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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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4.

Protecting and
healing with *ilizi*:
The social imaginary
based upon an
object

4.1 Introduction

Miriam is a municipal nutrition officer in Dodoma Urban. When I met her in 2015, she told me she had found an *ilizi* in front of her door. She showed me a picture of a black object (photo 4.1). She and her family looked at what was inside the object: inside the large part (on the right of the picture) there was a piece of paper with Arabic words and soil (*udongo*) around it. The small part (on the left in the picture) included charcoal, hair, and nails. She and her family are Christians and so they prayed and then burned the object. She did not know who had put the *ilizi* in front of her house, or why, but finding the *ilizi* did not scare her. When she was younger, she had seen people wearing these kinds of objects, and had heard that they can protect children, and that the people who used these objects believed



Photo 4.1 *Ilizi found in front of Miriam's house*

in witchcraft. She did not use *ilizi* herself when she was young, since her parents are Christian and they apparently followed the Christian tradition of not using these kinds of objects. She told me that she had seen such objects in Dodoma, especially in the ward of Chang'ombe, which, according to her, was an area where many Muslim people lived and where many women were uneducated.⁸⁷ She believed that the use of the object was related to (lack of) education (interview 2, 6 May 2015). In December 2016, Miriam wrote to tell me that she had found another object in front of the door of her house. This time, the object was made of a piece of red cloth and contained mango peels, human nails, and some other things that the family could not identify. Miriam's son sent me two short video clips in which the object was visible and in which he opened the object to see what was inside and then burned the whole object. In an e-mail (1 January 2017) Miriam informed me that they burned the object because they thought it was associated with witchcraft (video stills 4.2).

⁸⁷ My research assistant translated it as being uneducated. But it is possible that it means not meeting the general state requirement.



Photo 4.2 Video stills of burning the *ilizi*

This case explicates the existence of different versions of material objects such as *ilizi*: both as an object left in front of the house and an object worn on the body. The higher-educated municipal officer relates the use of the object to witchcraft, (lack of) education, and Islam. During my fieldwork periods in Dodoma, different narratives about *ilizi* were told, and these narratives confirmed the introductory case that the object *ilizi* can be used for different purposes – both positive and negative – be it the protection of a child or preventing a rival from prospering.

Most of the narratives I collected concerned the object being worn on the body, usually in hidden places; but, as the narratives clarified, young children often wear the object visibly, e.g., around the wrist. *Ilizi* can be a combination of materials, selected and combined by the healer, who gives you this object in a kind of shell or cloth. One of my interlocutors explained the secrecy about *ilizi* and told me that everybody knows about it but that people do not tell and often feel ashamed to talk about it (interview 2, 23 June 2014). As Chapter 3 showed, the medical landscape in Dodoma is diverse, but out of the four areas of healing discussed, only a *mganga wa kienyeji* makes these objects and knows what is inside. What the narratives clarified is that most interlocutors do not actually know what is inside the object. I have spoken to a range of people who have used or received *ilizi*. Miriam's narrative made clear that she (and her son) was not afraid of opening the *ilizi*, to find out what is inside. However, they did burn the objects and said that the objects were associated with witchcraft. Chapter 5 will explore the issue of why the use of objects for healing is intentionally hidden in society despite the existence of narratives about both these objects and their hiddenness among young adults. It will also detail their views and thoughts on

such objects in relation to educational, religious, and other urban facilities. In order to be able to answer the why question, this chapter will first analyse the narratives on how and when *ilizi* is used in an urban environment where there is an apparent contestation present between the use of *ilizi* and the existing urban (medical) facilities and religious institutions. The narratives are linked to the themes of misfortunes, shame, secrecy, and witchcraft, thus giving them different dimensions.

Although the use of and narrative about *ilizi* is widespread throughout Tanzania, as is evident from the conversations with my interlocutors, in most academic literature it is usually only mentioned briefly, rather than being the focus of the research. Moreover, it is referred to as being used for different purposes than those talked of by my interlocutors. For example, a song that tells of an amulet being used by a member of parliament to stay in power (Reuster-Jahn 2008) or mentioning that *ilizi* is being put into food (Rasmussen 2008: 167). Another study notes its use as a protective amulet against witchcraft in an area where the object was seen as backwards and traditional and something only used by a Christian minority (Holthe 2017: 33). In my research, I also talked to young, Muslim adults, who said that the use of objects like *ilizi* was not accepted. Despite this, some Christian interlocutors told me that young, Muslim adults do, in fact, use these kinds of objects. Equally, a number of Muslim interlocutors mentioned that young, Christian adults use these kinds of objects.

In 2014, the fieldwork started with asking people if they knew any narratives about objects used for protection and/or healing. This produced a broad overview of the different kinds of narratives and objects known or heard about, which can be found in Annex B. One part of this overview focuses on *ilizi*, a name that was mentioned many times and which became a focal point of my research. The literal translation of this Swahili word is charm or amulet, and many interlocutors informed me that such objects are used for protection against and curing health-related misfortunes (e.g., protection of children against diseases like *degedege* (epileptic seizures) or against the evil eye). The object can also be used “in jealousy situations,” to “gain political advantage” and to “get positions of privilege.”⁸⁸ I decided to incorporate questions into the interviews about this type of object having heard that objects for protection and healing may be visible on small children and that people may be more willing to talk about those objects and tell me narratives about what they have heard or seen. Most interlocutors have grown up with narratives about *ilizi*: they heard the narratives from their parents, have seen neighbour children wear *ilizi* around the wrist, or they

⁸⁸ Translated from the Swahili words by one of my research assistants, and relates to getting privileges in political office.

have seen movies in which it appears. As several interlocutors informed me, they think that *ilizi* is mainly used in rural areas and not in an urban area like Dodoma. They were therefore surprised that my research was not taking place in the rural areas, but in an urban environment. However, this is exactly why it was more interesting to conduct the research in the urban environment of Dodoma, as it apparently addressed a seeming contradiction in the eyes of my interlocutors. Exploring how visible *ilizi* is in the city of Dodoma with its access to modern biomedical care, different options for education, and access to churches and mosques may offer insights as to how and why such contradictions seem to exist. This is at the same the leading problematic of this chapter; the contradictory nature of ideas and images that are expressed in narratives that revolve around the contested object.

Since the focus of research is on the narratives collected, I will relate these narratives according to the following themes: 1) misfortunes, because *ilizi* can be used for purposes other than health (4.2.1); 2) shame and secrecy, because the use of the objects is surrounded by these notions (4.2.2); and 3) witchcraft, because *ilizi* is mostly seen as a malign thing (4.2.3). The chapter first examines the concept of narratives and the social imaginary that arises from these narratives in relation to these themes.

4.2 The social imaginary of the narratives on misfortunes, shame and secrecy, and witchcraft

As outlined in the introduction to this thesis, and following Hydén (1997), I will use the narratives told by the young adults, indigenous healers, and religious leaders to explore the social world of the young adults living in an urban environment. The narratives that I investigate bespeak the concerns that arise when the young adults themselves or their young children are ill (see Chapter 2). In this context the interviews concern the narratives they know about objects used for healing and protecting, which is the focus of this chapter.

As an outcome of the narratives collected, I propose a social imaginary concerning the object of *ilizi*. According to Taylor (2002), social imaginaries concern how people's social existence is imagined by them, "how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations" (ibid.: 106). Taylor adds that the social imaginary is shared by large groups of people, that it is what enables the practices of society by making sense, and how "ordinary people 'imagine' their social surroundings" (ibid.). According to Taylor, this is carried in stories, images, and legends (ibid.). Moreover, he sees changes as slow and gradually shifting within

the imaginary (Taylor 2002). Vigh (2006: 483) states that “social imaginary relates to the way in which we comprehend the unfolding of our social terrain and our position and possibilities of movement in it.” He suggests that it can be best “defined and analysed as the sum of our social horizons” (ibid.). According to Vigh, it is through this social imagination that we locate ourselves in the world (ibid.). Or, as Cochrane phrases it, it gives coherence, meaning, structure, and legitimacy to our social practices, something she calls “the sense-making system that gives structure and form to what constitutes our ‘reality’” (2014: 25). The cases presented in this (and the other) chapter(s) show that there is a shift in thinking among young adults living in the urban environment, compared to – as the interlocutors themselves say – people living in rural areas or in other cities in Tanzania. Specifically, the young adults interviewed living in the urban environment of Dodoma say they do not use objects, like *ilizi*, for health-related and protective purposes or for other ends, like gaining (more) power. I argue that the social imaginary shared by higher-educated young adults is informed by a form of shame and secrecy. They feel ashamed and are secretive about going to an indigenous healer to get an object like *ilizi* to be protected or cured from different kinds of misfortunes. The reasons why the young adults refrain from using these kinds of objects will be explained in this chapter.

