDE, there it's a bit good because there's a Health Center next door and the Head Nurse is there. If a pygmy falls ill, he can go there. But there's nothing in the MOMBESA chiefdom, so you have to go far away to BONDAMBA or MOMBONGO."

3.4. Pygmy demands for modern health care

The Mbuti of YAHUMA highlighted several key aspects for the successful use of modern health care in their community. These include the need for local infrastructure, the availability of medicines, the reduction of healthcare costs, and the presence of qualified medical staff.

"We're asking for our CS, our hospital, to be organized. Do everything so that our nurse is with us, the one who will take care of us. ...medicines too"

"Help us to have our own dispensary, so that the Bantus stay with theirs. Your medicines relieve us quickly, with the tablets and injectables, someone can easily heal."

"Really we miss daddy around CS a lot for us. Even in one site, in LOINZI for example, in the MOMBESA chiefdom, nothing, nothing."

“Medicines, injectables, abdominal devices, surgery because we can suffer from stomach aches today; go and have surgery in MOMBONGO, there we are asked for money, we have nothing; we are asked for exorbitant amounts.”

4. DISCUSSION

The results reveal several barriers perceived by Yahuma pygmies regarding access to biomedical care, including the cost of services, distance from health infrastructures and cultural and dietary concerns.

4.1. Therapeutic recourse in the event of illness

Yahuma pygmies primarily favor traditional pharmacopoeia, using plants, tree bark, tattoos and enemas made from chili pepper as the main means of treating illness. This observation is in line with the work of Lévi-Strauss, quoted by Michel M,[18] who stresses that the medicinal knowledge of indigenous societies is based on in-depth empirical knowledge of nature, integrated into a symbolic and spiritual framework. As our testimonies show, traditional medicine is not only therapeutic, but also an act of community and identity.

However, our results also highlight a dynamic of hybridization between traditional and modern medicine. When a traditional treatment fails, pygmies consider modern medicine, provided they have the necessary resources or are encouraged by external actors, notably the Bantu. This situation is comparable to the findings of Langwick,[14] who showed in Tanzania that African populations often combine traditional medicine and biomedicine according to their perceived efficacy and affordability.

Furthermore, the presence of an isolated case where the hospital is chosen as first resort highlights an ongoing transition in Pygmy care practices. However, this transition is hampered by factors such as the cost of care and the quality of interaction with medical staff. Augé[19] has already pointed out that the hospital is often perceived as a space of negotiation and power, where marginalized populations do not always feel welcome, which may explain the return to traditional practices in the event of a bad experience.

4.2. Barriers to care

a) Financial barriers

One of the major obstacles mentioned by respondents is the high cost of medical care. Some expressed nostalgia for a time when care was free or more affordable (NE02). This criticism echoes the observations of Ridde et al, [6] who point out that the introduction of cost-recovery policies in several African countries has led to the exclusion of vulnerable populations. Meessen et al [7] also show that the direct charges levied in health facilities are a major obstacle for rural communities, leading to under-utilization of medical services.

The economic constraint is reinforced by the perception that it takes large sums of money to be taken care of (NE05). This observation corroborates the work of Loppie C. and Wien F., [17] who demonstrated that financial inequalities limit

access to medical care in several regions of sub-Saharan Africa, particularly for marginalized groups such as indigenous peoples.

b) Challenges linked to the remoteness of health facilities

Some respondents highlight another obstacle: the distance to health centers. Far from hospital facilities, pygmies have to travel long distances, which can be particularly difficult in the event of a medical emergency. This constraint is well documented by Romain Talvas, [12] who explains that distance from infrastructures drastically reduces access to care and can exacerbate health inequalities. Kornelsen et al [13] also confirm that distance, combined with transport costs and logistical difficulties, discourages rural populations from using modern medical services.

c) Socio-cultural challenges

Another aspect raised concerns the perceived cultural differences between pygmies and the way of life associated with modern medical structures. NE01's expression of fear of “military garb” refers to a perception of the hospital as an intimidating space, or one alien to their way of life. This justifies their fear of the unknown, one of the causes of their own marginalization. This phenomenon has been observed by Langwick, [14] who explains that cultural differences in the perception of care and well-being can create distrust of biomedical services. In addition, food is a key factor in this reluctance to travel far from villages. Food security is a priority for indigenous populations, and a prolonged stay outside their natural environment is perceived as a threat to their survival.

These results show that access to modern healthcare is limited by economic, geographical and socio-cultural constraints. To improve adherence to biomedical care, it is crucial to adopt a more inclusive approach, taking into account the economic and cultural realities of the populations concerned. Providing local care, reducing costs and raising cultural awareness could help to reduce these barriers and improve the integration of modern medicine in these communities.

4.3. Yahuma pygmies' demands for modernized healthcare

The Mbuti community of Yahuma emphasize the effectiveness of modern treatments when they are available (“your medicines give us rapid relief”), but deplore the inequalities in access that penalize them. Their demand is therefore clear: local health infrastructures, dedicated healthcare staff, sufficient medicines and mechanisms to reduce the exorbitant cost of care, so that no one is left behind for lack of means.

5. LIMITATIONS OF THE STUDY

The study may be limited by a small sample that does not cover the full diversity of Pygmies, cultural biases in data interpretation, incomplete geographical accessibility, a qualitative methodology with limited generalizability, and a lack of local health data for in-depth comparative analysis.

