Unbefitting healing objects? Relations to health and protection among young middle class adults, indigenous healers and religious leaders in Dodoma, Tanzania

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3.

Dodoma and its medical plurality: The role of folk healers

3.1 Introduction

Vähäkangas (2015: 4) writes about an indigenous healer who had his practice in a remote village in Tanzania and who was consulted by many people from different regions. This can also be seen in Dodoma, as Chapter 2 showed. According to Vähäkangas, the spatial mobility inherent in visiting a healer indicates the failure of biomedical services, but it also reflects "some deeper cultural longing that biomedicine is not able to address" (ibid.). Feierman defines biomedicine as is "permeated with the assumption that doctors can know the individual body, separate from the mind and from social relations, and can treat the individual through technical interventions" (Feierman 1985: 108). Nevertheless, as Chapter 2 showed, biomedical services are clearly visible and are widely used in Dodoma. Indeed, when talking to young adults in Dodoma, it was almost as if only one form of medical care, biomedical care, existed. But as the research progressed, it became evident that several types of medical care are available, and that Dodoma has a landscape of medical plurality. It became clear from my interviews that the young adults are aware of indigenous healers. Moreover, a broader medical plurality became evident when talking to indigenous healers, walking through town, talking to shopkeepers who sell herbs, and seeing Maasai healers by the side of the road. This revealed much more than the young adults discursively presented. As Chapter 2 showed, and as Chapter 4 will show, the young adults interviewed indicated their doubts about the efficacy of consulting an indigenous healer for health-related problems. These doubts are largely determined by their level of education and their primary religious affiliation (either Islamic or Christian), which has exposed them to ideological misgivings concerning all forms of indigenous healing.

This disjuncture between what young adults say and what I have seen and heard from others during my research forms a contestation this thesis aims to explore. This contestation becomes clear and tangible in the use of material objects by indigenous healers for different kinds of misfortunes, which will be the focus of Chapter 4. In order to be able to address the disjuncture between discursive and actual practice, I first need to make clear exactly what different healthcare options are available in Dodoma and which kind of healer can make a material object. Therefore, the main question of this chapter is:

> *Which folk healers produce particular objects that are used in health-related issues and how is this situated in the medically plural urban environment of Dodoma?*

To answer this question, this chapter presents a landscape of the folk healers present in Dodoma, and explores what they have to offer and for what kind of misfortune.

Within Dodoma, indigenous healing does not exist because biomedical services do not always work, as Vähäkangas (2015: 4) indicates, but it does provide something for certain issues that biomedicine is unable to address, perhaps a deeper cultural longing as Vähäkangas (ibid.) called it. This applies to the different kinds of misfortunes that healers address (i.e., not only health-related issues, but also jealousy, stolen property, or protection of the home), and also to the different kinds of medicines, which are not used by biomedicine (i.e., roots and plant leaves, animal parts, or material objects). To be able to answer the main question, the chapter starts by describing the different aspects of health seeking and health systems. To do this, I adopt Kleinman's (1980) three sectors model, which consists of popular, professional, and the folk sector, to structure the sampling of my informants (3.2). The chapter then explores the existing literature on one of these sectors in Tanzania, namely, folk healing, and I situate my research within the existing literature. It aims to address the question of whether healers can be found in Dodoma who provide something that biomedicine is unable to offer, in particular herbal medicine and/or material objects (3.3). The chapter continues by describing the different areas of healing I encountered in Dodoma and discusses the narratives I documented about the different health options in relation to what indigenous healers have to offer. This part of the chapter will also show which type of healer deals with objects used for health-related misfortunes (3.4) and, thus, it provides an answer to this chapter's leading question (see above). The last part of the chapter (3.5) focuses on two particular aspects of medical plurality, namely, how healers become a healer to give more insight into the profession of folk healing (hence, looking at the past of the healers) and whether and how clients are referred to a hospital or an indigenous healer to provide insight into how healers navigate and are influenced by urban modern facilities (hence, looking at the current situation of the healers working in Dodoma's urban environment).

It is evident that indigenous healers do exist in the urban environment of Dodoma, even though young adults say they do not visit healers for health-related issues. During my research, it became clear that the nature of a problem can determine whether someone consults an indigenous healer, or not. For example, healers may be approached in matters of stolen property or the desire to gain more power (as will be discussed in Chapters 4 and 5). These are issues of well-being rather than health-related problems. Well-being can be defined as "all the ways in which people experience and evaluate their lives positively" (Tov 2018: 1), in which life is experienced positively (ibid.). This can be understood in different ways, for example by evaluating your own life both cognitively and emotionally, or to take as a "starting point that there are certain needs or qualities that are essential for one's psychological growth and development" (ibid.: 2). Based on the narratives collected from the indigenous healers and the observations I made while visiting their practices, I argue that indigenous healers adapt to ideas of social

differentiation of healing expertise that can be related to notions of disenchantment,[56] in the sense that, in some cases, they do refer their patients to biomedical care (see 3.5.2). According to Bruce (2017), social differentiation is a necessary element of modernisation, and he gives the example that it would have been difficult for medical science to develop if religious institutions had maintained control over education (ibid.: 641). Within Dodoma, religious institutions play an important role in the daily lives of young adults but they do not appear to have control of the education and biomedicine domains. It seems that there is a division of authority in these different areas, which further complexifies society. The role of the primary religions in healthcare will become clear in Chapters 4 and 5. In this chapter – and in this thesis as a whole – I will show that there is a degree of disenchantment present, but at the same time also a degree of enchantment. Gessler *et al.* (1995: 146) ask why people go to a healer and not to a hospital, and relate it to differences in the concept of the cause of illness/disease, the approach to healing, and the healing methods used by indigenous and Western medicine. They mention that indigenous medicine offers explanations for the supernatural forces that are attributed to the cause of an illness or discomfort, while Western medicine does not have answers to these questions.

This chapter consists of two parts: the first part presents the framework of my research based on Kleinman's (1980) structure of a healthcare system (3.2), after which the chapter provides an overview of literature on folk healing within Tanzania, and situates my research within it (3.3). The second part of the chapter presents the landscape of folk healing in Dodoma based on the narratives collected from young adults and the different kinds of indigenous healers interviewed (3.4). The final section (3.5) presents cases on how to become a healer and on the influence of biomedical care on indigenous healing. First, though, I discuss the concepts of medical plurality, health seeking, and health systems using Kleinman's framework of three sectors (1980), with a focus on folk healing.

3.2 Health seeking and health systems in a medically pluralistic setting

Most of the young adults from the middle classes living in the city of Dodoma that I interviewed informed me that they go to the hospital or a pharmacy when their young child is not feeling well or when they are not feeling well themselves; they make use of the biomedical care options available in the city. During the research, I also talked

[56] Chapter 5 explores Weber's concept of a disenchanted world.

to different kinds of indigenous healers and shopkeepers selling herbal medicines who told me that they were consulted by men and women of all ages, including young, educated members of the middle classes, regarding a variety of problems. This indicates a medical plurality in Dodoma that is broader than only biomedical care. The choices people make for different healthcare options relates to health seeking behaviours and to understanding the different kinds of healthcare options and how they relate to a variety of health systems. This section will examine two concepts – health seeking and health systems – that exist within medical plurality.

The following section presents the framework that I use for my research, based on Kleinman's (1980) healthcare system structure and using concepts like medical plurality and health seeking. In the literature on health seeking and health systems, Kleinman's 1980 book is foundational in terms of providing a framework for studying the relationship between medicine, psychiatry, and culture. The book focuses on three interrelated subjects, namely, illness experiences, practitioner-patient transactions, and the healing process (ibid.: ix, 9). All interrelated healthcare activities can be seen as a healthcare system, which needs to "be studied in a holistic manner as socially organized responses to disease that constitute a special cultural system" (ibid.: 24). Kleinman argues that any study of illness and healing, patients and healers, must start with an analysis of healthcare systems. A healthcare system is a conceptual model that represents a particular understanding of how the actors in the social setting think about healthcare, but also of how people react to sickness and perceive, label, explain, and treat it (ibid.: 25-6). Kleinman defines healthcare as: "a local cultural system composed of three overlapping parts: the popular, professional, and folk sectors" (ibid.: 49-50), which together form an analytical framework that can be used to chart a local healthcare system. Within my research, I explored interrelated healthcare activities by focusing on small children under five years old and by paying attention to which objects are used for curing and protecting as a key element in health practices.

I used Kleinman's model of the three sectors to structure the sampling of my informants:

- The popular sector consists of several levels, like individual, family, and community beliefs and activities. According to Kleinman, it is the "arena in which illness is first defined and health care activities are initiated," and "it contains the points of entrance into, exit from, and interaction between the different sectors" (ibid.: 50-1). Within my research, I looked at how educated young adults perceive objects used for healing and protecting, with an emphasis on *ilizi* (which is the main focus of Chapter 4). I also interviewed young adults about what they do when they or their young child is not feeling well or is ill, which means looking at their choices and decisions (which is the focus of Chapter 2).

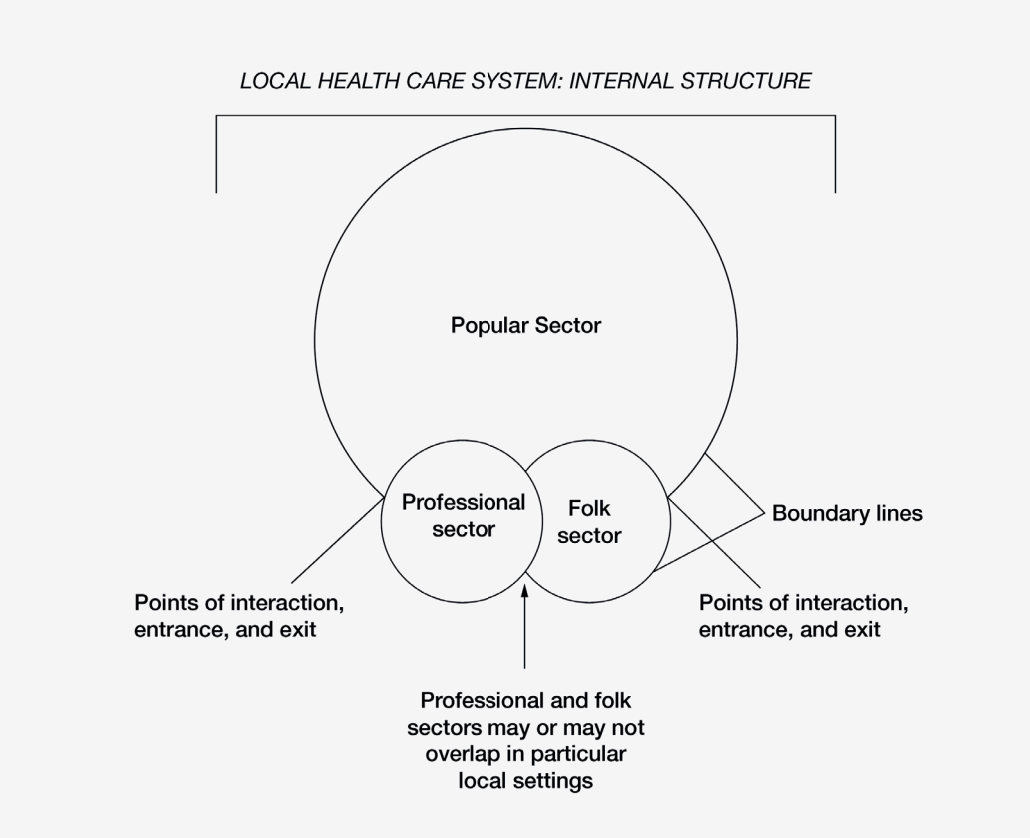


Figure 1 *Simplified figure Local Healthcare System: Internal structure (based on Kleinman 1980: 50)*

- Concerning the professional sector, which Kleinman indicates as the organised healing professions (ibid.: 53), I interviewed a few biomedical doctors, but there were also some nurses and other health professionals among my young adult interlocutors.

- In my research, the folk sector (according to Kleinman the non-professional, non-bureaucratic or specialists (ibid.: 59)) comprises different kinds of indigenous healers (the non-biomedical part of the medical plurality of Dodoma), which is the main focus of this chapter.

The division Kleinman makes between professional and non-professional may be problematic nowadays, since indigenous healers are also professionals. I see it more as a division between the biomedical and the non-biomedical sectors, which young adults navigate to find the best treatment for themselves and their young child(ren). Another reason for excluding registered healers from Kleinman's professional sector is

my decision to make a division based on the Swahili name for the healers, which does not indicate whether a healer is registered or not.