As Mattingly and Garro put it, “we try to understand who we are becoming by reference to where we have been” (1994: 771). In my research, it became clear that, having been exposed to an urban environment with many options for health seeking, education, and religion, young adults belonging to Dodoma’s middle classes have adopted other ways of living or looking at the past. The use of an object like *ilizi* was referred to as something used by people from rural areas, and the young adults were quick to indicate a social distance from that rural world. I argue that the religious leaders, and perhaps also the young adults from the middle classes, talk about *ilizi* as a thing of the past and an object that has no place in modern Dodoma. As my research (and specifically this chapter) shows, however, the material object of *ilizi* does exist in urban Dodoma today. This results in the presence of a social imaginary concerning not using the object, which may contradict the existing reality, since the object does actually exist in the urban context and the young adults seem aware of that. This leads us to the main question of this chapter:

How is the social imaginary on ilizi constructed in an urban environment in relation to misfortunes, shame and secrecy, and witchcraft?

This chapter aims to answer this question by looking at the use and description of the object of *ilizi*, by looking at the narratives told about this object and about how knowledge about it is transferred. The question will be answered by focusing on

three groups of interlocutors, namely, young adults, indigenous healers, and religious leaders. The use of the object is related to misfortunes, with a main focus on failure of health and failure of gender (Whyte 1997), as will be discussed in paragraph 4.2.1. The second part of this chapter will discuss the narratives expressed regarding feelings of shame and concerning a secret, hidden part of society (4.2.2). The third part of the chapter will discuss witchcraft, since it became clear from the interviews that the use of *ilizi* is often associated with witchcraft (*uchawi*). Indeed, in many perceptions *ilizi* is associated with evil and is mainly perceived to cause someone harm, although I also collected narratives about the object being used for good things (4.2.3).

Each section will present cases concerning the use of and/or narratives on *ilizi* related to the three mentioned themes, to illustrate what the view is of the three groups of interlocutors concerning this object. The aim is to show that the social imaginary is based on social expectations, influenced by the primary religions of Christianity and Islam, access to education, and biomedical care. At the same time, it is clear that Dodoma's young adults also have access to indigenous healers and have knowledge about what an object like *ilizi* can do. The chapter will first examine the theme of misfortunes from the perspective of the three focal groups of interlocutors.

4.2.1 Misfortunes

As mentioned in the introduction to this chapter, the object of *ilizi* can be used to cause someone harm, but it may also be used for something good, like the protection of a child. As the case of Miriam in the introduction to this chapter shows, she did not know why an *ilizi* was left in front of her house, but presumably it was to cause Miriam (and her family) harm. I relate such uses of the object to the four categories of misfortunes distinguished by Whyte (1997: 16-18), as mentioned in earlier chapters. The first is failure of health, which in Whyte's research was the most frequent misfortune mentioned by the diviners and relates to swelling of body (parts), skin decolouration and strange behaviour, fits, signs of possession, and insanity. The second is failures of prosperity, like poor crop yields, the death of cows and goats, and employment and financial problems. The third is failures of gender, which include problems of sexuality, reproduction, and marriage. The last category is the failure of personal safety, like being struck by lightning or being hit by a motor vehicle. The use of *ilizi*, based on the narratives reported within my research, can be mostly linked to failure of health (for example to cure trembling in small children or to protect a young child) and failures of gender (for example miscarriage(s), not getting pregnant, or experiencing problems when giving birth). The cases related to these two kinds of misfortunes will be discussed further in the rest of the chapter. During the research, I heard narratives

about the object of *ilizi* concerning the other two kinds of misfortune – failures of prosperity and failure of personal safety – and to present a more complete vision about the object, I will now share these cases.

Failures of prosperity

The first misfortune I discuss is failures of prosperity. In this regard, I have collected several cases that involve the use of an object other than *ilizi*, namely, a ring. Even though it is not technically *ilizi*, I do want to mention it because it indicates a new way of using objects for protection in Dodoma, and potentially may be seen as a new form or a replacement of *ilizi* by people from a higher class. What it has in common with *ilizi* is that only the *mganga wa kienyeji* can make the object. According to the narrative from Kharim, a young adult in his late thirties whom I introduced in chapter 2.5.1, concerning the ring, a blacksmith closes the ring containing the medicine. The purpose of the ring is to get power, political leadership, or become the boss. According to a young adult interviewed, rich people use a ring because they do not want to be seen wearing an object. The ring can have different shapes and the medicine is not always on top (interview 9, 11 July 2014). A ring is a commonly used object that blends in and might therefore not be noticeable as a material object containing medicine. It is not automatically associated with ‘bad’ things while *ilizi* is, at least within the social imaginary. Bessire (2009: 24-26) gives the example of an aluminium *hirizi*⁸⁹ camouflaged in a wristwatch, created in 1995, among the Sukuma in Tanzania. Secrecy is evident here, too, since the watch can be worn to divert attention from the person who does not want other people to know that he/she is wearing such an empowered object and does not want to be asked questions about why such empowerment or protection is necessary. In contrast to the original woven object, the wristwatch is long lasting, since the outer aluminium casing will not decay. It seems that new forms of objects are made, with the same purpose as *ilizi*, namely for empowerment or protection. But these new kinds of objects, are worn on visible places as the finger or wrist, and not hidden under clothes. However, the secrecy remains, since the medicines in the object used for empowerment or protection are hidden, and it is not visible for people that it is an object used for these purposes and containing medicine.

A second case concerning failures of prosperity does concern *ilizi* and relates to theft. One of my research assistants reported a narrative of a thief with an *ilizi* on his upper arm. The object was believed to give the thief protection when stealing, so that he could not get caught and would bring the thief prosperity. But the thief in this narrative did get caught. The thief apparently said that if they want to kill him, they

⁸⁹ I argue that this is the same kind of object as *ilizi*, or *hirizi* (see footnote 3 on page 15).

would have to cut him in the upper arm in order for him to die. So, they did, and the thief died (interview 1, 6 May 2015). Besides failure of prosperity, this case may also be seen as an example of failure of the purpose of the object, since the thief did get caught. As mentioned before, and as will become clearer further in this chapter, *ilizi* can be used for protection, not only against getting caught, but also protection in health-related issues like getting ill.

The final case of *ilizi* relating to failures of prosperity concerns the object being put – or rather hidden – in the upper arm. This case occurred during one of my visits to the healer Hakeem, in 2018. A young couple entered his office. The problem was that the husband's family did not want the young husband back because he was stealing from people. The healer looked into his mirror⁹⁰ and saw that the young man was indeed a thief, and that he was wearing a large *ilizi* on his upper arm. The healer told us that the *ilizi* would protect the wearer when they go out and steal, but that it could also cause the arm to swell if you did not go and steal. The healer removed the object. The wife of the patient had to burn the *ilizi* together with other rubbish. When she burned the *ilizi*, the husband's arm stopped swelling. A few days later, when we met the healer again, we asked him what was inside the *ilizi*. He told us that it consisted of a mix of *mkaa* (charcoal), *maganda ya kakakuona* (armadillo shells), hyena dung, and lion hair. We also heard from the healer that both the wife and husband received medicine (*kubiliti upele*, which literally means to cover the rash) in order for the couple to stop liking each other. It resulted in the husband leaving the wife (interview 4, fifth visit, 4 August 2018; sixth visit, 8 August 2018). In this case, the use of *ilizi* caused problems for the man in the sense that his family did not want him back home because of the stealing, and his wife also did not want to be with him. Clearly, the intervention by the healer was a kind of disclosure that revealed the immoral activities of the husband as being a thief. When using the *ilizi*, the thief may not have had the full knowledge about the consequences of what it means to use that object and what it can do. This narrative is one of a number illustrating the use of *ilizi* for protection and, in this case, it may have protected the man while stealing. However, this case also shows that the use of the object has other implications, like swelling of the arm when the person is not stealing, and a wife and family who do not want to have anything to do with the man because of the immoral implications.

⁹⁰ The use of a mirror in healing practices is a well-known phenomenon, as also mentioned in footnote 72. A mirror can be used for divination or for communication with ancestors. A healer can see the person(s) in the mirror who is doing the patient harm or who is doing the patient good (cf. Luedke 2007; Legrip-Randriambelo and Regnier 2014: 32). Luedke describes the history of the use of mirrors in Mozambique: the missionaries brought mirrors to show the viewer an image of the self, but prophets used the mirror to be able to see in places where the human eyes cannot see (Luedke 2007: 725). This is clearly what the healer Hakeem does: he looks in the mirror to see things that the human eyes cannot see.