6. CONCLUSION

The results of this study highlight the multiple barriers as experienced and perceived by Yahuma Pygmies in their access to biomedical care. These barriers, which are financial, geographical and socio-cultural, reveal systemic challenges that impede the use of modern healthcare services and perpetuate profound health inequalities among pygmies.

In financial terms, the high cost of medical care is a major obstacle, as evidenced by the statements made by respondents. Cost-recovery policies, although aimed at ensuring the sustainability of healthcare systems, have paradoxically excluded the most vulnerable populations, such as the Yahuma Pygmies.

Geographically, the remoteness of health infrastructures represents an additional challenge. The long distances they have to travel, often in difficult conditions, discourage Pygmies from using medical services, especially in emergencies. This constraint underscores the need to bring health services closer to isolated communities, and to improve transport infrastructures in order to reduce reliance on pharmacopoeia, which, beyond its effectiveness, presents dangers in terms of uncontrolled dosage.

On a socio-cultural level, these obstacles, often less visible than financial and geographical constraints, are deeply rooted in the cultural realities and lifestyles of this indigenous community.

7. RECOMMENDATIONS

Access to healthcare is a major public health and social justice issue. Therefore :

- The implementation of subsidy or fee exemption policies for vulnerable indigenous populations,
- The development of mutual health insurance programs accessible to Yahuma Pygmies to ease the financial burden of medical care,
- The construction of community health centers adapted to the needs of the Pygmies, and
- Recognizing and collaborating with traditional pygmy healers can promote complementary approaches to care and enable access to modern healthcare by Yahuma Pygmies.

REFERENCES

1. OMS. Le Travail de l'organisation Mondiale de la Sante en République du Congo, Rapport Annuel, 2020.
2. FDAPYD – Hope Indigenous peoples, LINAPYCO, OSAPY, PIDP SHIRIKA LA BAMBUTI, PREPPYG, REPALEF/RDC, UEFA. Les peuples autochtones en RDC : L'injustice des multiples formes de discrimination, Rapport Septembre, 2013.
3. Banque mondiale. De la crise à une reprise verte, résiliente et inclusive, Rapport annuel, 2021.
4. H Caci, M Boggero, L Mallet, N Bedira, JY Giordana. Les barrières à l'accès aux soins: validation de la BACE-3 française, article L'encephale, 2023.
5. UNICEF. Revue d'approches transformatrices de genre et pratiques prometteuses dans les programmes de santé, de nutrition et de VIH en Afrique : de la théorie à la pratique, 2022.
6. V Ridde. L'accès aux soins de santé en Afrique de l'ouest: Au-delà des idéologies et des idées reçues ? Les presses de l'Université de Montréal, 2012.
7. F Jusot, B Carré, J Wittwer. Réduire les barrières financières à l'accès à l'accès aux soins, Article, Revue française d'économie, 2019.
8. F Maillefer, E Bovet, L Jaton, P Bodenmann. Facilitateurs et barrières pour l'accès aux soins chez les requérants d'asile du canton de Vaud en Suisse et recommandations, article shs.cairn.info, 2019.
9. Nicolas Vignier, Pierre Chauvin, Rosemary Dray-Spira. Un système de protection sociale universaliste, mais des barrières à l'accès aux soins encore trop nombreuses. Dans Parcours, pages 113 à 136, 2017.
10. Agbré-Yacé M et coll. Barrières et facilitateurs de l'utilisation des services de santé de la reproduction en Côte d'Ivoire : une étude qualitative auprès de la communauté, article Cairn.info, avril, 2023.

11. SAMBIENI N. Les barrières et les violations courantes du droit à la santé dans quelques hôpitaux publics au Bénin en, article Revue Africaine des Sciences Sociales et de la Santé Publique, 2023; 6(1).
12. Romain Talvas. Réduire Les inégalités sociales et territoriales d'accès aux soins, Juin 2023.
13. Kornelsen et al. The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia, BMC Health Services Research, 2021.
14. Langwick. Corps, politique et guérison africaine : la question des maladies en Tanzanie, Article, Indiana University Press, Juillet 2011.
15. Riddle et al. Comment assurer l'efficacité de la gratuité sélective des soins au Burkina Faso ? L'implication des populations dans la sélection des bénéficiaires, article, Cairn.info, 2010.
16. Meessen et al. L'abolition sélective du paiement direct en Afrique subsaharienne : une opportunité pour le renforcement des systèmes de santé? Article, Cairn.info, 2011.
17. Loppie C. et Wien F. Comprendre les inégalités en santé vécues par les peuples autochtones à la lumière d'un modèle de déterminants sociaux, Centre de collaboration nationale de la santé autochtone, University Way Prince George (Colombie-Britannique), Canada, 2022.
18. Michel Matarasso, Lecture de Claude Lévi-Strauss. Pensée sauvage et logique première, Revue française de sociologie Année, 1963; 4-2: 195-205.
19. Augé Marc. L'Anthropologie de la maladie. In: L'Homme, 1986, tome 26 n°97-98. L'anthropologie : état des lieux. 81-90.
20. Ebelpoin A. Les pygmées akas de Centrafrique, entre médecines traditionnelle et moderne. AFP Sakoungou Centrafrique, 2022.
21. LEWIS J. Les Pygmées Batwa de la région des Grands Lacs. 2001 avr p. 40.
22. SALOMONE G et TAGLIONI F. La Marginalisation Sanitaire des Îlots Pygmées de Likouala. HAL-SHS. Avr, 2008.
23. BAHATI P. Analyse des facteurs entravant l'accessibilité des pygmées aux soins de santé dans la ZS de Goma et Karisimbi, ULGL, 2009.