The three sectors that Kleinman (1980) describes can co-exist. Feierman mentions that different healing traditions within African medicine "co-exist with little capacity to exclude one another from the range of practical options" (1985: 80). He continues that governmental health ministries and national medical associations can define a legitimate physician, but that they cannot do the same for a popular healer, since, according to Feierman, popular healers "lack authority to exclude practitioners who are ill-trained, unethical, or incompetent" because they do not have access to government power (ibid.). In my research, I did encounter an attempt to make healers legitimate, in the sense that healers have been asked to register. But I sometimes heard from the indigenous healers I interviewed that it was too expensive to register. One female indigenous healer who works as a *mganga wa kienyeji* on the outskirts of urban Dodoma (interview 7, 16 July 2018) mentioned that the costs of registering (getting a certificate that is recognised by the government) were higher than the income she received as a healer, since she can sometimes go months without customers. And she said that she also does not get more customers by being registered. Related to this topic is the fact that indigenous healers rarely, or never, play a role within the biomedical health model. As indicated in the introduction of this chapter, Gessler *et al.* (1995: 146) argue that the biomedical and non-biomedical systems work on different grounds. Within the biomedical system, the focus is mainly on the medicine, while the non-biomedical system focuses on the relational causality of illness. Within the non-biomedical system, the efficacy of the healer who makes the medicine plays a role and it also affects the patient, "who has sent the illness" (Gessler *et al.* 1995: 146). As Leslie (1980: 193) puts it: there is an important difference between disease – which is seen as a biological reality – and illness – which is seen as an experience and social role. This perhaps explains why people visit indigenous healers in the city of Dodoma, since – as mentioned in the introduction of this chapter – people go to these healers for non-health-related issues as well, like stolen property or the protection of their home. This chapter will show the different reasons people visit non-biomedical healers as well as the different kinds of healers that exist within the medical landscape of Dodoma.

Within research on health, medical pluralism is an important and frequently used concept. Leslie (1980) introduced the concept and states that medical pluralism consists of different medical traditions, each of which operate as separate systems, with biomedicine often existing in parallel to local systems (or "alternative therapies," as he calls them), involving, for instance, traditional midwives or folk practitioners. As presented earlier, Kleinman (1980) presents three sectors of which folk healing is the key medical tradition within my research.

Olsen and Sargent (2017) write about African medical pluralism and state that alternatives for medical intervention are not automatically contradictory or mutually exclusive. People try different healing modalities in their search for therapies that work (ibid.: 1). They argue that African healing systems emerged from local histories as well as from global influences (Western and non-Western). The framework for diagnosis and treatment is shaped by widely shared cultural meanings, which can be seen in the local understandings of medical institutions, illness causation, and healing practices (ibid.: 4). They relate to Janzen (1978 as cited in: Olsen and Sargent 2017: 5) concerning the pursuit of health and well-being, in the sense that the healthcare choices that people make may reveal critical social relations and have broad social consequences. This can shape strategies for healing, both biomedical as well as other kinds of healing.

Olsen and Sargent furthermore argue that medical decisions in a context of medical pluralism are not an either/or process. When biomedicine was introduced, local remedies were not abandoned (Olsen and Sargent 2017: 7), as is also evident in Dodoma. While Olsen and Sargent call the co-existence of different medical decisions medical pluralism, Reis (1996) opts for another term. She writes about medical tradition (instead of medical systems) and medical plurality (instead of medical pluralism). She uses the word plurality to describe multiple traditions existing in parallel, while pluralism refers to – at least in Dutch, the language of the article – to a doctrine or politics in which that plurality is acknowledged or desired (ibid.: 29).

Even though Olsen and Sargent (2017) and Reis (1996) seem to adopt the same definition – i.e., multiple medical traditions existing in parallel – they use different words for that definition. Following Reis (1996), I opt to use the concept of medical plurality, which indicates that multiple traditions exist simultaneously. Patients can adopt different strategies when they are looking for a cure. This seems enacted in Dodoma since there are different kinds of healthcare options present in the city; but, as paragraph 3.4 on the different kinds of folk healing that exist within Dodoma will show, most kinds of healers have their own specialisation and do not borrow from each other's practices. And as paragraph 3.5 will show, in some cases, healers may refer patients to other healers or to a hospital.

Whereas practitioners of biomedicine and indigenous medicine may not collaborate and the professional and folk sector may function separately in practice, lay people's health seeking interconnects the different sectors in a pluralistic setting. This interrelation may be sequential, insofar as people suffering from illness may start going to one sector, for instance the popular sector, but subsequently seek help from healers and, finally, medical doctors. Or the interrelation may be parallel, whereby people may address their problems by combining solutions offered by different sectors.

Asampong *et al.* (2015) argue that "health seeking behaviour is influenced by certain cognitive variables as well as established mechanisms to minimize the occurrence of disease within a social system" (ibid.: 1065). As chapter 2 showed, health seeking in Dodoma is influenced by religion, education (whether higher-educated or not), mobility (people come from different parts of Tanzania to visit certain indigenous healers), accessibility (whether there are long queues or not), and expenses (whether it is expensive or not).

To summarise, the framework of my research is based on Kleinman's (1980) structure of a healthcare system and focuses on the folk healing in the urban environment of Dodoma. The research looks at how the medical plurality in Dodoma is composed in the context of folk healing, and for what kinds of reasons people go to which healthcare option, which relates to health seeking. In order to answer this chapter's research question, I will also look at each healthcare option that is available locally.

Paragraph 3.4 will approach the medical plurality of Dodoma through the Swahili language names mentioned by the interlocutors which leads to four areas of folk healing. But the chapter will first show how my research is situated in the literature on Tanzania concerning different kinds of healing and how people act in health-related situations.

3.3 Situating my study in the literature on the landscape of folk healing in Tanzania

In line with Kleinman (1980), two categories can be established in the domain of folk healing, namely, traditional and spiritual. In the introductory chapter of this thesis, I elaborated on the concepts of traditional and indigenous. As mentioned in that introduction, traditional medicine is defined by the World Health Organization (2013: 15) as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." As argued, I opt for the use of indigenous healing since healers seem to adapt to developments over time, to changing expectations, a changing urban environment, and so forth, making it a highly flexible domain. Even though traditional healers adapt to the situation in which they operate, the term indigenous is more appropriate, since it better indicates that the healers use indigenous herbs and materials in their practice and also adapt to the city's modern conditions (as will become clear in, for example, 3.4.4). Meanwhile, the term traditional healer suggests that they stay within their tradition and do not adapt to new possibilities.

In Swahili an indigenous healer is called *mganga wa kienyeji*. The World Health Organization's (WHO) 1976 definition of *African traditional healer* is somebody who is "competent to provide health services, using plant, animal and mineral substances as well as other methods based on social, cultural and religious background. [Traditional Healers] utilize the prevailing knowledge, attitudes and beliefs in the community about physical, mental and social well-being, and the causes of a disease and disability" (p 15 as cited in: Nelms and Gorski 2006: 184). As will become clear in 3.4, the different kinds of indigenous healers use a variety of methods in their healing and protection practices. And within the medical plurality of Dodoma, several Swahili names are used to indicate an indigenous healer, including *mganga wa kienyeji*.

Modern medicine is a counterpart to indigenous medicine. According to Langwick (2008: 428), modern medicine in Tanzania is not seen as sufficient enough to be able to tackle all health-related complaints and concerns – not only in terms of patients, but also in terms of government representatives and biomedical practitioners. In my research, both the young adults interviewed and the religious leaders seem to share the view that modern medicine, in the sense of biomedicine, is sufficient enough for health-related purposes, but that, in some cases, it is also used together with herbal medicines, for example to maintain good health.

As indicated earlier in this chapter, there is a division between the way biomedicine views health issues (disease is seen as a biological reality) and the way other types of healers look at health issues (illness is seen as an experience and social role); or, as Vaughan (1994: 285) puts it: there is a "distinction between the 'cultural' and the 'biological'." She relates this distinction to the pluralism (or plurality, as I call it) of African healing systems in which the patient chooses between two different approaches. The choice depends on the diagnosis of the problem, and choosing for one approach does not exclude the other approach. She adds that one approach will not be enough to cover the plethora of illness and healing (ibid.: 287). Following Vaughan, during my research, it became clear that different kinds of healers co-exist alongside each other and that the choice to visit them depends on different kinds of problems. These kinds of problems relate to the four categories of misfortunes distinguished by Whyte (1997) – gender, failure of health, failure of prosperity, and failure of personal safety.[57] It also became clear that the healers interviewed have their particular areas of expertise, and cannot cure everything (see 3.5.2). Vaughan (1994: 291) suggests that African healing systems address both the pathology of the individual body and that of social relations in which damage caused by different kinds of misfortunes is repaired.

[57] I will elaborate on these four misfortunes in Chapters 4 and 5.

As mentioned in the introductory chapter, Marsland (2007) writes about 'modern' medicine and 'traditional' medicine. In her article, she mentions the different Swahili words for biomedicine, namely, modern medicine (*dawa ya kisasa*) or hospital medicine (*dawa ya hospitalini*), and indigenous medicine, namely, local medicine (*dawa ya kienyeji*), natural medicine (*dawa ya asilia*[58]) or trees/bush from the fields (*miti shamba*) (ibid.: 754). Marsland bases these words on her research done in Kyela, Southern Tanzania amongst indigenous healers. She adds that it is more difficult to make a distinction between 'traditional' and biomedical healers, since the Swahili term (*mganga*) is used to refer to both. The difference is often indicated by adding a noun after *mganga wa*, like *hospitalini* if it is a biomedical healer or *kienyeji* if it is an indigenous healer (ibid.).[59]

In addition to Marsland (2007), I also referred to Last (1992) in the introductory chapter, since he wrote about the difference between biomedicine ("Western" or hospital medicine) and indigenous medicine, but he adds the category of Islamic medicine (ibid.: 395) which according to him overlaps with "Western" medicine in its focus on herbal specifics, and with Islamic medicine in respect of spirits or *jinn*. I consider herbal medicine as a different category and it encompasses all herbs used for healing purposes. Within my research, herbal medicine is not only linked to Islam, but also to Christian people's use of herbal medicines – as shown in Chapter 2. As of 2017, I started asking the young adults in my study whether they use herbal medicine. I also asked religious leaders if the use of herbal medicine is accepted within Christianity or Islam.

Most literature on health in Tanzania focuses on one or a few aspects of the existing medical plurality, as will be discussed in the following part of the chapter in relation to my research. The main focus of my research is on the folk sector, as categorised by Kleinman (1980), but I want to mention Obrist's (2006) publication on health seeking within the popular perspective, since an important point within her research – and, indeed, in mine – is on good health. She did her research in Dar es Salaam – the de facto capital, as she calls it – on staying healthy, vulnerability, and resilience. The research is focused on an inner-city neighbourhood, a planned residential area where lower middle-class people live (ibid.: 66-8). The women Obrist and her colleagues interviewed were asked about 'good health,' and the authors related it to two dimensions: the state of the body and the state of the mind. Following this, the women indicated five main

[58] In my research, this kind of medicine was called *dawa ya asili*, literally the medicine of nature.

[59] My research did not specifically look at the difference in terminology used to indicate the biomedical healers. It was clear that the noun was indeed used to indicate the specific types of healers. In my research, I frequently heard the phrases *wa kienyeji* (indigenous) or *wa tiba za asil*i (natural remedies), see 3.4.

themes that relate health activities to urban living conditions: generating income; providing nutritious food; ensuring cleanliness; taking care of children; and providing healthcare (ibid.: 129, 169). In my research, I also asked the young adults I interviewed about good health[60], in relation to themselves and their young (under five years old) children. However, where Obrist linked good health to five themes relating health activities to urban living conditions, I link it to the kinds of treatments the young adults seek when experiencing health-related problems. Like Obrist, I conducted my research among people from the middle classes, but the focus of my research was different. While Obrist focused on the state of the body and the mind in relation to good health amongst a group of women, my focus was broader, in the sense that I linked the answers to the questions of good health to the medical plurality present in Dodoma, and I became aware of the contestation between what the young adults (say they) do, and what I observed while visiting and talking to healers from the non-biomedical healthcare domains.