Failure of personal safety

The second misfortune I want to discuss here is failure of personal safety. One of my young male adult research assistants had discussed a few topics relating to *ilizi* with two other people and reported a narrative regarding a thief who tried to break into a house that was protected by *ilizi*. The thief became mad (ill). To be able to cure the thief, the relatives needed to go to a healer who is more powerful than the one who made the *ilizi* to protect the house (interview 1, 6 May 2015). Another case where an object was used to protect the house was reported during a get together with three young women friends. One of the friends told me that *ilizi* is for protection of the house, and that it can be put under the pillow or a hole is dug in the floor and the *ilizi* put into it (interview 13, 8 May 2015). In these last two cases, the *ilizi* is not worn on the body or left in front of a house, as in Miriam's case at the start of this chapter (which was probably done with bad intentions), but rather it is used to protect one's own home and most likely put inside the home for protection, as the second case showed. As the first case of failure of personal safety showed, there is a hierarchy amongst healers, in the sense that one healer can be more powerful than the other and the more powerful healer can counter the effects of an *ilizi* made by another, less powerful healer. The efficacy of the healer (see for example Feerman 1985: 79 on the efficacy of a treatment) is clearly important in these cases. One can think that he or she is protected by an object, but if someone uses an object made by a more powerful healer that power can be overruled.

The cases of *ilizi* used for the two non-health related misfortunes make clear that *ilizi* is hidden, worn where it cannot be seen, like the upper arm, or concealed in the floor of a house. And the *ilizi* in the cases presented are all used for protective purposes, either protection of a house, or protection of a thief. The last case made clear that the protection of the house can be overruled by a healer who makes a stronger object for a thief.

As indicated in the previous part, the two misfortunes that were heard the most were failure of health (for example trembling in small children or protection of a young child) and failures of gender (for example miscarriage, not getting pregnant, or problems giving birth). In the following part, cases will be presented for both these kinds of failures in relation to the same three groups of interlocutors, namely, young adults (4.2.1.1), indigenous healers (4.2.1.2), and religious leaders (4.2.1.3).

4.2.1.1 Failures of health and gender: Narratives of young adults

One morning in May 2015, at a mobile clinic where I held some interviews, I spoke with a 24-years-old Muslim woman whose highest level of education was Standard 7. She had come to the clinic with her child to have the child weighed and measured.



Photo 4.3 *Ilizi on a young child*



Photo 4.4 *Object of beads worn around the waist*

The woman explained that she goes to the hospital when necessary, but she also confirmed that her child was wearing objects on the body for protection (the child visibly wore a black piece of cloth around the wrist (photo 4.3)). The child wore this object for protection against stomach pain. The young adult mentioned that the object was made by her father and it contained medicine. The child also wore an object around the waist (photo 4.4), which, she told me, was to prevent the child from suffering or its growth being stunted if its father and mother ever divorced. The young adult explained that there are two different objects, one for men and one for women, and that the object around the wrist affords protection against the evil eye, witchcraft, and also against diseases like *degedege*. It is medicine wrapped in black cloth (interview 24, 15 May 2015). My research assistant tried to make an appointment with the interlocutor's father, but unfortunately he did not succeed.⁹¹ Both objects around the wrist and waist are clearly used to counter failure of health. How the object around the wrist looks and its purpose may indicate that it concerns *ilizi*. This was the first time that I encountered such objects, but seeing them confirmed that objects used for healing and protective purposes are present in urban Dodoma.

⁹¹ Unfortunately, as indicated in the introductory chapter, my book with fieldnotes was stolen that year, and I do not remember why my assistant was unable to make an appointment. It is likely that the father did not pick up the phone, which also happened when my assistant tried to make an appointment with a healer whose name and number were mentioned on a sign on a pole.

Another case of failure of health concerns the narrative I collected during an interview I held in a clinic with a woman who said she made the object herself – she had learned the technique from her *mama mdogo* (mother’s younger sister).⁹² She is a Muslim woman of 40 years old, with four children and Standard 7 as highest educational level. There were no objects on the body of the child she had with her at the clinic, but she told me that she did use an object on one of her other children (her oldest daughter). She used *mvuje*⁹³ (photos 4.5 and 4.6), which protects the child against *degedege*. She put it on the child’s wrist or around the waist. *Mvuje* and onion/garlic are made into powder and then place in an elastic material (which the interlocutor calls *pepsi/lambo* and is made from a bag that could be bought in town). *Lambo* was used because it is waterproof. Consequently, when the child is washed, it stops the medicine from being ruined by water. You take a piece of black cloth and put it around the *lambo* with medicine inside, and then wrap it around the wrist or waist. This particular object had been used since the child was born until she reached the age of two. The woman confessed that she had not observed any effects of using or not using these kinds of object (interview 15, 14 May 2015). She does not know the name of this object but, based on the medicine inside it, it seems likely that it is *ilizi* used to protect the child against health-related issues.



Photos 4.5 and 4.6 *Mvuje* (Asafoetida)

The two above-mentioned cases are rare in the sense that they deviate from most of the other narratives collected that came from young adults who do not use *ilizi* themselves, as is the case in the following example. A Muslim man in his early forties had seen an *ilizi* and asked the person what was inside the object. That specific *ilizi* contained positive words to make it into a good omen. *Ilizi* can be used for a good purpose, for example for protection of a house or a person. The Muslim man explained

⁹² During the interviews, it became clear that only specialists can make these kinds of objects. I do not know whether her mother’s younger sister was a specialist.

⁹³ This is mainly made in India and the non-Swahili name is asafoetida.

that when people talk, they can praise a child, but children can also get sick from the words (they might be expressed as good words but not actually meant in that way). Such words are a bad omen. As seen in other cases, *ilizi* can be used for bad purposes, like harming someone. To change this, positive words are put into an *ilizi*. The *ilizi* is then worn from the neck to the waist, on the legs, and hand (interview 43, 21 May 2015).

Besides food and plant-related materials and positive words, human material can also be used inside *ilizi*, as shown in the introductory narrative of this chapter where nails were used. As several narratives show, nails can also be used to protect a small child. When a baby is born a lock of hair and its first nail clippings can be taken, sometimes along with the umbilical cord, and can be wrapped in a piece of small black cloth. In addition to the hair or umbilical cord, medicine can also be added. The piece of cloth can be worn around the neck, wrist, or ankle. This object is called *ilizi* and is used for the protection of the child (interview 8, 9 July 2014; interview 4, 2 May 2017). One of my interlocutors, a female teacher at a primary school, who is a Roman Catholic, has the umbilical cord (solely that, not used in an *ilizi*) of her second child (according to her, the umbilical cord of her oldest child was probably thrown away by her mother). She will keep it until the daughter has her own house, and then she will bury it near the house for protection. According to her, you are not supposed to throw away the umbilical cord (interview 4, 2 May 2017).

Furthermore, *ilizi* can be used if a woman has a miscarriage, which is an example of Whyte's failures of gender (1997). The female Christian interlocutor with a college Diploma and working as a secretary whom I referred to before, was born in Dodoma indicated the following: a woman can go to a healer (*mganga*) to ask why she is miscarrying so often. She will be given *ilizi* with medicine inside in order for the woman to stop having miscarriages. The healer knows which kind of medicine, but the woman does not. The woman wears it across her body on a chain or on a rope. My interlocutor takes a piece of paper and folds it around her necklace to show me how it is worn. It should be under the clothes (interview 7, 2 July 2014). This case illustrates how *ilizi* can be used to achieve a positive outcome, while it also shows that there is a seemingly shared narration about the object, in the sense that only the indigenous healer knows what goes in the medicine, and that the object is worn on a hidden place on the body.

The above cases demonstrate that young adults do know narratives about the use of *ilizi*, mainly for the protection of a child against, for example, the evil eye, witchcraft, and diseases like *degedege*, but also to prevent a woman from having miscarriages, thus helping to achieve a positive outcome. There appears to be a common narrative on what these objects look like, i.e., a piece of cloth with something inside. What goes inside can

vary from medicines, food, or plants, a piece of paper with words, human material like hair, finger nails, an umbilical cord, or *mvuje*. There also seems to be a shared narrative about where the object is worn on the body, e.g., on the wrist or around the waist.

