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A qualitative exploration of cultural illness perceptions and barriers to modern healthcare: the case of Ikirimi and traditional uvulectomy in Rwanda

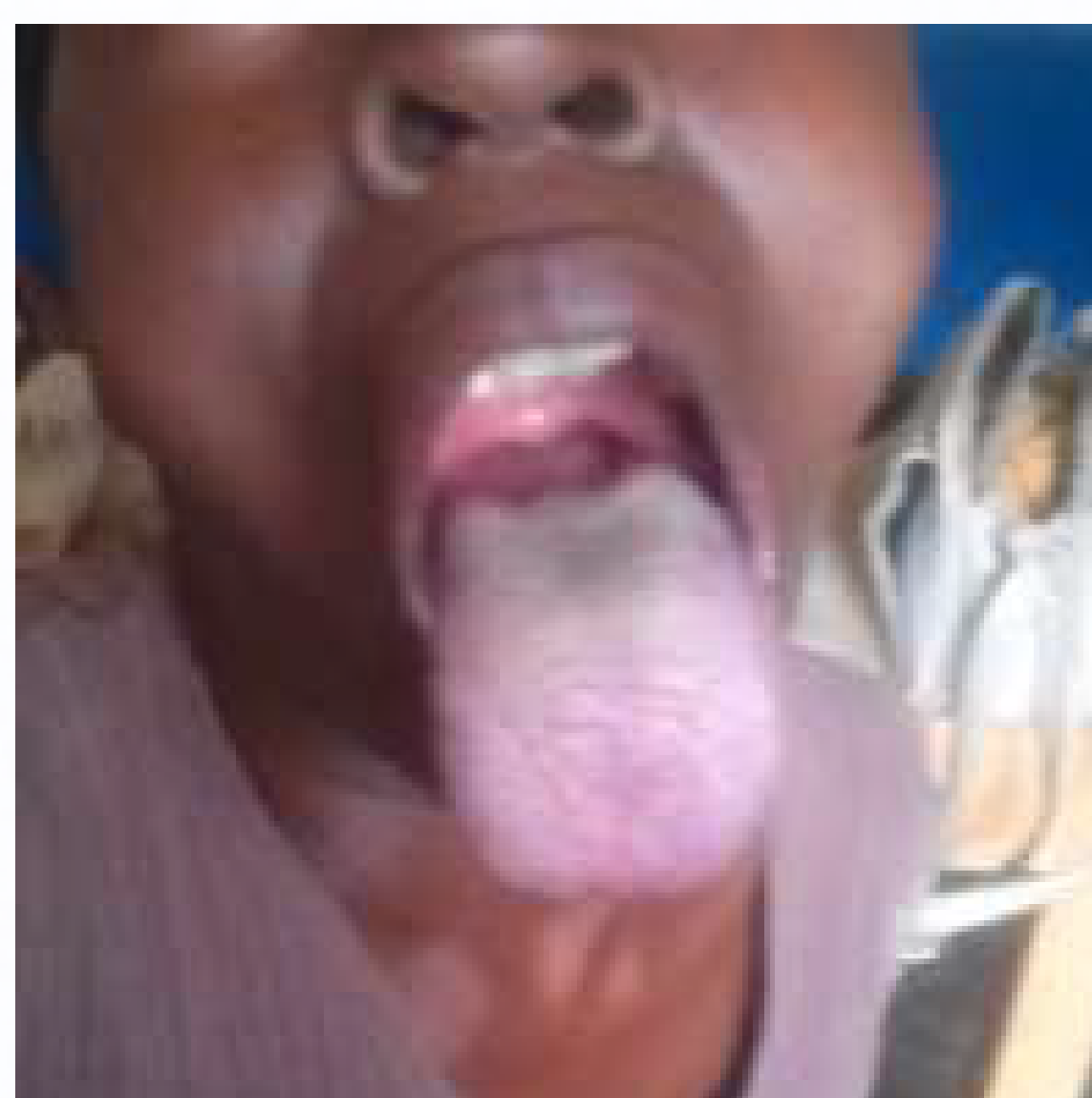
Introduction

Understanding cultural perceptions of illness is crucial for effective healthcare delivery. This study examines the ethnomedical concept of ikirimi, a culturally recognized illness in Rwanda characterized by perceived uvula abnormalities, and its traditional management through uvulectomy. The aim of study was to explore the cultural understanding of ikirimi, its perceived causes, symptoms, and treatments, as well as barriers to integrating modern healthcare.

Method

A qualitative research, using in-depth semi-structured interviews with 8 participants were included, who are four community members, two health providers at health center and two traditional healers. Grounded theory approach was used to generate data and analysis.

Results: Participants described ikirimi as an illness affecting the uvula, characterized by swelling, elongation, and pus-like discoloration. Reported symptoms included fever, difficulty swallowing, coughing, and weakness, with children identified as the most affected group. Traditional healers diagnosed ikirimi through visual inspection of uvular morphology and movement and treated it by cutting the affected part of uvula and is known as guca Ikirimi 'traditional uvulectomy'. "I see most of time when they didn't do traditional uvulectomy it makes us worries. Even though i come for consulting my child, but I am afraid that he/she has developed Ikirimi." ~Community member



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Barriers to integrating modern healthcare included skepticism about biomedical care, judgmental attitudes from providers, and communication gaps. Despite the prevalence of ikirimi, its biomedical correlates remain unclear, though participants associated it with severe throat illnesses such as tonsillopharyngitis.

Conclusion

The findings highlight ikirimi as a socially constructed illness with deep cultural roots, significant health implications, and persistent barriers to modern healthcare. Addressing these barriers requires culturally sensitive approaches that integrate Indigenous knowledge with biomedical practices.

Keywords: Uvulectomy, cultural illness perceptions, Indigenous knowledge, healthcare-seeking behavior, patient-provider communication, tonsillopharyngitis

Biography

I am a pediatrician working for the Rwanda Ministry of Health. In 2022, I earned a Master's degree in Pediatrics from Alexandria University, Egypt. My thesis focused on brain biometry in preterm infants. In 2017, I obtained a Bachelor's degree in Medicine and Surgery from the University of Rwanda. Before starting my master's program in Egypt, I worked for the Rwanda Ministry of Health for two years and served as a teaching assistant at the University of Rwanda. I am currently a member of the Social Medicine Consortium. I have published two papers as first author on traditional medicine and diabetes.