Ample research has been done on different aspects of the folk sector in Tanzania. On indigenous medicine in general, Langwick (cf. 2008; 2011; 2012) and Erdtsieck (cf. 1997; 2003) have done extensive research, both in the more southern part of Tanzania. Langwick not only looks at indigenous medicine, but also relates it to hospital medicine, while Erdtsieck writes about a female spirit healer. Holthe (2017) writes about religious boundaries with a focus in the last part of her thesis on "traditional"[61] healing in Pangani, a city on the coast of Tanzania. My research has a focus on health and indigenous healing, but with a clear influence of religion and education on using objects for healing purposes, something that is not accepted, or is viewed as "improper" to use Holthe's terminology.

Literature on more specific areas within indigenous medicine in Tanzania can also be found, for example on Islamic healing (cf. Last 1992; Nieber 2017), herbal medicine (cf. Lindh 2015), and Chinese medicine[62] (cf. Hsu 2009; 2012). As mentioned earlier, Last (1992) added Islamic healing as a separate category to modern and indigenous medicine. A clear example of an Islamic healing method, but also healing related to religious objects, is provided by Nieber (2017), who did research on Zanzibar on drinking the water of the written and then washed off Qur'anic verses (which is called drinking

[60] I use the Swahili words *afya nzuri*, which Obrist translates as a positive notion of health (2006: 127).
[61] Holthe uses the term traditional healing and I therefore use that phrase here.
[62] During my research, I did not try to find Chinese healers in Dodoma, and I did not see any Chinese healing shops in the city. During my interviews with young adults, Chinese healers were also not mentioned, but other forms of indigenous healers were, especially in the sense of indigenous healers making the object of *ilizi,* which is the focus of Chapter 4.

kombe), and relates it to the conceptual boundaries between 'religion' and 'medicine.' Nieber gives a detailed description of the process of drinking *kombe*, which is seen as Islamic medicine, but is also used by Christian people. Unfortunately, I was not able to interview young adults who visited healers who used Islamic medicine, and I am therefore unable to say whether Islamic and Christian people in Dodoma used this kind of healing. I have not added Islamic healing as a separate area of healing, because I based the areas of healing examined on the Swahili language terms (see 3.4). However, amongst the healers I interviewed I did come across a healer who used Islamic texts and several of the healers were Muslim. Following Vähäkangas (2015: 34), Muslim healing is counted within the category of indigenous healing, since it tends to overlap in terms of theories and practices, but it also has practices based on Muslim theological ideas.

An important form of healing that uses herbal medicine, is explored by Lindh (2015), in the Dar es Salaam region, where she collected 249 plant species and identified those that were related to women's health and childcare. She also looked at the influence of urbanisation on the use of these kinds of herbal medicine, concluding that women in Tanzania depend more on commercial trade for their indigenous medicine. In my research I did not encounter the commercial trade in relation to indigenous medicine. Most (if not all) interlocutors I interviewed concerning using herbs for health-related issues received their herbs from their parental homes or they gathered the herbs themselves from their current homes. The influence of urbanisation, or as I call it the facilities present within the urban environment, is an important aspect in my research concerning how young adults deal with all the options present in relation to health-related issues and what choices they make.

The literature overview above makes clear that a wide variety of research has been conducted on different aspects within the medically plural system, but with a focus on the folk sector. My research framework concerns a focus on indigenous healing (instead of traditional healing) and aims to discern the medical plurality present within Dodoma, including herbal medicine and biomedicine. The research links the health-related problems from my interlocutors' narratives to Whyte's (1997) four categories of misfortunes and, in turn, these will be linked to the different healthcare providers. It also looks at a broader field in which, among others, indigenous healers, witchcraft, modernity, religion, education, and good health are addressed. It explores this from different angles: young adults; indigenous healers (among others *mganga wa kienyeji*); hospital staff; shopkeepers selling herbal medicine (*dawa za asili*); and religious leaders.

Paragraph 3.3 above gave an overview of the literature available on Tanzania's folk healing sector. The next part will present some cases relating to the kinds of indigenous

healing one can encounter in Tanzania. This results in the four areas of folk healing that my research in Dodoma is based on.

3.3.1 The landscape of folk healing in Dodoma

Within the literature and my research, different groups of healing in Tanzania are named. Vähäkangas (2015: 6) distinguishes four groups of healing: "traditional" healers; Muslim healers; spiritual churches; and biomedicine. My research focuses for the largest part on Vähäkangas's category of "traditional" healers, and can be seen as a second layer within the given categories. Among the authors who have also focused on the healers in Tanzania are Mshiu and Chhabra (1982 as cited in: Gessler *et al.* 1995: 145), who distinguish herbalists, herbalist-ritualists, ritualist-herbalists, and spiritualists. These categories tell something about the focus and methods of healing adopted by indigenous healers, but – as will become clear below – the division I propose is organised differently, albeit it includes elements such as herbs and spiritual healing.

This proposed division initially emerged from a small Focus Group Discussion I had with three medical staff members at a private hospital. A senior doctor informed me that there are five groups of indigenous healers who are all called *waganga* (pl. healers) (interview 44, 21 May 2015):
- those who use roots and herbs;
- those who are Muslim and write Arabic words with a certain medicine or fluid;
- those who sacrifice cocks, hens, or goats. They claim to be able to 'read' the intestines to see what the problem is;
- those who dream and get their information from their ancestors;
- those who have their own stools and have certain calabashes they use in their healing practice. The healer prays to their ancestor.

During my research, I encountered a somewhat different division, one that overlaps with some of the categories mentioned above, but one that also reveals a number of differences, three of which I will highlight here. Firstly, I found Muslim healers within the category of indigenous (or, as Vähäkangas (2015) calls them, "traditional") healers, but I also talked to Muslim healers who use roots and herbs, and who dream and receive information from their ancestors. This option is not available in the categorisation by Vähäkangas (ibid.), but would place them in the categories of both herbalists and spiritualists that Mshiu and Chhabra (1982 as cited in Gessler *et al.* 1995: 145) distinguish, which is not a separate category within the categorisation by Mshiu and Chhabra (ibid.). Secondly, midwifery is not mentioned as an area of healing, while I have encountered midwives in relation to health-

related issues. Thirdly, there are healers who may fall into Mshiu and Chhabra's (ibid.) category of herbalists, but who – like the Muslim healers in my research – adopt other healing methods, such as performing rituals. These options are not available within the categorisation of Mshiu and Chhabra (ibid.). The categorisation by the Focus Group Discussion encounters the same issues as mentioned above, in the sense that the healers I encountered during my research fall into several of the mentioned categories. As will become clear later in this chapter, I have interviewed an indigenous healer who uses herbs and roots, but who is a Muslim and also writes Arabic words for healing practices.

Because I encountered groups of healers who fall into several of the above-mentioned categories, I approach the sector of folk healing in Dodoma based on the Swahili language names used by the people interviewed. I have mainly used the Swahili nouns given to those type of healers, because in English the word indigenous healer encompasses people who use several different methods. This approach leads to the following four areas of folk healing,[63] whose differences will be explained more in section 3.4 on the health options in Dodoma:

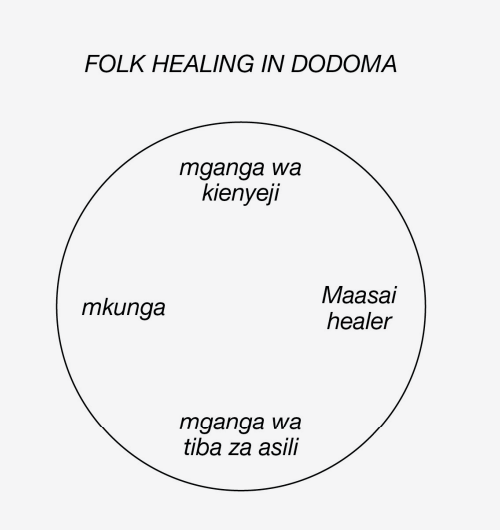


Figure 2 *Four areas of folk healing in Dodoma*

1. The *mganga wa tiba za asili*, literally translated as the healer of natural remedies (herbalist). Most of the healers I interviewed within this category were male and were Muslim healers who have a shop near a mosque or visible in the city centre. They use herbs and roots as medicine, sometimes branded herbs (*duka la dawa za asili*; shops with branded medicines) (3.4.1);
2. The *Maasai healer*: healers operating small stalls selling herbs and roots as medicine, visible near the main bus station and near the Majengo market in the city centre[64] (3.4.2);

[63] All four areas of folk healing are mentioned in singular form. It does not indicate the numbers of healers there are within a specific area. I do not want to imply that there are no other areas of healing present in Dodoma, but these are the areas I encountered doing my fieldwork.

[64] In 2018, the Maasai healers were moved about 50 metres, towards the roundabout in the city centre, because their previous site, the main bus station, was moved. They became less visible as a consequence of this change.

3. The *mkunga*, which means midwife: treats women for infertility (*wanapata mimba*) and menstruation issues (3.4.3);
4. The *mganga wa kienyeji,* literally translated as indigenous healer: works from home and tends to be located in wards outside the city centre, treating clients by offering herbal medicines, but also using Arabic words on paper and objects (3.4.4).

As of 2010, indigenous medicine has been institutionalised with the appointment of regional and council coordinators and as of 2013, indigenous healers in Tanzania have to register themselves with the Ministry of Health (cf. Langwick 2011: 39; Heuschen *et al.* 2023: 2). This also became clear from the interviews in Dodoma such as with the person who was responsible for the registration of indigenous healers and traditional birth attendants (TBAs). He informed me that while the majority of the healers are not yet registered (he only interacts with those who are) the problem is that most of the healers are mobile (interview 45, 22 May 2015). Overall, however, according to Mombeshora (1994), the Tanzanian government cannot authorise the indigenous healers to practice their medicine, and cannot forbid them from accusing people in the village of being witches. In 2009, after more than 50 persons with albinism were murdered in north-western Tanzania during a period of 14 months, Prime Minister Pinda announced that the licences of traditional healers were revoked (Nichols-Belo 2018: 722). According to Nichols-Belo (ibid.: 732), the government instituted a ban after the period of murdering people with albinism, and then renegotiated the terms, since the indigenous healers are able to provide valuable services.

The previous part of the chapter focused on medical plurality and gave more insight into health seeking and health systems. It revealed a great variety of literature on the medical plurality present in Tanzania and ended with a division of the folk healing sector into four categories. The following part of the chapter will explore these areas within the existing folk sector options that exists in Dodoma.

3.4 Health options in Dodoma

3.4.1 *Tiba la dawa za asili*

The first area of healing that will be discussed is *tiba la dawa za asili*. The Swahili term *tiba la dawa za asili* literally means "matter of medicine of tradition" and within this type of healing, mainly (if not only) herbal medicines are used. At the *duka la dawa za asili*[65], the shop, you can buy such herbs that are displayed on the counter

[65] It literally means shop of medicine of nature.

Photo 3.1 *Duka la dawa za asili*

Photo 3.2 *Shop counter with herbal medicines*

(photos 3.1 and 3.2), and there are shops where you can buy branded medicines made from herbs imported from Dar es Salaam and Arabia.[66] One person that I interviewed who sells branded herbs is a 30-year-old Muslim man with no formal education who called himself a *mganga wa tiba za asili*. The *maduka la dawa za asili* (pl. shops of medicine of nature) are very visible in the streets of the city centre. During interviews with other shopkeepers in 2014 and 2016, I asked them about the people who came to their shops and what kinds of problems they had. These shops not only sell herbs, but they also sell products like henna, olive soap, black seeds oil, candles, garlic oil, olive oil, vinegar, aloe vera juice, incense, massage oil, and cough syrup. During an interview with a shopkeeper in 2016 (interview 6, 10 May 2016), I asked him what was most commonly bought. He pointed to the herbs in front of him telling me that all the herbs he sells come from 'Arabia', which reveals a great degree of spatial mobility. He explained that the herbs can be combined and are to be boiled at home. The herbal mixture and preparation prescribed depended on the type of illness. I interviewed another shopkeeper with a similar kind of shop in the city centre on 28 July 2014. When I was doing the interview, I was standing just outside the shop. The shopkeeper was sitting down. People could see us (the shopkeeper sometimes seemed to whisper the names of the medicines), and I could see the people coming: men, women and boys. The shopkeeper was very secretive about what certain medicines consist of, but he gave me some examples of the medicines he sells:

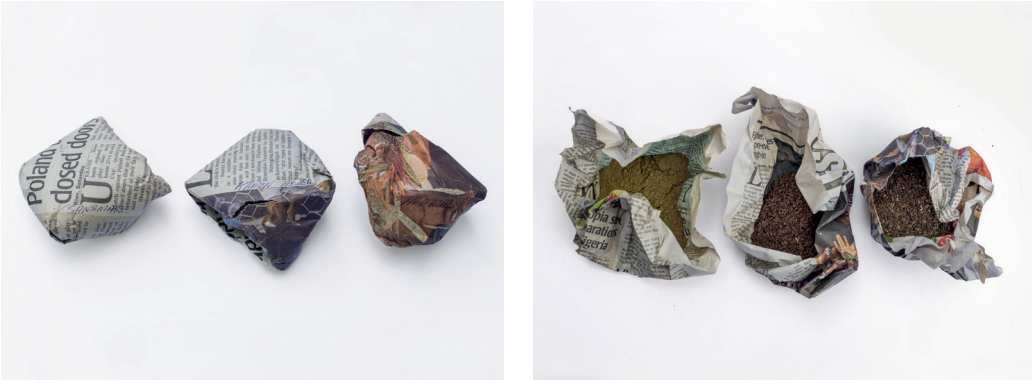
- *habit nuksi*, which is white powder and was stored in a large bucket, and looks like flour (but it is not the same). This powder is used for *kuondoa mikosi* ("to remove bad omen").