4.2.1.2 Failures of health and gender: Narratives of indigenous healers

My research revealed that the *mganga wa kienyeji* is the indigenous healer who makes the objects of *ilizi*. In order to have a more complete picture of what the social imaginary is, it was important to interview different kinds of indigenous healers. As indicated in the introductory chapter, it was difficult to find healers, and not all healers I interviewed were *waganga wa kienyeji*. But it was interesting to learn more about what other kinds of healers know about *ilizi*. One healer, named Tish – who calls herself a *mganga wa kienyeji* and was introduced in chapter 2.5.1 – whom I was able to interview three times, discussed *ilizi* during our first interview in 2017. She is a Roman Catholic, in her fifties, working from home on the outskirts of Dodoma. I share the following narrative based on an interview and fieldwork notes:

*Together with my two research assistants I walk on the dust road up the hill to meet the indigenous healer Tish. It is a windy but sunny day, which is quite normal in May. Having almost reached the top, we turn left onto a small path through the corn field until we reach a small house with some open soil in front of the house. The house has four rooms, whose windows are sealed with mud. A small, older woman comes out to greet us. She greets my assistants in Gogo [the vernacular language], while I greet her in Swahili. We sit down at the side of the house to talk about her work as a *mganga wa kienyeji*. At one point, I ask Tish what she knows about *ilizi* and whether she makes the objects herself. The healer says that the name for the object used for a child is *kinga*, which is the Swahili word for to protect or protection. We ask her if it is *ilizi*. She confirms this and tells us it is worn on the wrist or on the neck. Cuts in the flesh are not called *ilizi*. There is another type of *ilizi* where a small piece of medicine is cut from a type of tree. The healer speaks to that piece of the tree to tell it what it needs it to do. You swallow that piece. We ask her if she knows about *mvuje*, and she confirms that she does. She uses it, also to make *ilizi* for a child. The healer uses *ilizi* to protect the body of the child. Older people mix *mvuje* with water and drink it when they have a headache. When I ask her if *ilizi* is only used for protection or if it is also used as a cure, she answers that it protects against and treats all diseases in the head, headache, and backache (interview 11, 9 May 2017).*

This narrative confirms those told by the young adults in the sense that in the common perception an *ilizi* consists of a piece of black cloth with a substance like *mvuje* inside, and that it is used for protection and healing purposes. The narrative mainly addresses Whyte's failure of health.

The clearest case I encountered when talking to a *mganga wa kienyeji* about *ilizi* was with Hakeem, the previously mentioned Islamic healer. He was in his late fifties, had his practice inside his compound outside the city centre, and I visited him six times in the summer of 2018. His youngest child was wearing a black piece of cloth on the left wrist, which the healer confirmed was *ilizi* (photo 4.7). It consisted of a piece of black cloth with the umbilical cord and the powder called *mvuje* inside and it was used for protection. According to Hakeem, the colour represents the darkness, which relates to doing someone harm. Anything bad cannot attack the *ilizi*. The healer made the object for all his children; the boys wore it on the waist, the girls on the wrist.⁹⁴ The object can disappear by itself, or it can be removed by one of the parents. The second youngest child, a boy, wore the *ilizi* around his waist from three months old until he reached the age of two. According to Hakeem, it is a Sukuma practice. Indeed, he had worn such an object when he was a child. He also made the object for other children, and it always consisted of the umbilical cord and *mvuje* (interview 4, fourth visit, 31 July 2018). In this case, the object of *ilizi* is also used to prevent failure of health. It is a black cloth containing a human part and some kind of food-related material, and it is worn on a visible place of the young child's body.



Photo 4.7 *Ilizi on the wrist of Hakeem's son*

When I asked a female Anglican indigenous healer who was in her late fifties if she used *ilizi*, she said she did not, but told me that instead of *ilizi* she has medicine that she boils to protect children. These medicines protect children immediately after they are born against evil people, against *degedege*, and other diseases that may affect the child when he/she is still young. When I asked if I may look at the medicine, she

⁹⁴ Unfortunately, I do not know why this differs.

answered that the spirits (who inform her what to do) would not allow this (interview 9, 18 July 2018). This case shows that not all indigenous healers make *ilizi*, but it does give an indication that healers know what *ilizi* is and what it can be used for.

The cases of the indigenous healers who do make *ilizi* confirm the social imaginary of the young adults in the sense that both groups perceive the object consisting of a piece of black cloth with something inside like *mvuje* and the umbilical cord of the child, and that the object is worn on the body (wrist or neck). The purpose of the object is to protect the young child against bad things.

4.2.1.3 Failures of health and gender: Narratives of religious leaders

In response to the interview with the indigenous healer, Tish, whose narrative was discussed in the previous section (4.2.1.2), and her mentioning that she is accepted by the church (she was clearly wearing a rosary and she said she attended church every week), we interviewed a few religious leaders to discover their views on indigenous healers who make *ilizi* and what their knowledge is of such objects. Rio *et al.* mention that Christianity “shares the human-centric belief that misfortune is caused by the malevolent intentions of others” (2017: 4) and uses prayer, redemption, renunciation, and sacrifice as a remedy. According to Rio *et al.*, the human-centric worldview of Christians includes the idea that evil influences always attack a person and this means that people need protection (ibid.: 4, 6). This strategy to confront such forces is evident in the narratives collected from religious leaders and some young adults, as the following cases will show.

Jabari is a married Roman Catholic in his mid-forties. He has five children, was born in Dodoma rural area, is a catechist,⁹⁵ and has heard about *ilizi*. He said he heard that people use it, but he had never seen it. And he himself had never used it. When we asked what he had heard, he told us that people went to the *mganga* to obtain it, and that they used *ilizi* for business and other things, for example for protection of the body. He could not say much about it, because he had not seen it, not even in a picture. But as a religious leader, he had talked to people who told him about these kinds of objects. He then quoted some sermons that preach against such practices, encouraging people to stop using these kinds of objects, because it is against Gods will (interview 16, 15 May 2017).

⁹⁵ Given that many of these Catholic religious leaders are married, it is likely that they are lay ecclesial ministers, and not priests.

Another Christian religious leader, who was in his mid-fifties, had seen *ilizi* himself; indeed, he had actually removed a lot of these kinds of objects from young children who were in the process of being baptised and were wearing the *ilizi* around the wrist, upper arm, or the waist. He had seen the black cloth but he had never opened one to see what was inside. Before the child was baptised, he asked what the *ilizi* was for. He was told that it was for protection and was inherited from the ancestors, the grandparents in particular. Any child wearing such an object was not allowed to be baptised. The preacher told the parents that they were objects that were used a long time ago, when there were no hospitals and the grandparents went to the forest to get roots or herbs for different diseases. “*Now the world has changed,*” he said, “*we listen to the word of God, and it is therefore that the ilizi has to be removed.*” After the object is removed the church leaders pray over it, sprinkle it with holy water and then burn it outside of the church, without looking inside. There was a certain hole which they put the *ilizi* into, along with other rubbish. According to the preacher, the church does not believe in the efficacy of *ilizi*. He said that when somebody wears this kind of object they cannot believe in God (interview 19, 19 May 2017). Praying over the object before it is burned seems to contradict the statement that the church does not believe in the efficacy of the object. This case clearly reveals the effect of the urban environment with its facilities, including the influence of religions like Christianity. But it also indicates that in the view of religious leaders one cannot be a Christian and believe in God and use *ilizi*. In the following parts of the chapter, the implications of this become clearer.

Since the primary religions in Dodoma are Christianity and Islam, we also interviewed some Muslim religious leaders about what *ilizi* looks like. One of the Muslim religious leaders responded:

It can be in any form of object. It depends on the person who has made it and the one who needs it. There are two categories: it can bring chaos; it can protect. The ones that can bring chaos are manuizi [Islamic word], which is the same as lengo or nia.⁹⁶ Something you think the object is going to do (lengo) (interview 10, 19 July 2018).

This Muslim religious leader also said that it is not accepted to use *ilizi*, that God does not want it. According to him, anyone using it is not respecting God. Rather, it indicates that you are following multiple gods, and not one God. The narrative of the Muslim leader is the same as those of the Christian religious leaders in the sense that

⁹⁶ *Nia* can be translated as intention, aim, or purpose, and *lengo* as target or objective/aim (TUKI 2001: 245).

both primary religions prohibit people from using *ilizi*. In addition, as De Bruyn (2017: 18) shows, early Christian writings in the second and third centuries already began to associate amulets with danger and evil, and thus to causing harm. This contradicted, as he also indicates, the way in which people used amulets to heal themselves from sickness (ibid.: 26). I am aware of this longstanding history of Christian thinking about these matters, but I do not aim to give a historic analysis of Christian ideas on the use of objects. The research aims to present, among other things, the present-day views of religious leaders (both Christian and Muslim) on the use of objects like *ilizi* within the urban environment.

This section (4.2.1) discussed the use of *ilizi* in relation to two misfortunes, namely failure of health and failures of gender. As became clear, the young adults mainly have knowledge about what the object looks like and about the use of *ilizi* for these kinds of misfortunes, but most of them do not use the object themselves. The narratives of the indigenous healers and religious leaders seem to confirm the narratives of the young adults. The social imaginary between the three groups concerns: 1) what the object of *ilizi* looks – black cloth with something inside; 2) the use of the object – to protect a child against stomach pain or *degedege*, but also to prevent miscarriages with women; and 3) the placement of the object – on the body, i.e., the wrist, upper arm, or waist. There is also contestation: the young adults say they do not use the objects, but the *waganga wa kienyeji* say they do make the objects of *ilizi*, and at least one religious leader has seen *ilizi* himself. The narratives of the religious leaders reveal that whether Christian or Muslim, they share the same view on the use of *ilizi*, in the sense that it is not accepted because it is against Gods will.

4.2.2 Shame and secrecy

Within the narratives told, the existence of biomedical care, education, and religion are important factors. On the other hand, the presence of other sorts of healing creates a dilemma or, as I call it, contestation, which causes shame and secrecy. This will be the focus of this part of the chapter. When writing about secrecy, the concept of ignorance is important, since it embraces various forms of not-knowing, unknowing, and secrecy, according to Kirsch and Dilley (2015). They argue that non-knowledge should be treated as though it has a social life. The secret is a form of non-knowledge (ibid.: 1, 2), which they describe as the “unequal distribution of knowledge in a social field, with some people sharing a certain stock of knowledge and others being ignorant of its contents (ibid.: 3).” Ignorance of the contents of a secret “contributes to the social construction of reality” (ibid.), which also became clear in my research, as this thesis aspires to show. Last also mentions secrecy, but in relation to medical

matters, in the sense that practitioners “are not expected to describe their methods” (2007: 9), because they are trade secrets. According to Last, in his research about a Nigerian town⁹⁷ in the north of Nigeria, besides the secrecy among practitioners, there is also secrecy among patients, since they cannot discuss their illness (only with their closest kin), because if you let people know you are ill, you become an easy target for witches, since “witches are notoriously concerned for their victims and mourn them the most” (ibid.). I encountered this kind of secrecy during my research: people say that nobody knows what is inside *ilizi*, only the *mganga wa kienyeji* who makes the object knows. The other kind of secrecy relates to the patients, in this case higher-educated, religious young adults, since the primary religions do not permit going to an indigenous healer for an object like *ilizi*. According to Last, people do not know through a combination of three aspects: uncertainty, scepticism, and secrecy (ibid.). He argues that not-knowing originates “in the breakup of traditional medicine as a system,” which developed “a secrecy to conceal the lack of knowledge and certainty,” but also a “scepticism in which people suspect that no one really ‘knows’ that there is no system” (ibid.: 11). In Chapter 3, I discussed the different kinds of health systems in Dodoma, with an emphasis on folk healers. I propose that, due to the growth of Dodoma, including the dominance of religion (Christianity and Islam), more access to education and the availability of biomedical healthcare options have made secrecy more apparent in the capital city.

The chapter will now present a series of narratives on shame and secrecy in relation to the three groups of interlocutors, namely, young adults (4.2.2.1), indigenous healers (4.2.2.2), and religious leaders (4.2.2.3), aiming to show why young adults in particular feel so ashamed and are concerned by the secrecy and hiddenness of the object of *ilizi*.

4.2.2.1 Shame and secrecy: Narratives of young adults

The higher educated young adults from the middle classes living in Dodoma Urban developed their narratives on the object of *ilizi* while growing up (through relatives, neighbours, films, etc.). Yet for them it is also particularly shameful to use *ilizi*, especially when worn visibly, e.g., on the wrist. Most of the interlocutors share the

⁹⁷ According to the 1963 census, the town had a population of 17,000 (Last 2007: 2-3), the 2022 census showed a projected population of 326,900. (https://www.citypopulation.de/en/nigeria/admin/katsina/NGA021025_malumfashi/, accessed 9 May 2025). The town has a much smaller population than Dodoma urban, with a population of 1,087,745 according to the 2022 Demographic and Socioeconomic Profile. Even though the town has a smaller population, it is interesting to compare with Dodoma, since modern medicine became part of the medical landscape since 1960, as well as schools and better roads (Last 2007: 4) which is also applicable to Dodoma.

opinion that it is not accepted by their (primary) religion and that they do not use *ilizi* because they are higher educated. As one of my interlocutors with a master's degree and a job as health officer, puts it:

it is a sin to believe in witchcraft, because it is not accepted by their religion, seen from both Christianity and Islam (interview 38, 16 May 2015).

I have asked many young adults about the visibility of objects worn by young children and, by contrast, why they are hidden among young adults. As a senior nurse informed me:

The child is small, they do not know anything. They do not understand the purpose of the object. But the adult knows the purpose. They do not want to be seen with that object. They prefer to put it in the pocket or in the waist (interview 52, 25 May 2015).

I heard this argument from other interlocutors as well: that because of the innocence of a young child, because they do not know what they are wearing, it is more accepted for a young child to be wearing *ilizi*, but the parents will deny that the child wears *ilizi*, even if you have seen it.

I also asked young adults why people might be ashamed of using *ilizi*. One interlocutor, who is a teacher at a primary school, told me that:

She thinks they [people who use ilizi] might be feeling shy, because they are outdated (zimepitwa na wakati). And act in religious ways against those objects by preaching against those things. She thinks they are used in the past, they might not be used today (interview 4, 2 May 2017).

Another interlocutor, who works as a secretary, informed me that:

people feel shy. By saying they use ilizi, they believe that they can become witches (interview 13, 12 May 2015).

And a third interlocutor, a teacher at a primary school, told me:

Because these objects are against Gods will. They are preached as bad objects. A person may be a Christian person or not. I do not know how it looks like; I only hear about it (interview 5, 3 May 2017).

In May 2015, when I held some interviews at a mobile clinic, I had an interview with a young woman who had converted from Islam to Christianity upon marriage. When the child was ill, she immediately went to the hospital. When I asked her if she wore any things on the body she said that she did not use these kinds of objects because she believed in God, and she was afraid. When I asked her why she was afraid, she told me that with her first born, a boy, she was advised by other people to use *ilizi* for protection against several diseases. One day, her uncle came and found *ilizi* on the child. The uncle educated the mother and said: “*You do not know what is inside, you do not know what it is for.*” She got the *ilizi* from the *mganga* (healer). The uncle took the *ilizi* and put it in the fire. The child continues to suffer even when the young woman was using *ilizi*. The *ilizi* apparently made no difference. It seemed the fear concerned the unknown: you don’t know what is inside the object and what it is for. When I asked her who used these kinds of objects, she told me that many people in the villages do, but that in the city it depended on the person’s perception and that it was not related to a specific ethnic group (interview 19, 14 May 2015).

During my research, I was also told by the municipal nutrition officer (whom we met in the introduction to this chapter) that they would visit villages to burn *ilizi* while casting out demons or praying for a sick person (personal correspondence via e-mail, 26 May 2015). I have spoken to someone who she introduced me to who told me a bit more about these kinds of field trips. They went one week a month to three villages, accompanied by doctors from particular areas in order to offer health services, especially to women and children. They also offered spiritual services as pastors and, as evangelists, they preached the word of God, told the people the good news about Jesus, and how to live a good life. He told me that “*there is belief in superstition.*” He had seen *ilizi* on both adults and children, but said that it is easier to see with children, because adults hide it. When I asked why adults hide the objects, he told me that “*they do not want people to know that they believe that superstition. If I use, they fear that I am also a witch doctor, or not a good person.*” According to him, the objects found on children are only used to treat health issues, while adults use these objects for other purposes, too (interview 1, 5 May 2016). This case makes clear that adults feel ashamed and behave secretive about the use of objects – even in the villages – because they want to occur as a good person, and are not seen as one when seen with an object like *ilizi*.

In paragraph 4.2.1.1, I presented a case of a young woman whose child was wearing *ilizi* around the wrist (interview 24, 15 May 2015). When I asked if I could take a picture, the woman looked uncomfortable. I therefore proposed to go somewhere else, behind the mobile clinic, in order to take the photograph. She agreed. When we were behind the clinic, the mother showed me that the child was also wearing an object around

the waist. This is clearly a case of shame about the wearing of an object used for protection purposes. The *ilizi* around the wrist can be visibly worn, but the object around the waist, hidden under the clothes, is invisible.

The reason why young adults feel ashamed, became more explicit during the interview with Simon, a Christian male entrepreneur in his late thirties with one young child. He mentioned that if an adult is seen wearing *ilizi*, that person fears the community looks at him as a strange person, someone who performs witchcraft. At the same time, they see you being involved in religious activities and therefore the person feels ashamed. According to Simon, there are people who are half-believers, who do not believe in God entirely, and so they go to ‘witch doctors’ for other things, and their children wear those objects (interview 42, 21 May 2015). Based on the narratives, it seems it does not make a difference whether a person is Muslim or Christian. I also heard the above-mentioned arguments from people from different ethnic groups and birth places.