[66] See also Parkin (2014: 29), who writes about Muslim Swahili healers along the coast of East Africa who import their herbs from South Asia or Arabia. It seems that, from there, the medicines are further transported to Dodoma, thus crossing both international and regional borders.

- *habit soda,* which is put in tea or water and used as an antibiotic.
- *mafuta ya mkunazi,* which is coconut oil.
- *mafuta ya karafuu*, which is clove oil and is used as massage oil.
- *shimari*, which is used to relieve gas.

I also asked the shopkeeper about medicines for specific events, like when a woman gives birth, when she has had a miscarriage or when to keep the baby inside the womb of the woman. Dates (*tende*) are given to a woman when she had a miscarriage and a bottle with brownish fluid (see photo 2.15) which – according to the shopkeeper – is a super power and contains many different kinds of medicines. You put the fluid in water and drink it. In addition, I bought *babunaji, har mali, kamon aswed*, and *sanamaky*, which are the names the shopkeeper wrote on the paper in which the herbs were packed. Most likely, *babunaji* is chamomile leaves and is used to keep the baby inside the womb (see photo 2.16). When the woman knows she is pregnant, she starts drinking, half a cup twice a day. *Har mali* means bihidana or quince seeds; *kamon aswed* is probably *kamon aswad* which means black sunflower seed; and *sanamaky* is a yellowish powder, of which I do not know the translation (photos 3.3 and 3.4). I also asked him whether he sold medicine for children up to five years old. He explained that, in these cases, he mixes coconut vinegar with two ingredients that sounded like *sanamaky* and *sali*. He opened a jerry can and let me smell it. It had a weak smell, which I did not recognise. He told me that you use it when the child is ill. Because the child is so small, you only use a teaspoon of it, without water, three times every day, until the child is better (interview 28 July 2014).

During both interviews with the shopkeepers, I stood in front of the shops, in the same place as those people who come to the shop to buy something. The space behind the counter is only for the person(s) selling. During the interviews, when the shopkeeper



Photos 3.3 and 3.4 *Packages with sanamaky, kamon aswad and har mali*

had to help a client, I was able to look around and see what kind of people were coming in and what kind of things they bought. When I was having the interview in 2016, I saw someone buying vinegar, other people bought olive oil, a lady with her friend bought *udi,*[67] one man bought dark balls from the boxes on the counter. Another man bought white stones, a kind of crystal, a mix of two powders, and something that looked like branches with fluffy flowers. In a visit to another shop in 2014, I recognised clove and cinnamon sticks, but most other medicines were unfamiliar to me. In contrast to the shopkeeper I interviewed in 2014, the shopkeeper whom I interviewed in 2016 informed me that they do not sell medicines for children under five years old, because the owners do not allow that. Unfortunately, the shopkeeper did not know why it is not allowed, and the owner was not around to ask. Subsequently, I asked him what he himself does when he does not feel well. He explained that he uses medicines from the shop, but he also goes to the hospital. Indeed, he frequently visited the hospital, for a check-up and to obtain the medicines they use. He explained that whether he used hospital medicine or medicine from the shop depended on the kind of illness. I asked if the medicines can be used together. "*Yes*," he answered, "*you can use them at the same time*." When I asked him if he knew different kinds of healers in Dodoma, he responded that he only knew the *tiba za asili* healers (interview 6, 10 May 2016).

I interviewed another shopkeeper who sells branded medicines in May 2016. Like the two above-mentioned shops, this shop was also located in the streets of the city centre. However, it was a different kind of shop than the *duka la dawa za asili* mentioned above. Since the shop sold branded medicines that were made from herbs, I argue it is part of the *tiba la dawa za asili* healing domain. This shop seemed more luxurious than those previously discussed, in the sense that it was a closed shop with glass windows and a door, white tiles on the floor, and a counter of glass that displays the medicines (photo 3.5). This gives the client more privacy than an open shop like the previously described shops, where people stand next to each other and can hear what the other person wants. The seller can meet a patient privately, behind closed doors, to consult and prescribe medicine. I was directed to this shop by the man who is the shopkeeper's agent and who himself has a shop in the open on the corner of the same street (photo 3.6). My research assistant and I went to visit that young shopkeeper (27 years old) located on the corner of the same street. He informed us, firstly, that his profession of *mganga wa tiba za asili* differs from that of the *mganga wa kienyeji*, who looks at you, tells you what your problem is, and informs you what kind of medicine to take. When you go to this young shopkeeper, you do not come for a consultation, because generally you would already know what you want. I asked him what kind of people his clients usually are:

[67] Aromatic aloe wood; used as an incense for fumigation (Erdtsieck 2003: 418).

Photo 3.5 *Malaria medicine in shop selling branded medicines*

Photo 3.6 *Shop selling branded medicines on street corner*

> *Different people, who are sick. Women, sick people, men. They were at the hospital, but were sent to get medicine from here. Some use [medicines] in the hospital, suffering from typhoid, they don't get healed. They come here to get herbal medicine* (interview 3, 9 May 2016).

The shopkeeper orders his supplies by mobile phone. He has different places in Dar es Salaam where he orders the *miti shamba*, which are the leaves and roots of plants. These stores get their supplies from Arabia. The most common thing people come for are UTIs (urine infections), typhoid (*homa ya matumbo*), and rashes (*matatizo ya ngozi*). All customers are older than ten years. He refers any younger children to hospital. He explained that:

> *These young ones cannot explain what they are suffering from. That is why we refer them to the hospital* (interview 3, 9 May 2016).

When I asked the young shopkeeper what he does when he is ill, he answered that he goes to the hospital for a check-up. And if he has to take medicine, then he uses *tiba za asili* (herbal medicine) or hospital medicines. But he told me that the most important thing for him was to protect himself by doing exercises, drinking water, and eating fruit. In addition, he shares the following information:

> *It is very hard to get malaria. Maybe somebody can have flu because of the weather. Sometimes I have a headache or stomach problems. When I have a headache, it is because of stress, I go and rest. I do not go to the hospital or take medicine, because I know my problem* (interview 3, 9 May 2016).

Another shopkeeper whom I interviewed in 2018 was a 50-year-old Muslim who sold branded medicine and is a *mganga wa tiba za asili* (interview 3, 7 July 2018). He has a shop next to the mosque in the city centre, like most shopkeepers I interviewed who sell herbal medicines in the city. Next to the shop is a storage room with all the herbs and a big plastic jar with honey. He has medicines for young children when their stomach hurts, when they have a lot of gas, or when they have a stomach full of water. He started to learn how to become a healer from his *babu* (grandfather), who was also a *mganga wa tiba za asili*, when he was ten years old. He was trained in the place where he was born (north of Dodoma) and he gets his supplies from that place too. He would like to have more funding in order to buy machines to pound and pack the herbs, in order for him to be able to supply more. One of the medicines he sells is a jar containing pounded herbs from 70 plants, which claims to cure many ailments like malaria, typhoid, and headache (photo 3.7). He has a van in which he travels to different parts of Tanzania, like Arusha, Mwanza, and Bukoba in the north, Tanga on the northern coast, and Morogoro, which lies between Dodoma and Dar es Salaam (interview 3, 7 July 2018). Both the herbs and his practice demonstrate spatial mobility: the herbs come from outside of Dodoma and the healer travels to different places in Tanzania to perform his job.

Photo 3.7 *Medicine with herbs from 70 different plants*

In May 2016, my research assistant and I tried to contact a healer (photo 3.8) who has an office in the city centre but who also has offices throughout Tanzania (for example in Mwanza and Dar es Salaam). The office consisted of a waiting room and a treatment room on the ground floor of a building that consisted of several floors. Unfortunately, the healer was travelling, but we managed to interview his assistant. She is a Christian woman in her late twenties, with one young child, and was born and is currently living in Dodoma. She told me that she performs the services of the *tiba za asili*, which she learned from the healer who has owned the shop for the past three years. Now she can work herself and she provides care for men and women, young and old. For example, she provides different kinds of services for infertility (*pungufu wa nguvu za kiume*, which literally means deficiency of male potency), women

who cannot carry a pregnancy to full term, or who suffer menstrual pains. But she also offers services for small children: for instance, *pepo punda* (tetanus, but it is described by the interlocutors as 'when the eyes of a child go from left to right'), when the testicles retract inside the body, or if parents pass on a sexually transmitted disease to the child when its born. She only uses *miti shamba* to heal, containing many different herbs; she does not use medicines from the *duka la dawa* (pharmacy). She gave me an example of three different treatments for a child who has *degedege* (fever and convulsions), namely, *dawa ya kufukiza* (you cover the child with a blanket and the child inhales the smoke), *kukanda* (massage), and *kunywa* (to drink). It depends on the magnitude of the problem, but it is better to use all three when a child has *degedege*. According to her, the common diseases for children are *degedege*, malaria, the transmission of disease from mother to child, and bed wetting when they are a bit older. On average, ten children a day are brought to the healer's shop, a number of whom have visited the hospital first before coming to this healer. When she is not feeling well herself, she uses *miti shamba*, not medicines from the pharmacy, and she does not go to the hospital, since she is familiar with her symptoms and changes in the body (interview 11, 17 May 2016).

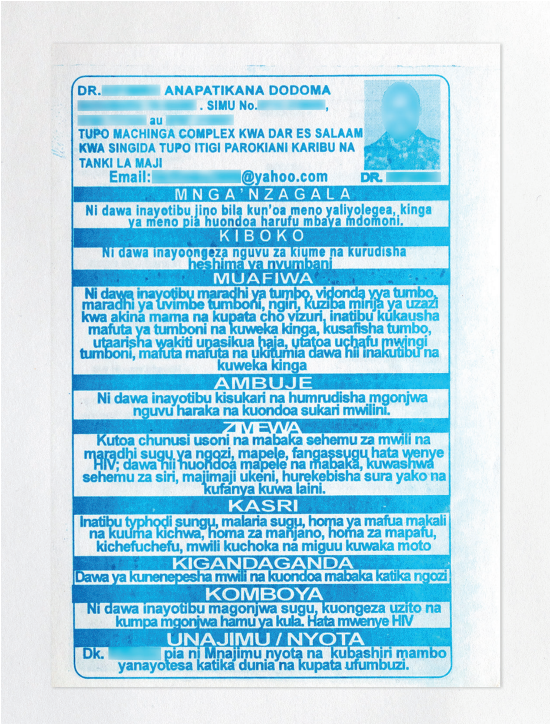


Photo 3.8 *Flyer indigenous healer working in city centre*

Herbs are the main method for healing within the *tiba la dawa za asili* domain. They are displayed on a countertop or pounded together and stored in a jar. The healers have both women and men customers and some have medicines for children but others do not as they feel unable to diagnose young children. The above-mentioned cases also make clear that these kinds of healers are both Muslim and Christian and can be men and women. The healers in this area of healing do not use objects, like *ilizi*, for healing or protection purposes, they only use herbs. These kinds of healers are easily found in the city centre, so if young adults wish to use herbal medicines, they can access to these shops with ease.

3.4.2 Maasai healer

The second group of healers are the so-called Maasai healers. It should be noted that my research is limited in this area as I only interviewed one Maasai healer, which means I am unable to assess whether the people working in this area of healing make objects for protection and healing purposes. The point however is that Maasai healers were definitely mentioned as a separate category of healers who provide objects for health-related issues during my interviews with young adults. In addition, the Maasai healers' medicine stalls are very visible throughout the city. I therefore want to add them as a separate category within the medical plurality of Dodoma. They are part of the young adults' narratives on health-related issues.