As one of my other interlocutors – a young Christian man with a university degree and no children – told me: *“Where I come from, they feel shy. This kind of practice seems to be that they do not believe in God. They have their own agenda in life. When someone asks about the purpose of ilizi, you cannot answer, because that person is going to ask more.”* I asked him if the reason they hide the object is because they do not want to have to explain? *“Yes, they hide [them]”*, he answered (interview 2, 7 May 2016).

The common narrative that is shared by the young adults in relation to shame and secrecy is that a young child who is wearing *ilizi* does not know what the purpose is; the young child is innocent. But a young adult does know the purpose of the object and its association with bad things and not being a good person. It seemed the shame and secrecy are caused by the unknown of the object (what is inside and the purpose), and by using the object, there seems to be social exclusion, since the use of the object is associated with performing witchcraft. You are not seen as a good person, when you use the object.

4.2.2.2 Shame and secrecy: Narratives of indigenous healers

I talked with *mzee* Ibrahim (an indigenous healer mentioned in Chapters 2 and 3) about *ilizi* and objects used for protection. He informed me during our first conversation, in 2014, that a piece of black cloth containing elephant dung, garlic and *mvuje* are put around the wrist. This object is meant to help a child who cries a lot at night – a child that cries because of devils. This object is worn until the child is five years old. He told me that there were two popular ethnic groups in Dodoma, namely, the Wagogo

(living in Dodoma's urban areas) and the Warangi (living in Kondoa region, but now settled in a specific part of Dodoma), and that both these ethnic groups used this kind of object (interview 1, 18 June 2014). During our interview in May 2016, I asked him if he makes *ilizi* himself, but he said he did not. He did now admit that there are four things contained in the *ilizi*: in addition to the above-mentioned three items something from the ancestors is also put into the black cloth. He had heard that it is used for a young child who cries a lot at night and that it is wrapped in black cloth and put around the wrist. He did not make *ilizi* himself, because he had not learned about it, and because it was not accepted in his religion (he is Muslim). He added that it is like doing *uchawi* (witchcraft), which is very serious. It is only the *mganga wa kienyeji* who makes *ilizi* (interview 10, 17 May 2016). My findings suggest that he means that with witchcraft you can do harm to people, and it is not something everyone can do. His views on witchcraft will be further discussed in chapter 4.2.3.2. I asked him if he was aware that people feel ashamed about using these objects. He informed me that most people go at night and are ashamed that other people might see them and talk about them. For example, if you are a boss of a company and are seen wearing such objects. I mentioned that I had heard that small children can be seen to wear these objects but that adults cannot. I asked him why. He responded: "*Who will ask the child?*" But if the person is an adult, people start gossiping. Mzee Ibrahim continued, "*when I would see a child wearing such an object, I know the parents or grandparents gave the object.*" Mzee Ibrahim told me that they will deny it. "*Even if you have seen it, they will deny it.*" He told me that children wear the objects, but adults do not. When I mentioned that everybody knows that there are adults who wear objects, he confirmed this (interview 10, 17 May 2016). My interpretation is that people do feel ashamed about the use of *ilizi*, as he indicated during our interview in 2016, and that they do not want to be associated with the object and with witchcraft – which is seen as a bad thing –, while, most likely, being a religious person at the same time. The narratives of religious leaders concerning *ilizi*, will be discussed in the next part 4.2.2.3.

The issue of shame and secrecy became clear when interviewing the *mganga wa kienyeji* Kareem about *ilizi* in July 2018 (see also paragraph 4.2.1.2 concerning failures of health and gender). During the first interview I had with him he responded negatively to my question about whether he had heard of and used *ilizi*. But during my fourth visit, I saw that his youngest child was wearing a black piece of cloth on the left wrist, which the healer confirmed was *ilizi* (interview 4, fourth visit, 31 July 2018). I did not ask him why he responded negatively the first time I asked him about the knowledge and use of *ilizi*, but my assumption is that he did not want to share that knowledge with me during our first meeting. During my fourth visit, I was more familiar to him (and his family) and it may have been easier for him to tell me about the *ilizi*, since he knew me better and perhaps a level of trust and confidence had been built. In

addition, he might have been open about the object due to my direct question when I saw the child with the object around the child's wrist and asking him if it was *ilizi*.

In her research on identities, tradition, and religion in a coastal city of Tanzania, Holthe distinguishes three examples of the presence of secrecy: secrecy resulting from boundary setting related to the religious practices, which are privatised; secrecy in the way indigenous healers practiced and operated; secrecy in the social field, where women took measures to avoid gossip (2017: 66-7). As became clear in Chapter 3 of this thesis, I also encountered secrecy relating to the practices of indigenous healers: it was difficult to find them; some of them stopped picking up the phone when my research assistant called; or they asked for large sums of money for an interview; and most healers interviewed were living and had their offices on the outskirts of Dodoma city. Even though the young adults interviewed say they are religious, and the object of *ilizi* is surrounded with negative connotations, shame and secrecy, the *waganga wa kienyeji* do exist in Dodoma, but are not located in the city centre. As indicated in the findings, they are located on the outskirts of Dodoma to avoid gossip from people like young adults and religious leaders, and to be able to practice their profession, like Holthe (2017: 66-67) mentioned. But in addition, to provide a private space to meet with clients, as one of the indigenous healers from Chapter 3 mentioned: “*You need a secret place to keep the privacy of the people who come.*” In town, people are more fearful of being seen visiting a healer (interview 6, 14 July 2018).

4.2.2.3 Shame and secrecy: Narratives of religious leaders

In 2018, two Muslim spiritual leaders (*shehe*⁹⁸), both in their early forties, but living in different parts of Dodoma, were also interviewed on their vision about *ilizi* in relation to the mosque. I interviewed one Muslim spiritual leader on the porch of his house; the other *shehe* was interviewed in a kind of classroom between two buildings, which was partly covered some sort of canvas. Both religious leaders said that the use of *ilizi* is prohibited. As one of them told me: “*if someone is using it, it is not respecting God*” (interview 10, 19 July 2018). If someone is wearing *ilizi* or if someone is a healer who makes *ilizi*, religious leaders will preach to that person that they should believe in God, and make clear that there is only one God. According to one Muslim spiritual leader, the Quran says that if a person makes a mistake or goes against religious stipulations, he or she must be frequently reminded. If the person is found using these kinds of

⁹⁸ *Shehe* is used to refer to a Muslim religious leader (Rafiq 2022: 530), a religious scholar who is “knowledgeable enough to pronounce on religious issues” (Becker 2008: 14), and the literal translation of this Swahili word is sheikh or wise old man (TUKI 2001: 290).

objects again, the Quran permits that person from being barred from the mosque (interview 11, 19 July 2018). If you make or use *ilizi* it indicates that you worship several gods. According to one spiritual leader, a *mganga wa kienyeji* is not accepted in the mosque because the Quran is against the worship of multiple gods. Those people who wear *ilizi* cannot be given any leadership within Islamic religion, because they are not exemplary to the rest of the community (interview 11, 19 July 2018). According to the other *shehe*, a healer who makes *ilizi* can come to the mosque, but the *shehe* will preach to the healer that he/she has to believe in one God. If the healer uses his/her profession for good (for example by using herbs (*miti shamba*)) then that is acceptable, but if you use it in a bad way (for example by using *ilizi*) it is not good. Even medicine from the hospital, like Panadol, which is considered good, originates from *miti shamba* (interview 10, 19 July 2018).

The use of *miti shamba* is explored by Marsland (2007) who found that it generally is seen as a good thing and related to hospital medicine. She quotes a healer who is trained in Islamic and ‘local’ medicine who says that the tablets given at the hospital actually contain traditional treatments. According to that healer, the difference is that the healers dig up the roots and boil them, which takes a long time (2007: 758). During her research, Marsland discovered that people who are Christian nevertheless use *miti shamba* in secret. This is highly related to missionary views that do not allow its use because it is prescribed by witch doctors, who are linked to witchcraft (ibid.: 757). Some of the young, Christian adults that I spoke to confirmed using herbs for healing purposes (for example *ndulele* (photo 4.8) and *marembo*⁹⁹ to warm the body). One interlocutor – a young male school teacher – told me that he used to obtain herbs from his home area, but no longer uses them because they are not available in Dodoma. But he expressed the hope of being able to get medicine from his home area if he ever had a serious problem (interview 5, 3 May 2017).



Photo 4.8 *Ndulele*

⁹⁹ These are local not Swahili names. The herbs come from the avocado tree and are frequently sent by their parents (interview 7, 5 May 2017).