In 2015, I was able to interview a male, Christian Maasai healer in his early forties who had never been to school. Prior to this, I was introduced to another Maasai healer by a person responsible for the registration of indigenous healers and TBAs in Dodoma. We went to the bus stand where several Maasai healers sit next to each other with a small stand and signs indicating the kinds of illnesses they have treatments for. The first healer my research assistant approached agreed to be interviewed. The higher side of his stall displayed several kinds of roots; on the lower part were white plastic pots containing different kinds of medicine. According to the Maasai healer, most people who come to him are women who have heavy bleeding during their menstruation.

Photo 3.9 *List of diseases for which the Maasai healer has medicines*

I asked him if he knew of objects for certain diseases.[68] He mentioned

[68] This question followed my inquiry about whether he knew what *ilizi* is, which will be discussed in Chapter 4.

Photo 3.10 *Medicinal roots*

Photo 3.11 *Different kinds of medicines*

kakakuona (armadillo). A hole is put into a small piece of it and then a cloth is put through the whole. The object is worn around the neck, waist, or arm. He showed my research assistant and I two small pieces of *kakakuona* and said about his clients that:

> *They prefer using* kakakuona*, because it is a gift and a treatment. For example, when a person is walking on the road, and they see a* kakakuona*, they take the shield. It is used for different things, like curing a child, only for a child who fails to walk. Seeing a live* kakakuona *as the first person to see it, is a gift. Others are coming. But with the one who sees the* kakakuona *first, all things will become good.*

I asked him what the most common diseases are. He mentioned *chango* (stomach problems), which he treats with a yellow powder (*olisuki* – Maasai word) that can be mixed with water and then the child drinks it. He gave an example of a common problem for boys. When it is cold, the child's scrotum can retract inside the body. He uses a medicine called *odiloyai* (Maasai word) to treat this. The child needs to drink half a spoonful of the medicine mixed with water (interview 48, 22 May 2015). While this healer does use objects for healing or protection purposes, including a small piece of armadillo shield, he does not know how to prepare a material object like *ilizi*, and he does not know what is inside them (photos 3.9, 3.10, 3.11).

In addition to the interview with a Maasai healer, I also interviewed young adults who mentioned narratives concerning visiting Maasai healers for different issues, as the following narratives will show. One of my interlocutors, a 30-year-old Roman Catholic woman who works as a primary school teacher mentioned visiting a Maasai healer. She told me that, once, when she was passing by the Maasai healers on her way to school, she bought medicine for her asthma, but she thought it did not work.

The healer said the medicine consisted of *utomvu*, which is plant sap (photo 3.12). The interlocutor described it as follows:

> *You cut the cover of the tree and it brings a white substance. You boil it for six hours, without water, and then drink it. You take one teaspoon and wait three days before you take another teaspoon.*

She has forgotten the name of the plant. She bought two bottles, but stopped taking the medicine after the first bottle because of the bad taste and because it gave her diarrhoea. The tree is not found in Dodoma, but in Mara, Bunda, and the Serengeti (interview 4, 2 May 2017).

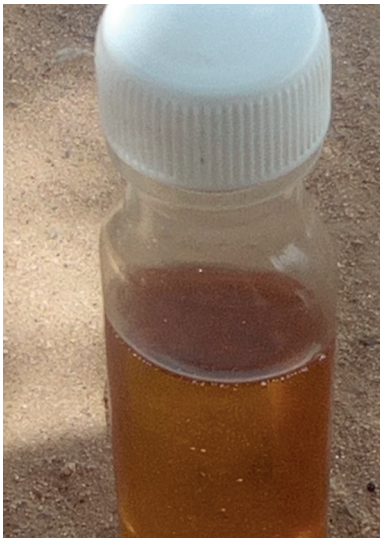


Photo 3.12 *Medicine consisting of utomvu*

A 27-year-old Muslim woman, whom I interviewed during a visit to a mobile clinic, mentioned that some women visit a certain Maasai healer nearby the *dala dala* stand who sells objects to help with stomach problems (interview 17, 14 May 2015). Another female interlocutor whom I interviewed during the same visit, a 35-year-old Muslim woman, mentioned that such objects for use on the body are available from the Maasai, many of whom can be found near the *dala dala* station (interview 18, 14 May 2015). A third woman, a 25-year-old Muslim woman, interviewed at the mobile clinic, told me that she used objects for protection of her firstborn. She used the object while she was living with her parents/relatives. At the time the interview was conducted, she was living with her husband and she told me she was not using any objects. She did not see any significant changes when she did use the object compared when she did not. Unfortunately, she did not know the name of the object that she used or what its meaning was. She only knew that it was black in colour and that she got it from the Maasai nearby the *dala dala* station (interview 26, 15 May 2015). All three women were Muslim and had attained Standard 7 level education, but they lived in two different areas of Dodoma and were from three different ethnic groups. These cases do not provide enough information to conclude whether people with a "lower" level of education use objects for healing purposes or whether the objects described concern *ilizi*. The one Maasai healer I interviewed said he did not make objects like *ilizi*, and instead used herbal medicines. The narratives provide a degree of insight into the separate area of Maasai healers and the mentioned narratives of the young adults show that the Maasai healers were a well-known area of healing within Dodoma and visited by several of the interlocutors and therefore are part of the common narrative of young adults.

3.4.3 *Mkunga*

Within this third area of folk healing I include different types of healers, who can be brought together on the basis that all of them deal with female health issues like infertility, pregnancy, or menstruation problems. One such healer is called a *mkunga*, which is the Swahili word for midwife. The WHO gives the following definition for a TBA (Traditional Birth Attendant) or indigenous midwife:

> *A TBA is a person who assists the mother during childbirth and initially acquired her skills by delivering babies herself or through apprenticeship to other Traditional Birth Attendants* (Lefèber and Voorhoeve 1998: 5).

The oldest midwife I spoke to claimed to be 105 years old. She had stopped being a midwife but still worked as healer, helping women who could not get pregnant and those who miscarried. She used the same root (*mutimi* in Gogo language), which needed to be boiled, for both problems. A woman who does not get pregnant, must bring a chicken of any colour; a woman who miscarries needs to bring a goat. The medicine is added to a soup that is made from the chicken and the patient eats it. Previously, she had a lot of people come to see her, but at the time of the interview there were not so many. People came from Bukoba (in the North of Tanzania), Iringa (south of Dodoma), and Dar es Salaam. What also became clear from this interview is that the midwife dreamt about *mashetani* (spirits), who directed her to the medicine she needed to use to treat the patient. She was also directed by a doctor in Dodoma to do a study in order to learn more (interview 5, 13 July 2018).

In 2018, I interviewed a Christian woman in her late forties who told me that her profession was *mganga wa asili*, but also that she was in business (*biashara*), and that she helped women to get pregnant (*wanapata mimba*). My research assistant and I interviewed her in her home, where we sat on the sofa while she was sitting in a chair, dressed in a blue-white dress with a *kanga*[69] wrapped around her waist and wearing different kinds of bracelets. She saw her patients in the same room. She became a healer after her two children were born and when she had a dream about finding roots for treatment. The spirits came into her head and directed her to the roots she needed. When the spirits were inside her, she lost her appetite and only drank water. Her grandmother was also guided by the spirits, but it was not automatically transferred to her mother, and her grandmother also used local herbal medicines. The healer I was interviewing only treated women who failed to become pregnant.

[69] A *kanga* is a piece of printed cotton fabric that is worn in East Africa, mainly by women.

The patient had to bring preferably a white chicken, or any other colour except red, and the chicken was boiled together with a medicine that is called *mpapara* (pounded green leaves). The colour red is not good because the spirits do not like this colour. First, she listened to the problem, and then she started looking for the medicine, which she always boiled with a chicken. For stomach problems she always boiled *muarubaini* (see photo 2.2). The healer went into the hills to find medicine, and people could also see and consult her there. The healer did not advertise and did not go into town, because she also engaged in other activities like farming and childcare (interview 8, 18 July 2018).

The female healers I interviewed who call themselves *mkunga* mainly deal with female-related health problems and mainly (if not only) use herbal medicines. They did not make objects like *ilizi*. Even though the women use herbal medicine, I do not categorise them as *mganga wa tiba za asili*, because they did not consider themselves as such, and because they are only focused on treating female-related health issues. A few of the women healers in this area of healing were directed by spirits, which will be further discussed in 3.5.1 on how to become a healer.

3.4.4 Mganga wa kienyeji

The fourth area of folk healing within my research is that of the *mganga wa kienyeji* (plural *waganga wa kienyeji* – literally translated as "traditional healer"[70]). They are the focal primary group of my research within the health options available in Dodoma, precisely because they were mentioned many times as the type of healers that produce objects used for healing and protection. To be clear about this specific kind of indigenous healer, I use the Swahili term, since while all the healers mentioned in this chapter are indigenous healers and all have their own expertise, not all healers make material objects like *ilizi*. As *mzee* Ibrahim informed me:

> *You visit a* mganga wa kienyeji *for diseases but also for other things, and you only visit someone like* mzee *Ibrahim, a* mganga wa tiba za asili*, for diseases* (interview 10, 17 May 2016).

It is possible to distinguish two types of healing within *mganga wa kienyeji*, which I will divide into indigenous *spiritual* healers (3.4.4.1) and indigenous *herbal* healers (3.4.4.2). It seems that healers who have learned their craft from spirits are located in more hidden places, on the outskirts of Dodoma. The *mganga wa kienyeji* who mainly

[70] Translation from TUKI (2001: 200).

use herbs to treat their patients are more easily found in the city of Dodoma. My hypothesis is that since the primary religions (both Christianity and Islam) have not placed a taboo on the use of herbs, there is little reason to hide or be secretive about the practice, while healers who have learned from spirits (and are most likely the group of healers who make material objects like *ilizi* for protection and cures) are not accepted within Christianity and Islam, hence they work from more hidden locations.

3.4.4.1 Indigenous spiritual healers

During the several interviews I conducted in Dodoma in 2018 with the indigenous healer Hakeem, it became clear that people visit him for all sorts of reasons, from health-related problems to stolen property or the protection of their home. He explained what happens when a client comes to see him. The person sits on the sofa and the healer asks some questions[71] while looking in a mirror,[72] in front of which is a transparent stone (the healer calls it almas and says that it is gold that has not matured) with a 2 x 2 cm piece of blue Tanzanite on top of it. The healer looks into the mirror where he detects the whole body of the person and sees what the problem is (photo 3.13). He says he only uses *miti shamba* (herbs/roots) to cure people and has almost 700 different kinds of herbs; most of the medicines he has are for adults. Only one medicine is specifically for children under five years old: pounded green leaves (*mpapara*). These leaves cannot be found in Dodoma, but the healer gets them from the region where he was born. The healer not only cures issues

Photo 3.13 *Mirror and stones used for detecting problems*

[71] The healer writes the name of the patient in an exercise book, but he tells me it is not permitted to read the name if you are not the healer (fieldwork notes interview 4, first visit, 11 July 2018).

[72] The use of mirrors to detect what the problem is and in deciding what the treatment should be is common healing practice and can be found, for example, among the Mchape witchfinders in Malawi (cf. Van Dijk 1995).

related to health, but also helps retrieve stolen property and offers protection of a house[73] against malign forces (interview 4, first visit, 11 July 2018) (photo 3.14). Just like with the *mganga wa tiba za asili*, the herbs demonstrate spatial mobility, in the sense that the herbs are not from Dodoma itself, but are obtained from other parts of Tanzania.

Photo 3.14 *Miti shamba from the indigenous healer Hakeem*

I got the opportunity to visit Hakeem several times in 2018 and to sit in his compound to gain more insight into what kind of people visit healers, and also to talk to him and some of the patients to find out why they were visiting the healer. Hakeem also showed and told me about different kinds of medicines. The next case shows that young adults from the middle classes visited him (e.g., one man was a teacher, another man worked at one of the ministries) for problems related to well-being rather than health. It also shows that the healer was willing to share narratives, but that he also gave his clients privacy, by not letting me (and my assistant) sit inside the office, which was a designated space on the compound where the healer lives with his family:

> While sitting on a small stool in the compound of the healer, I wait together with my research assistant until customers come. There is a fence around the compound made of corrugated sheets mixed with, among others, cloth and plastic sheeting wrapped around wooden branches. Two leashed goats are in one roofed corner of the compound, eating leaves and branches and sometimes stretching as far they can to the big pile of leaves on the other side of the compound. Above my head is a large black piece of cloth, torn in places, probably due to the hot sun and strong wind. The office of the healer is opposite where I sit. The stools are placed in front of the hut where the healer lives with his last wife and their children. While two women and the healer's wife are inside the healers' office, we have to wait outside, since what the healer discusses with the patient is secret, as he tells us. At that same time a man enters the compound.

[73] The phenomenon of using an object to protect a home is also found in other countries. See for example Katsaura (2015: 286), who presents a case of a healer who uses *muthi* to protect a house or a car, ensuring that any potential criminal is gripped by fear. In the case of a stolen car, that same healer can also perform a ritual at the place where the car was taken in order to make sure it is recovered.

> He is wearing an orange winter jacket, light brown pants, slippers and a backpack. I estimate him to be approximately 40 years old. He gets a stool from one of the healer's children to sit on. He greets us and the wife of the healer. He holds his head in his hands, while sitting on the stool. A bit later he has his eyes closed and drops his head. When the women come out of the healer's' office, the man is asked inside. Unfortunately, the healer does not permit us to join them. After a while, the healer's wife goes into the office. After about 10–15 minutes, the healer's wife and the man leave together and walk outside the compound. The healer's wife is holding a transparent box with a light yellowish powder in it. The healer later explains that the medicine was spread on the ground and the things that were stolen were written down with a pen on a piece of paper. If you put the medicine (the yellowish powder) on the paper, it automatically burns. After a while, they come back into the compound. A while later, another man arrives on a motorcycle and enters the compound. He looks like he is in his late thirties, wearing a pair of red trousers, a white/red T-shirt and black pointy shoes. The healer does not allow us to join this man into the healer's office. When both men are gone, my research assistant and I are invited into the office. The healer explains that both men have had property stolen (fieldwork notes interview 4, second visit, 23 July 2018).

The above-mentioned case shows that people visit the indigenous healer for a variety of issues concerning well-being, namely the men came for stolen property and the woman had pain on the chest and another issue for which she was treated in private. The healer did not tell us for what the treatment was, but the woman came outside the office squeezing her eyes. The woman and the man in the orange winter jacket were treated that day. The other man came back to inform the healer that the stolen property was found. Both men were middle classes, since one was a teacher and the other works at one of the ministries. Unfortunately, I do not know if the woman was middle classes.

As the next case will show, people also visit the healer, Hakeem, for health-related problems, which the indigenous healer treats with herbal medicines in combination with elements of biomedical care. With this visit, my research assistant and I were accepted to be in the office together with the healer, his wife and the client.

> The client was a woman in her early fifties and was wearing a brown-white dress, with a blue-white *kanga* (a colourful piece of printed cotton fabric) wrapped around her waist and a blue-white cap, but without sandals. She told the healer that she felt pain in her knees, legs, and lower

back. There was a problem with her spiral cord. The healer took a small exercise book, wrote down number 1 and wrote her name in (it seems) Arabic. He used a medicine that he called *tambazi,*[74] which is used for contamination of the blood. The healer explained that when you go to European doctors in Ntyuka hospital[75] they get the pain out of the body by using glass and placing some cuts. Every doctor has their own method. At the same moment, his wife was preparing something so we waited for her to finish. One of the children came back with a pair of latex gloves and a piece of paper containing a razor blade. The patient removed her dress and sat on a small stool in a pair of wide jeans and the *kanga* wrapped around her chest. The wife used the razor blade to make three small cuts on the patient's body: on the lower back, upper back, neck, both sides of the knee, left and right side of the ankle, the chest, and upper side of the foot. After that, the healer smeared the medicine on those places with the bottom of a shell. The patient made small noises of pain. The wife put on the new gloves and wiped the medicines off the patient's body with a piece of cloth (torn from a bigger piece of cloth lying in the corner of the room between all kinds of things). The woman was given three cups of *musule*, the name of a transparent liquid that is boiled and drunk so it circulates in the whole body. The healer told me that the medicine is dangerous, which is why they have put on gloves and used the shell to apply it. The healer gave this treatment once, to clean the body. He was also going to give the medicine to the patient, so that she can boil it and use it herself. She pounded the medicine herself outside of the office. Back in the office, the healer smeared a bit under her nose. One tablespoon of the medicine was put in some water and boiled. When the patient drank the medicine, she made a face that suggested that it tasted bad (fieldwork notes interview 4, third visit, 25 July 2018). During our next visit a couple of days later, the healer said that the woman had come back to collect more medicine and to report back. And she came back a third time to finish the dose. During our fourth visit, he informed us that she was ok (fieldwork notes interview 4, fourth visit, 31 July 2018).

The *waganga wa kienyeji* get their knowledge on how to treat a client in different ways. As demonstrated in the previous case of the indigenous healer Hakeem, he used a mirror and two different kinds of stones, in combination with different kinds of herbs,

[74] *Tambazi* is translated in TUKI as extensive swelling of the body (2001: 309).
[75] See page 72 in Chapter 2 of this thesis.

to treat clients. The case of Tish, a female spiritual healer whom I visited in 2017 and in 2018, reveals different methods. I asked her about how she treats people and what role spirits play in the treatment. She explained that when a person comes, he/she tells the healer about the problems, gives them some clothes that he/she has worn and comes back the next day. During the night, the healer sleeps with the clothes and dreams about the person who came, and this process reveals which medicines she has to use. According to the healer, the Gogo spirits direct her towards which medicines she has to use to treat the person (interview 11, 9 and 13 May 2017). I visited her again in 2018;

> After a long walk through the area where she lives, searching for her, we find her at home. Her hair has become greyer. She is wearing two necklaces with white beads and a rosary, although all three are hidden under her clothes; you can only see the beads in her neck. A new house is being built about a metre from her house. The walls and roof are in place, but nothing else yet. We sit down on the same spot as the year before, at the side of her house, in the shade. The wind is blowing, just like it was in 2017. I wanted to ask her more, including about the *mashetani* Gogo (the Gogo spirits). When I ask her why she worked on the outskirts of Dodoma and not in the city, she answers that it was because of the spirits and because the conditions are good where she lives. She told me that, during the night she urinates in a small bucket. In the morning, she pours the urine outside. When the spirits come during the day, you need to drink a bit of urine. When you pour the urine outside, you need to take *kangala* (a kind of alcohol). When I asked her why she needed to drink that, she answered because of the *mashetani Gogo*. She needed to take it to calm down the spirits, who were inside her. Instead of eating *ugali* (a type of stiff porridge) or water, she took urine and *kangala*. And when the spirits come, you cannot have a bath for a whole month. When the spirits do not come, it is them giving you space to take food and take water. She informed me that the spirits were from her grandfather; he decided when the spirits come and go. He directed the spirits. Both her *babu* (grandfather) and *baba* (father) were dead. The spirits direct her where to get the medicine to heal people, but the spirits did not need to be inside her to be able to heal. Tish told me the following narrative about how the spirits first entered her body:
>
> *When I was very young, they came to my body, until I became married. I had to leave the school. When I went home from school, I disappeared and became invisible. They could not find me. I had to sleep in the forest, mountain, inside a baobab tree. Even my father went to the healers to find his daughter.*

> *My father had to apply medicine to get me from the baobab tree. I came with the roots which I got from the baobab tree. That is how it starts, the work of healing. The spirits could direct me what to do. When I got married, the spirits came back to my body, and they are in my body until now and they are very active* (interview 1, 3 July 2018).

In 2018, she told me that sleeping with a patient's clothes and then dreaming about their home is another way of healing, and that she cannot take *kangala*. Previously, in 2017, she had told me that the spirits were the ones who directed her to the medicine she needed (interview 1, 3 July 2018).

During an interview with a female Anglican indigenous healer, who was in her late fifties, she informed me that she uses an object for healing purposes, namely two pieces of cow skin. She treated women who have tried hard and failed to get pregnant or who have had miscarriages, but she also treated children for diseases like *degedege* and stomach ache. She treated them using what she called *ramli*. The healer is directed to the medicine through spirits who appear in dreams. She only uses *miti shamba* like roots and leaves. Healing using *ramli* concerns two pieces of cow skin (*ngozi ya ng'ombe*). The customer pays 500 TSH (approximately €0,50), which is placed on the skins. This satisfies the spirits who can then start providing answers, according to the healer. When I asked how it works, she told me:

> *Just the same way as you are writing there, I will be looking at these two pieces of cow skin as I read what the spirits are directing. However, it is only me who can read these words. The words are in Kiswahili and sometimes in Gogo* (interview 9, 18 July 2018).

I asked her: "*do you mean if I placed 500 TSH on these pieces of cow skin, you would be able to tell all about me?*" Yes, she responded. She continued, "*if for example there are bad people* [wachawi] *against you, the spirits will tell [me]. The spirits can identify the* wachawi *by names, but they cannot allow me to tell you of their names in order to avoid chaos that customers might cause against their rivals* [wachawi]" (interview 9, 18 July 2018).

The cases presented in this section show that some of the indigenous healers I interviewed get their information through other mediums than their knowledge on (herbal) medicines. Hakeem gets information via looking in the mirror in which he can see the whole body of the client and can detect the problem, or he can see where the stolen property is. In addition, he uses a piece of blue Tanzanite and a transparent stone (almas). The healer Tish is directed by the Gogo spirits to the medicines for

healing the patient. These spirits come to her in a dream while she sleeps with the clothes of the client. The third mentioned healer was also directed by spirits through looking at the two pieces of cow skin. As the cases presented for all three healers, the indigenous spiritual healers I have interviewed do not only use a mirror or are directed by spirits to heal people, but they also use a wide range of (herbal) medicines to cure or solve the problem of the client. During the interviews I have also asked both healers Hakeem and Tish if they know about *ilizi* and if they make the object. They have both heard about it and they both make the object. In chapter 4, a more detailed description of the object and the knowledge of the healers about the object will be given.

The next section will share more details about the indigenous herbal healers, who do solely have knowledge on the herbal medicines.

3.4.4.2 Indigenous herbal healers

The first indigenous healer I talked to was *mzee* Ibrahim, whom I met in June 2014. He began by giving me a kind of history lesson on the different ethnic groups in Dodoma, after which he told me several narratives about objects used for protection or to cure illnesses during the reproductive cycle. My second interview with him took place in May 2016. His shop in the city centre was unchanged and so was he, and he recognised me and was willing to share more narratives with me (and my research assistant). The third interview took place in 2018. By that time, he had an office in a different shop, but still in the city centre. In the years between the interviews, he had been travelling when I tried to contact him for another interview. He was willing to help me to arrange an interview with another healer, but that other healer was also travelling the whole time I was in Dodoma in the summer of 2018.

In 2016, we talked a bit about what kind of people come to the shop and what he did. He told me that he listened to them, he sometimes gave advice to people, and that he sometimes cured people by giving them a type of herb (he had eighteen types of herbs prescribed for drinking or for massaging the body). The difference between a healer like *mzee* Ibrahim and the healers from the shops selling (branded) herbs is that people ask him for advice and do not know how to solve their health problem, while the people visiting the (branded) shops do know what kind of illness or health-related problem they have. People who are sick (e.g., who have measles or typhoid) come to his shop, but they also come for other kinds of issues related to well-being (e.g., seeking protection during a hunt or to rid themselves of evil spirits (*mashetani*). The people who visit him have different kinds of issues. According to him, some people have already visited the hospital but failed to get a proper cure there. He gave me the

Photo 3.15 *Entrance office mzee Ibrahim in 2014*

Photo 3.16 *Medicines in the shop of mzee Ibrahim (2014)*

example of people who experience a type of paralysis. Most of them say they cannot get cured in the hospital. *Mzee* Ibrahim gives them medicine for three weeks containing a mixture of oils, herbs, and minerals, after which the patients were cured. He also told me how he cures toothaches. He has two types of medicines, the first of which is *jafari* root, which is made into powder. He showed me the root and let me taste it. It is very bitter. The treatment involves mixing the *jafari* powder with water and brushing your teeth with it. The second medicine is *shabu*, a type of salt (like baking soda), which is used to purify water. He also let me taste this, and it was a bit sour. After brushing your teeth with the *jafari* powder, you have to boil the salt in water and gargle with it. You must do this for five days (interview 1, 18 June 2014; interview 10, 17 May 2016; interview 2, 5 July 2018).

I also asked him if he has treatments for small children, since young adults with young children are the focal group of my research. He told me that the children go to the hospital for *degedege* (fever and convulsions), but that they do not get cured. Then, they come to him for treatment. He gives them garlic oil, which must be rubbed on the whole body, once a day for seven days, and then they get better. He showed me a small bottle of Al-jahur garlic oil (interview 10, 17 May 2016). Denisenko (2013: 73) indicates that *degedege* is related to *kifafa* (epilepsy) and biomedical malaria, and that following Kamat (2008b: 72) the condition is said to be caused by an evil spirit (*shetani*) and "takes the form of a bird and casts its shadow on vulnerable children on moonlit nights" (ibid.)