There is a clear and common narrative among the religious leaders concerning the use of objects, and it relates to shame and secrecy; namely, the use of *ilizi* is unacceptable because it indicates a belief in more than one God. By contrast, the use of herbs is accepted by religious leaders, because they are linked to biomedicine. The shame and secrecy are apparently directly linked to the associations between such objects and witchcraft, which is the focus of the next part of the chapter.

4.2.3 Witchcraft

Listening to the narratives, it became clear that people do think that misfortunes can be caused by witchcraft and that the local government tries to regulate the non-biomedical part of healing by obliging all healers to register – as explained in Chapter 3. According to Bukurura (1994), misfortunes and fears associated with witchcraft are present among the Sukuma and Nyamwezi rural communities in Tanzania, be it deaths, sickness, crop failures, or reproductive problems, all of which are attributed to the powers of witches. On the other hand, there is a powerful view that disregards such thoughts as outdated. But these thoughts persist and the government has tried to protect the part of the community that is accused and suspected of being behind such misfortunes (the ‘witches’) (ibid.: 65).

Ample research has been done on witchcraft in different areas and eras in Africa (cf. Evans-Pritchard 1976; Geschiere 1997; Ter Haar 2007a; Rio *et al.* 2017). Broadly, witchcraft means “harm to persons or their belongings” and “human-centric, relational ways of understanding health, well-being, and social processes” (Rio *et al.* 2017: 4), or it “is a manifestation of evil believed to come from a human source” (Ter Haar 2007b: 8). In the context of my research, the way that witchcraft is perceived primarily relates to doing someone harm and it is associated with darkness (or evil as Rio *et al.* (2017: 8) mention). The most repeated word used in connection with *ilizi* during my research was witchcraft.

Evans-Pritchard studied witchcraft in his work on the Azande people. He wrote about witches and sorcerers and made a clear distinction between them and diviners, oracles, and medicines that the Azande use to guard against both. He translates the Azande word *mangu* as witchcraft and defines it as “a supposed psychic emanation from witchcraft-substance which is believed to cause injury to health and property” (1976: 226). He also relates witchcraft to different kinds of misfortunes, such as a bad groundnut crop, a scarcity of game, or someone catching influenza (ibid.: 19). Geschiere (1997: 2) mentions that many Westerners see the belief in witchcraft as “traditional” and believe that modernisation will result in it

disappearing, but this view does not resonate with the actual developments in Africa today. More than twenty years later, his argument still stands, in the sense that, in my research, it became clear that the belief in witchcraft has not disappeared despite modernisation in Dodoma. European missionaries were convinced that witchcraft would disappear in African societies with the advent of Christianity (Geschiere 1997: 2; Iliffe 1995: 153). According to Moore and Sanders (2001: 20), witchcraft is “a set of discourses on morality, sociality and humanity” and it is a “form of historical consciousness, a sort of social diagnostics,” that explains why the world is the way it is and the changes that are taking place. Witchcraft can have different causes, as Ter Haar (2007b: 1) makes clear: it can be caused by war, poverty, other forms of misery, HIV/AIDS, or a crisis of governance. Chapter 5 shows that there is a clear contestation between the existence of the primary religions, education, biomedical healthcare options, and the existence of different kinds of healers. Listening to the narratives of most of the young adults, it seemed that witchcraft is part of something of the past, but this section 4.2.3 will show how witchcraft is seen within the social narrative of *ilizi*.

Ample research has been done on witchcraft in different areas of Tanzania (cf. Abrahams 1994; Green 1994, 2005; Stroeken 2010, 2017). According to Stroeken, the concept of witchcraft has almost unnoticeably changed over time in rural Tanzania. He argues that there is a split of mind and matter, and that witchcraft now belongs to the domain of mental health. Stroeken described a change from collective village- or clan-based practices towards more individual treatment that is practised via an oracle and private ceremonies with healers (2017: 152, 166). Mombeshora (1994) shows the conflicts in generational relations with respect to witchcraft in a village in southern Tanzania. He states that the *waganga wa kienyeji* (he calls them diviners, I have used the word indigenous healers (see Chapter 1)) have claimed that they are the only ones who can treat the effects of witchcraft.

Within Tanzania, cases can be found for the use of medicines for witchcraft purposes. *Uchawi* is the Swahili word for witchcraft, and *mchawi* (pl. *wachawi*) means witch (pl. witches). According to Green (1994: 24-5, 44), *uchawi* embraces sorcery, witchcraft, and intermediate forms, but its usual translation is witchcraft. The Pogoro in Southern Tanzania (among whom she did her research) have a term for witchcraft that suggests the use of medicines, of many different types and classified in terms of how they are administrated. She also mentions *hirisi*, which, according to her, is “any medicine wrapped in cloth and worn on the body.” According to Green, witches (both men and women) use their medicines in order to harm other people, and they derive their powers from using medicines (ibid.: 25). During my research, I often heard people talk about the connection between witches and medicines like *ilizi*, in the sense that *ilizi*

is used to protect young children against witches.¹⁰⁰

In my research, witchcraft was an oft-repeated word in relation to *ilizi*, which relates to what Abrahams argues, namely, that “witchcraft is only one of a number of conceptions of the human capacity for evil and for doing harm to others” (1994: 10). As became evident from talking to my interlocutors, the object of *ilizi* is used for, among other things, protecting a young child against harm (for example, against *wachawi* (witches), the evil eye, or crying at night), protecting the house, protecting a thief, or for being more successful in business. This latter goal is mentioned in an article by Mgumia (2020), which details how witchcraft is used to magically steal money from small businesses in Tanzania. The narratives about *ilizi* make clear that it can be used for both good and evil. The narratives of the three groups of interlocutors in relation to *ilizi* reveal that people are especially focused on such objects’ ‘evil’ connotations and the associations with witchcraft.

As we have seen, *ilizi* is generally made using black cloth. The colour black is frequently associated with evil and/or doing someone harm. Turner (1970: 71) describes the associations of blackness within the Ndembu society in Zambia: blackness is associated with badness or evil, to have misfortune, to have diseases, witchcraft, death and night or darkness. Following the literature mentioned in this section 4.2.3, the next sections will focus on the relation between witchcraft and the three groups of interlocutors, namely, young adults (4.2.3.1), indigenous healers (4.2.3.2) and religious leaders (4.2.3.3) and aims to show how witchcraft is perceived in relation to the object of *ilizi*.

4.2.3.1 Witchcraft: Narratives of young adults

It became clear from the interviews conducted that *ilizi* (and also witchcraft) is mainly used in the cities in the north of Tanzania (for example Mwanza, Mwanga, Kigoma) or Tanga on the northern part of the coast. Sometimes, cities closer to Dodoma were mentioned, for example Morogoro, which lies on the way to Dar es Salaam. This was for example mentioned by Candace when talking about *ilizi*, and the use for small children who do not feel well or cry a lot. “*People from Tanga, Morogoro, Shinyanga, Kigomba*¹⁰¹ and in Dodoma use it,” she says (interview 7, 2 July 2014). Some areas within Dodoma region were explicitly mentioned as places where *ilizi* is used, for example

¹⁰⁰ I did not ask about the relationship between witches and indigenous healers, and the healers were not referred to as witches. The focal point of my research was not who the witches were and what they did, but, as indicated in my thesis, witchcraft was rather part of the social narrative and related to the fear of witches and witchcraft.

¹⁰¹ Shinyanga and Kigomba are located more in the west of Tanzania.

Chang'ombe (a neighbourhood in Dodoma city) and Kondoa (an area about 140 kilometres away from Dodoma City). "*Especially in Chang'ombe,*" one woman told me, "*because there are many Muslim people and many women are uneducated*" (interview 2, 6 May 2015). She was one of several interlocutors who mentioned the wards of Chang'ombe or Kondoa as a place where *ilizi* can be found.

Several interlocutors related the object of *ilizi* to the topic of witchcraft. One told me: "*It belongs to witches*" (interview 14, 14 May 2015). An example of the narratives told in relation to such objects, witchcraft, and the colour black is my interview with a Christian woman in her late twenties, the mother of a young child. She had seen people use these objects, and also parents giving such objects to their child. She did not know what is inside the object but she was aware that it was worn around the wrist, neck, or waist, and that it is black. When I asked her why the object is always black, she answered:

Black is used because it seems that black cloth is associated to witchcraft. The mganga [healer] and wachawi [witches] are always wearing black. It is associated with evil and bad things (interview 16, 14 May 2015).