According to Kamat (ibid.), the Kiswahili word *dege*[76] is translated in English as bird.

When I asked *mzee* Ibrahim what types of healers there are in Dodoma, he told me about the *tiba za asili*, who are the same type of healer as he is. When I ask him about the Maasai healers he told me that they are different. Within the group of *tiba za asili*, there are small shops near the mosque who brand, but he did not brand his medicines.[77] *Mzee* Ibrahim explained that his medicines are composed locally. There are other shopkeepers who mix, label and brand local medicines. But you can only buy a whole bottle of their medicine. By contrast, he mixes his medicines to order and depending on the problem. Moreover, people only visit him for illnesses, not for problems relating to general well-being. The medicines he used came from trees and came from within Tanzania, but also from India (*white khada)*, Arabia (*yellow powder*), and Spain (olive oil) (interview 10, 17 May 2016) (photos 3.15 and 3.16). The use of medicines from other parts of the world indicates the spatial mobility of the medicines *mzee* Ibrahim used.

I told him that I had heard about the *mganga wa kienyeji* and I asked him what they do. He explained that they deal with different types of diseases and situations:

> *Let us say, these calamities, you have a fleet of cars, the car breaks down once in a while, you go to him or her. You go there for diseases and other things* (interview 10, 17 May 2016).

He told me that he knew some of the *mganga wa kienyeji*. When I asked if it would be possible for me to meet one of them, he told me that it is secret, that they do things that are not accepted. They would see me as a criminal investigator.

> *Those people do their job permanently in their houses. You need to go with a familiar person. Otherwise, they will object* (interview 10, 17 May 2016).

According to *mzee* Ibrahim, there are many such healers in urban Dodoma, for example in Chang'ombe (interview 10, 17 May 2016).

I have asked *mzee* Ibrahim if he knew about *ilizi*, and if he made the object himself. During our interview in 2016 I asked him about the object, and he informed me that he did not make it himself, because these kinds of objects were not accepted in his religion, and it was associated with *uchawi* (witchcraft). He heard that it was for

[76] The Kiswahili word *ndege* is translated as bird (TUKI 2001: 241), but *degedege* is most likely derived from this word, and is translated as convulsions (ibid.: 56).
[77] See, for example, earlier in this chapter for cases of shops selling branded medicines.

example used for children who cry a lot at night (interview 10, 17 May 2016). Chapter 4 will go further into the knowledge *mzee* Ibrahim has about this object.

Paragraph 3.4 presented an overview of the four areas of healing based on the Swahili names for these groups in order to find out which of these healers are involved in making objects for treating health-related issues. As became clear during the interviews with the different kinds of healers, but even clearer when talking to the young adults, the *mganga wa kienyeji* seem to be the only healers who make and use material objects like *ilizi* for protection and/or health-related purposes.

I argue that the presence of indigenous healers will remain relevant, which is supported by different authors. For example, Tabi et al. (2006) conducted a small-scale qualitative study in Ghana in June 2000, where people were interviewed about the use of indigenous and modern medicine. The outcome was that "some participants, especially those of Christian or Muslim faith, associated demonic influences with traditional medicine and thus preferred to use modern medicine" (ibid.: 55). The conclusion was that people do retain indigenous health beliefs in order to give meaning to their health experience while, at the same time, accepting modern medicine (ibid.: 57). The notion that indigenous healers may be able to provide help concerning issues for which biomedicine does not provide a solution is supported by Kale's (1995) three principles of how indigenous healers look at a patient: 1) the patients and their symptoms are taken seriously and enough time must be given to the patients to express their fear; 2) the patient must be studied as a whole by the healer, and the healer must be credited for not seeing the body and mind as separate entities; 3) the healer views a patient as an integral component of a family and a community (ibid.: 1183). These authors support my understanding – based on my research – that biomedicine and indigenous healing continue to exist in parallel in a modern urban environment like Dodoma.

3.5 Past and present

The previous part of the chapter gave an insight into the landscape of the folk sector, as distinguished by Kleinman (1980), present in Dodoma. The following part of the chapter explores the pasts of different healers, i.e., how they became a healer, to give more insight into the profession of folk healing today (3.5.1). The second part of this section explores the current situation of those healers working in Dodoma's urban environment, in terms of if and when healers refer a client to a hospital, and vice versa, but also when they refer their clients to other indigenous healers (3.5.2). This part of the chapter aims to give better insight into the lives of the indigenous healers

and the surroundings they live and work in – i.e., the urban environment of Dodoma – and it provides insight into how healers navigate and are influenced by modern urban facilities like biomedical care.

3.5.1 Becoming a healer

As the literature shows, there are different ways of becoming a healer in Africa, for example on becoming a *sangoma* (cf. Van Binsbergen 1991; Thornton 2009; Hooghordel 2021). Thornton (cf. 2009) clearly states that the *sangoma* tradition is changing as a result of being exposed to other healing traditions and to religious views (ibid.: 17). This is also the case in Dodoma, as discussed in this chapter. The misfortunes the *sangoma* provide medicines for are also similar to those treated by the indigenous healers of Dodoma, namely, theft, infection, loss of love, finding stolen objects (ibid.). What might be different is the religious background of the *sangoma* compared to the *mgnga wa kienyeji*, since, according to Thornton (ibid.: 20), the *sangomas* mostly belong to Christian churches, while the *wanganga wa kienyeji* can belong to Christian churches or Muslim mosques. To become a healer, a *sangoma* learns the herbal system and must also have a personal heritage that enables them to have and 'possess' ancestors, both their 'own' ancestral spirits and 'foreign' spirits (ibid.: 26). Becoming a healer can also be related to experiencing a serious illness (cf. Reis (2000) on the 'wounded healer'). The following part of the chapter discusses the different ways of becoming a healer that I encountered during my research.

As is clear from the above-mentioned narratives, it is not only the *mkunga* (3.4.3) who are directed by spirits on how to treat clients, but also the *mganga wa kienyeji* (3.4.4). Most of the indigenous healers I talked to experienced voices from clan spirits/spirits of the house. Tish, the older female healer discussed in 3.4.4, experienced spirit voices from her grandfather, which she called *mashetani*.[78] Her narrative is shared in 2.4.4.1 about how her grandfather and father directed her where she needed to go to get the medicine to heal people, and she tells how her father had to apply medicine to get her out of the baobab tree. When she came out of the tree, she emerged with some of its roots, and that is how the work of healing started in her case, and how the spirits began to direct her in what to do (interview 1, 3 July 2018).

Another healer who learned her craft through spirits is Angel, a Christian healer in her late forties who has four children (her husband died). She lived on the outskirts

[78] See also Chapter 5, page 196 for a narrative about *mashetani/jinns* collected from a Muslim religious leader.

of Dodoma, where she was also born, and was mostly a farmer but also a *mganga wa kienyeji*. We (both my research assistants and I) interviewed her in her home, where we sat in the middle room of three, close to the door where the light came in. On both sides of the room there were curtains to the other rooms. We sat on one side of the room, and the healer sat on the other side, together with her child who was eating the white fruit of a baobab tree. Angel's healing skills were passed down through the family – from her grandfather to her mother, who gave them to her sister and, when her sister died, she inherited the knowledge. She was possessed by the clan spirits (*mashetani ya ukoo*) in dreams, and they directed her to the medicines she needed to treat people. Her sister died in 1992, but it took until 2016 for the spirits to come and for her to begin practising as a healer. Angel dreamt that she was being told that the spirits were explaining the narrative to her grandfather, to her mother, and to her sister. They asked her to continue the services. They asked her to obtain a white sheep with a black head. The spirits also told her to exchange the sheep for her aunt's goats. She had to do this in order to start working. She followed these instructions. She had never met her grandfather, but her mother told her that she obtained the spirits from her grandfather. When the mother died in 1988 her sister became possessed by the spirits, until her death (interview 7, 16 July 2018).

The *mashetani* (singular is *shetani*[79]) spirits to which Angel and Tish refer to can also be found in the literature. Green (1994: 37) translates this Swahili word as foreign spirits and Gray (1969: 171) simply calls them spirits.[80] Both authors conducted research in Tanzania, albeit in different places. Langwick, who also conducted research in Tanzania, writes that the plural *mashetani* suggests Islamic evil spirits and demons, and that the singular, *shetani*, translates as Christian Satan. She describes how the healer has to talk to the *mashetani* in order to learn what is effective medicine (2011: 20). Holthe (2017: 82) distinguishes two kinds of spirits in her research in Pangani, Tanzania, namely *jini* (pl. *majin*i) and *shetani* (pl. *mashetani*). According to her, *mashetani* are seen as evil and demonic spirits who cause harm, and *majini*[81] are good spirits; indeed, if you accept them, they can bring you great fortune and knowledge. They are believed to be subject to the will of God. The word *jini* derives from the Islamic word *jinn,* which are also spirits. They are regarded as good "as long as you accept them" (Holthe 2017: 82), but they can potentially lead someone in the wrong direction, since they have a will of their own (ibid.). According to Owusu-Ansah (2008: 101), the *jinns* can be seen as evil. Langwick gives the example of *majini* in someone's body, who can protect

[79] *Shetani* derives from the Arabic word for the Devil, *Sheitan* (see e.g., Gray 1969: 173).

[80] Gray mentions that all children and many adults wear an amulet around the neck to protect themselves against the *shetani* (1969: 175).

[81] See also the narrative in Chapter 5, page 196 about the creation of the *jini* and *mashetani*.

that person from further *uchawi* (witchcraft) but who can also take control of her. The *majini* communicates to the person primarily through dreams and visions and advises her, for example, on therapies for particular people (2011: 97). It seems that (*ma*)*jini* start as good spirits, but may turn into evil spirits if you do not accept them.

Within my research, I came into contact with a few 'wounded healers'. According to Reis (2000: 62), following Eliade, a 'wounded healer' is someone who has experienced a serious illness, which is sent by the ancestors and which results in them becoming a healer. The wounded healer complex is the "complex of ideas pertaining to ancestor illness in chosen people and the transformation of sufferer into healer" (ibid.). This demonstrates a transition from someone who suffers to someone who becomes a healer, but it can also be seen as mobility of religion, as the following case shows. The youngest *mganga wa kienyeji* interviewed was a 29-year-old Muslim man who had a practice in one of the areas far outside the city centre. His office was about 50 metres from his house and consisted of two rooms, of which the back room was the office, where we sat to talk about his profession. A piece of red cloth was hanging on the wall behind the young healer. We sat on a dark blue/purple mat, with plastic pots with herbs on both sides of the mat (photos 3.17 and 3.18). The young healer started telling us how he had become a healer. When he was in form 4 at school he

Photos 3.17 and 3.18 *Medicines in the office of the young indigenous healer*

became seriously ill. At that time, he was a Christian and the Born-Again Christians[82] prayed for him. He remained sick for a long time, and his parents took him to various *waganga wa kienyeji*, but he did not get better. After going to the healers, they told him he was possessed by *mizimi ya nyumbani* (literally spirits of the house), but still he did not get better. He did not find it easy to accept that he had these spirits. He spent three years at home being sick. During that time, he continued to be a Christian and he rejected the spirits. Everything he did failed: the crops he grew died, livestock like goats and hens also died. He returned to the healer who told him that he had spirits. He also consulted two more healers. The last one told him that the answer was to become a healer, to get his own shop. Even though he was possessed by the spirits of the house, he needed to stay with these healers to be mentored, to learn more, which he did for almost two years.

The young healer dreamt about various medicines, but these dreams differed from the dreams we normally have. He felt like his head was heavy. Suddenly, voices directed him to a certain place to get medicine. He got his medicine from the place where he was born and from Dodoma. He used both *miti shamba* (herbs and roots) and the Quran. He wrote the words on paper, rinsed them off, and then washed or drank the water.[83] The young healer learned this method from the three mentor healers. He was still learning Arabic when I interviewed him. He converted from Christianity to Islam because he learned to use the Quran to treat people. This was a very challenging aspect of him becoming a *mganga wa kienyeji*. He did not want to change religion. After he suffered from serious illness, he had to accept to becoming an indigenous healer (interview 6, 14 July 2018). This 'wounded healer' not only experienced a transition from sufferer to healer, but also the mobility of religion, namely, from being a Christian to becoming a Muslim.

Mzee Ibrahim was the first person I interviewed when I began my field research in 2014. He was in his early seventies in 2018 and he gave me valuable insight into his job as an indigenous healer who uses herbal medicines. He worked for 35 years as a technician in the postal service in Dar es Salaam. He learned English from the many *wazungu*[84] he met during his work. When he retired, he became a healer and moved to Dodoma. His first shop was in the city centre. His second shop was the one where I interviewed him in 2014 and 2016. In 2017, he had to move to another shop, next to a mosque in the city centre, and I interviewed him there in 2018. *Mzee* Ibrahim is one of the few indigenous healers who I spoke to who has a shop in the city centre.

[82] A Born-Again Christian is someone who experienced a spiritual rebirth and have accepted faith in Jesus Christ.
[83] See Nieber (2017) for a detailed description of drinking the Quran by traditional healers on Zanzibar.
[84] *Wazungu* is the Swahili plural word for *mzungu*, which indicates a white person.

Photo 3.19 *Medicines in shop of mzee Ibrahim (2014)*

Photo 3.20 *Shop of mzee Ibrahim in 2018*

He has been in Dodoma for 22 years, and became very familiar there and prefers the city to Dar es Salaam. He was also an administrator in a mosque. The shop I met him in in 2018 was small, about one metre deep and about three metres long. There was a kind of book shelf on the long side with all kinds of white plastic pots in different sizes. Each pot had the name of a herb/root/ingredient on it. There were also bottles containing different substances and different kinds of (dried) plants (photos 3.19 and 3.20). *Mzee* Ibrahim mainly learned how to heal 25 years ago from a friend who was an indigenous healer, in addition to some knowledge he had learned himself. His friend was an indigenous healer in Dar es Salaam, and taught him how to use *dawa za asili* (literally traditional medicine). *Mzee* Ibrahim was not directed by spirits on how to heal and on what to use to heal.

Hakeem was a healer whom I visited frequently in 2018, whom I introduced in chapter 2.5.1.. He was in his fifties and lived relatively far away from the city centre, but he informed me that he had many clients from all over Tanzania. He learned how to become a healer from his parents. His grandfather was a healer and when he died his father inherited the knowledge. Hakeem himself started healing in 1993, quite suddenly. He discovered that he could spray people with water and it would cure them. He also used local herbs, which his father had told him about. He then became a healer in Dodoma and started his business on the same spot as where I interviewed

him. He came to Dodoma after curing a high-ranking official. When I asked him why he practised where he lived and not in town, he answered that he was known in Dodoma and in the whole of Tanzania. I guess that since he was well known, he did not need a visible place in the city. Hakeem became known for curing people when he was in the north of Tanzania. The wife he lived with (he had more than one wife) will take over the practice when he dies (interview 4, first visit, 11 July 2018).

Paragraph 3.5.1 gave more insight into the profession of folk healing and examined how people become healers, a process that can vary, as the cases showed. It also showed that becoming a healer (not only by learning from relatives, but also from spirits) is something that still exists today, and is not only something of the past or for older people. This was evident from the narrative of the 29-year-old healer. My interviews with different kinds of healers made clear that not only a *mganga wa kienyeji* and *mganga wa (tiba za) asili* are able to become a healer by learning from spirits, but also a *mkunga*. Even though the cases show that some people become a healer via traditional routes, as discussed in the literature, today's indigenous healers also relate to biomedical care and adapt to contemporary urban facilities, as the next paragraph will show.

3.5.2 Healer referrals to hospital or another healer

This chapter focuses on the indigenous healers working in Dodoma Urban. The previous section examined the issue of becoming a healer; this section focuses on the current situation and the influence of the urban environment, as well as the different kinds of health options available – of which biomedicine is the most important for the young adults from the middle classes (as made clear in Chapter 2). Even though the young adults say they mainly choose for biomedical care, it has become evident in this chapter that other health options do exist. But what is the interaction between the folk sector and the professional sector, two of Kleinman's (1980) defined categories, and how is it visible?

In Stroeken's chapter on the individualisation of illness (2017: 151) he writes that healers had to rethink what they were doing and that they had to find new areas of healing, areas in which the newcomers were not successful. These areas relate to a broader sense of health, since they concern the hope of becoming better when hospitals seem unable to provide a cure, and ways of coping. In my research, I encountered a number of cases where a healer referred people to a hospital. In other cases, people had been to the hospital but, having not been cured, they had decided to consult an indigenous healer from one of the four healing areas presented in paragraph 3.4, as also indicated by Stroeken (2017). Due to the focus on folk healing, my aim was to

interview indigenous healers, not biomedical healers. I therefore do not know their views on referrals to healers such as the *mganga wa kienyeji*.

The following narratives were collected from indigenous healers and relate to cases where 1) their patients indicated that they had been to the hospital prior to approaching them or 2) the healers referred their clients to a hospital or to another indigenous healer. This kind of (self-) referral indicates a form of social mobility between biomedical care and indigenous care.

The people who visit *mzee* Ibrahim also go to other healers, according to the *mzee*. He told me that it depended on the response of those other healers. Maybe the client had visited another healer first, but was not cured. They then abandoned that healer and came to *mzee* Ibrahim. He also told me that many people come back to him time and again. This may indicate a relationality between patient–healer; the efficacy of the treatment via the healer enables the patient to heal. *Mzee* Ibrahim informed me that he cannot cure all health-related issues. He was quick to add that not even the hospital can cure all diseases. He sometimes referred clients to the hospital or to another healer. For instance, if someone came to him with an eye infection. By asking questions like how it started, the healer determined whether he could cure the client. If not, he referred the client to the hospital. According to him, he did not have a specialisation, but rather general expertise (interview 2, 5 July 2018).

Mzee Ibrahim treated people who have *hurusi* (paralysis), but also a child with measles (*surua*). He used roots, and put them in a basket of water for two days and the child was then washed with that water. Within three days the child was cured (interview 2, 5 July 2018). *Mzee* Ibrahim confirmed that every healer has his or her own methods, which originate from different ethnic groups. There are a number of different ethnic groups in Dodoma, including Tanga, Sumbawanga, and Kigoma. Common to all the healers, though, was that they learned their skills from their father, mother, or their ancestors. When I asked him how he would decide which *mganga wa kienyeji* to refer me to if I had a problem, he told me that he would listen to what my symptoms were and decide who was the best match and the most likely to cure me.

> *Mzee* I: *They all have their own expertise. Some are surgeons, physicians. If you go to the expert, it will work.*
>
> GP: But what happens if you do not know who is the best and take me to the *mganga* you know?
>
> *Mzee* I: *Then the problem will not be solved* (interview 10, 17 May 2016).

I also heard from a female Roman Catholic healer in her late forties who treated women for, among other things, infertility issues. She always tried to identify the source of the problem and give appropriate medicine, but if she failed then she would direct the woman to the hospital (interview 7, 16 July 2018). It became apparent to me that most healers are aware of what they can cure and what they cannot, and, when they are unable to help, they refer the client to the hospital. But sometimes it works the other way round. Another female Christian healer in her late forties, born in Dodoma, treated women who could not become pregnant. Some of her patients visited her after failing to get the help they needed from doctors. She only used local medicines for treatment. She did not advertise her healing practices; rather, people saw her going up into the hills to find medicine and they communicated with each other about how to find her (interview 8, 18 July 2018).

The healer Tish, who we met previously, provides an intriguing narrative about referring an unwell child to a hospital:

> T: *They brought the child's clothes and I slept with them. I dreamt there was a woman who gave the child meat. The next day, I went on a* bodaboda[85] *to where the child was to remove any meat from the child. The child could not speak and fainted. I boiled roots medicine and gave it to the child and took the child to hospital together with the medicine.*
>
> GP: Why did you decide to take her to the hospital?
>
> T: *She had problems with her legs swelling, that's why they took her to the hospital.*
>
> GP: Were you able to remove the meat from the child?
>
> T: *There was meat in the stomach, chest, and lower back* (she touches the places on her body while saying the different parts). *I removed the meat. I sucked the meat out through the mouth of the child, the meat came out. It looked like small parts of a snake. I became drunk from the meat and fell down.*
>
> GP: Did you know why you had become drunk?
>
> *T: I knew I was drunk from her spirits. I was fighting with the child's* majini. *That is why I became drunk* (interview 1, 3 July 2018).

[85] The Swahili word for a motorcycle taxi.

This is a narrative that shows a case where biomedical care and indigenous care meet. The *mganga wa kienyeji* in the above narrative knows what she can cure and what she cannot. This is also what Parkin (2013: 129) experienced during his research in Eastern Africa: biomedical practitioners sometimes refer patients to indigenous healers, and the latter sometimes refer a patient to a biomedical practitioner, and even make use of biomedicines or equipment (like pills, clothes, stethoscopes, and premises imitating a biomedical surgery). I did not encounter any cases or collect any narratives where a healer had used biomedicines or equipment, except for the case mentioned in 3.4.4.1 where gloves and a razor blade were used.

Just like in Hooghordel's (2021) research concerning the *sangoma*, the healers in my research also seem to adapt to the current environment and changing dynamics within the city. As section 3.5.2 showed, some healers do refer patients to biomedical health options like hospitals.[86]

3.6 Conclusion

The aim of this chapter was to explore the medical plurality of the urban environment of Dodoma, to see which therapeutic practices the different types of folk healers offer and to find out which of these healers, if any, make objects for use in health-related issues. The chapter started by discussing the concept of medical plurality. It introduced the concepts of health systems and health seeking and explained Kleinman's (1980) model concerning the three sectors within healthcare (the popular, professional, and folk sectors) (3.2). The literature on different aspects of medical plurality within Tanzania, with a focus on folk healing, makes clear that extensive research has been done on these different aspects of medical plurality (like herbal healing, Quran healing, and Chinese medicine) and in different parts of Tanzania, like Dar es Salaam, Zanzibar, and north-west Tanzania (3.3). My research aspires to fill the current gap on health-related research done in Dodoma with a focus on objects used for health-related and protection purposes. My research also touches upon issues related to well-being, like stolen property or protection of a home. Not all folk healers use herbal medicines and make objects to be used in health-related issues. Indeed, it became apparent that only *mganga wa kienyeji* make and use material objects like *ilizi*.

[86] Gessler *et al*. (1995) also found referrals to hospitals by indigenous healers in their research on three locations in Tanzania, but only a few referrals from hospitals to indigenous healers.

As this chapter has shown, there is a diversity of health providers within Dodoma (3.4). Based on the different areas of healing that I encountered during my research, I distinguish four domains of folk healing present in Dodoma Urban, based on the Swahili language terms used. These domains are derived from the narratives collected from my interlocutors and from what I have seen and heard from indigenous healers who practice folk healing and whom I interviewed between 2014–2018. These four areas of healing are: i) herbs available in stores or through a *mganga wa tiba za asili*; ii) the Maasai healer; iii) midwife (*mkunga*) and healers only dealing with female-related health problems; and iv) the *mganga wa kienyeji* who not only uses herbs but may also make objects. I argue that different forms of non-biomedical healing do exist and can be found in urban Dodoma, but that these are no obvious options for young adults living in this city when they have a health-related problem, because it is forbidden by their religion and because they are higher educated. Biomedical care options are clearly visible within the urban environment of Dodoma, and the young adults say that they choose from these if they have health problems. During the fieldwork, it became clear that other kinds of healers have offices in the city or shops where (branded) herbs are sold. Maasai healers, who were initially very visibly near the main bus station of Dodoma later had to move to different part(s) of the city when the bus station itself was relocated. But most of the *waganga wa kienyeji*, especially those who learned from the spirits, seem to be living on the outskirts of Dodoma Urban, or were at least easier to find in those places, where the houses are further away from each other, and where there is more privacy. As a young 29-year-old healer told me: "*You need a secret place to keep the privacy of the people who come.*" In town, people might fear being seen visiting him (interview 6, 14 July 2018). These cases seem to confirm my hypothesis that, since the use of herbs is not prohibited by religion (both Christianity and Islam), it is not necessary to be secretive about it, while healers who have learned from spirits and who make objects like *ilizi* are not accepted within Christianity and Islam, hence they work from more hidden locations.

The final part of the chapter (3.5.1 and 3.5.2) presented cases illustrating how people become indigenous healers – either learned from spirits or from other people like relatives – and how they deal with modern urban facilities like biomedical care and incorporate those available healthcare options into their practice.

The next chapter will discuss one of the objects used for healing and protection purposes. This object, namely *ilizi*, has been one of the main themes guiding my research. It will be described via the narratives collected from young adults, indigenous healers, and religious leaders.