During my first visit in 2014, one of my interlocutors, Kharim (a higher-educated Christian man whom I introduced in chapter 2.5.1), showed me a video of two witches who were caught in Mwanza, Northern Tanzania. He wanted to show me that witches do exist, and he told me that he believed in witches. The witches in the video were a young man and a young woman. The woman was pregnant. She wore a chain of large beads across her body (from the right side of her neck to the left side of her waist), an amulet around her neck, a short skirt, and something covering her breasts. The man wore a piece of cloth. Both of their faces had been smeared with something black. Their clothes and adornments were black and red. The woman flew through the air with an *ungo* (an object used to sift rice), the man with a spear/arrow. They also had a horn (smeared red) and three calabashes: one containing *dawa* (medicine), one with human flesh, and one that was used with the object that made them fly. The witches came from Kigoma (interview 9, 11 July 2014). Green (1994: 25) mentions that witches operate at night, because then they are invisible to ordinary people, and that they fly naked through the sky. The people interviewed during my research who mentioned witchcraft were clearly fearful of witches (*wachawi*), which, I argue, is part of the social narrative of *ilizi*. This also became clear in a small Focus Group Discussion with two female Christian friends. I asked them what they would do if I walked towards them, put my hand out, and said that I have *ilizi* on my hand? One said "*I will run; I am afraid. Sometimes they work, but I do not believe.*" The other friend said she would be afraid too (interview 13, 12 May 2015).

The narratives also make clear that *ilizi* is associated with multiple gods. During the same small Focus Group Discussion with friends, I asked if those gathered knew what *ilizi* was. One person responded that “*people who have a belief in witches use ilizi as a second God*” (interview 13, 12 May 2015). This polytheistic aspect of *ilizi* and witchcraft also became clear when interviewing religious leaders (this will be presented in 4.2.3.3).

Most of the young adults I spoke to had heard about *ilizi*. One interlocutor, a secondary school teacher in his early thirties, told me the following:

Yes, I hear it as part of the sermons in church. These are things related to witchcraft. Normally talked about being burned. It is preached that it is not good. Bring it and burn it. I am in Dodoma for ten years now, for university and for work. I heard about it in Dodoma. When I was at university the Christian student's organisation gave fellowships. Their pastors have been preaching about ilizi. This is the only place where I have heard about it (interview 5, 3 May 2017).

I also asked whether people are ashamed of wearing objects like *ilizi*. A young female interlocutor who is doing a bachelor study at one of the universities told me:

People use it secretly. They do not want people to know they use. They do not want to know, because it is not a good thing. People who use it might be seen as a witch doctor (interview 7, 5 May 2017).

During an informal conversation with two friends about finding indigenous healers, I asked if they knew of the existence of *wachawi*. They said they did not but knew they were present in Dodoma. When I asked if they saw such persons a witch, they said yes, adding that witches are busy and they kill people by adding poison to food. I asked them how do you recognise a witch? One of my friends explained to me: “*a witch cannot look at you, the person looks down a bit skittish. When you talk to friends, you look at each other, but a witch does not look at you*” (fieldwork notes, conversation 10 July 2018).

From the few cases I explored of small children wearing *ilizi* for protection and or healing, it became clear that the object had been made by an older relative and that they had put the medicine contained in it inside the black cloth. From the narratives told by young, female adults it was clear that this person was usually the child's mother, the grandmother of the husband, or a neighbour who advised them to keep the newborn's umbilical cord for protection (for example buried next to a tree on the

compound or put in the black cloth worn by the child). I argue that in addition to the role that age plays in the use of an object like *ilizi*, access to facilities available in the urban city of Dodoma also has an impact on the choices of young adults. Most young adults interviewed had moved from other places to Dodoma, which is a city where facilities for education, religion, and biomedical health care are present.

As displayed in the introductory section 4.2.3, witchcraft is related to misfortunes, doing harm to people, and is associated with darkness or evil. Section 4.2.1.1 showed that *ilizi* is used in cases of misfortunes and doing harm. The current section 4.2.3.1 made clear that *ilizi* is related to witchcraft, and is associated with the colour black, and the belief in more than one God. As the narratives in the current section also showed, the belief in witchcraft did not disappear when Dodoma modernised and when urban facilities came to Dodoma.

4.2.3.2 Witchcraft: Narratives of indigenous healers

Mzee Ibrahim informed me that using *ilizi* is like doing *uchawi* (witchcraft). He explained that only the *mganga wa kienyeji* (which he is not) makes *ilizi* (interview 10, 17 May 2016). He is a *mganga wa tiba za asili*, a healer who uses herbs and alike to cure diseases. In 2018, I asked him if he could put me in touch with *wachawi* (witches), but he told me that he knew some but that “*they won’t accept that you won’t reveal their secrets.*” When I asked him if they were in urban Dodoma he informed me that they were four kilometres from where we were, and he named two wards within Dodoma. He continued by saying that there are many *wachawi* in an area to the north of Dodoma (interview 2, 5 July 2018).

I interviewed the female healer Tish twice in 2017 and once in 2018. During my first visit in 2017, she showed me different kinds of medicines and ingredients, including the *miti shamba* shown in photo 4.9. She told me that you need to pound it and add water to it, and then drink the mixture. This concoction is used if one is bewitched and it is causing stomach problems. According to her “*you drink this and the thing in the stomach will come out.*”

In addition to the herbs she uses for healing practices, she also makes *ilizi*. The black cloth that is used to make *ilizi* is called *kaniki*. The healer Tish showed me a piece of this fabric (photo 4.10) and mentioned that it is only used for children (interview 11, first visit, 9 May 2017). I learned from two other interlocutors, young men, that the black fabric can be bought in town, in regular fabric shops. Tish also informed me that she used *mvuje* when making *ilizi* for children, as it protects the body. She told me that



Photo 4.9 *Miti Shamba from indigenous healer Tish*



Photo 4.10 *Kaniki from indigenous healer Tish*

older people drink it with water in order to cure a headache (interview 11, first visit, 9 May 2017).

The narrative of the indigenous healer *mzee* Ibrahim concerning witchcraft clarifies that witches are seen as bad people who are against you. They are people that you, or your young children, need protection against and objects like *ilizi* can be used for this purpose. The narratives also confirm what became clear in chapter 3, namely that the *mganga wa kienyeji* is the only kind of healer that can make the object, which is black cloth with something (like *mvuje*) inside.

4.2.3.3 Witchcraft: Narratives of religious leaders

During my first interview in 2018 with a Muslim religious leader (*shehe*), my research assistant and I asked what he had heard about *ilizi*. He said it was associated with witchcraft (*uchawi*) and that it usually consisted of threads with things inside (sometimes even living things like frogs), which are tied around the waist, upper arm, or neck. According to him, *ilizi* was used by old men and women who did not have any religious training, and by young people who had inherited the knowledge from the elders (interview 11, 19 July 2018).

As mentioned, the colour black is frequently associated with the objects of *ilizi* and with witchcraft. According to another Muslim religious leader that I interviewed, the colour black is used because it suffocates the heart (*fifiza moyo*) (interview 10, 19 July 2018).

One particular Muslim religious leader told me that:

it is a profession to make ilizi. It is like people studying geography, science, arts. The importance of learning Quran is to learn God. And to respect him and to praise him.

He preached to the healers who make *ilizi* and told them that “*you believe in one God and God is one*” (interview 10, 19 July 2018).

Another Muslim religious leader mentioned that

it is strictly prohibited for such people [someone who wears ilizi] to be in the mosque. If they are found, they will be against the religion, what the Quran says. Because the Quran insists on worshiping only one God. They cannot be given any leadership within Islamic religion, since they are not exemplary to the rest of the community (interview 11, 19 July 2018).

One of the Christian religious leaders informed me that

according to the church they do not believe in this ilizi. When somebody is wearing this, he cannot believe in God. They [the religious leaders] preach to him and remove the ilizi. They tell them that those things are from long time ago (interview 19, 19 May 2017).

One Roman Catholic religious leader, who called his profession catechist, quoted some sermons that are against the practice of *ilizi*, calling for people to stop using it because it is against Gods will. He gave the example of a sermon about Adam and Eve, and the snake tempting them with the forbidden fruit¹⁰². He related this to *ilizi*, which is seen as a satanic thing:

The snake will always bite men in the legs. It is from there where sin has started and where God said the whole creation is cursed. Believe that the snake was a Satan that deceived men and led the sin to spread in the world. Ilizi is being prevented from being used, because it is a satanic thing. We have to believe in God. God did not use ilizi. Used only his own words to speak to men. He used words in creating all creatures and the world. Preaching against

¹⁰² This was also confirmed by another Roman Catholic spiritual leader, who mentioned that the narrative of Adam and Eve was related to evil, since the snake represents Satan (interview 19, 19 May 2017).

people from using ilizi so they can only believe in one God. By using ilizi it is like believing in gods. Yet they are supposed to believe in only one God who should serve them in the world, but also has to prepare themselves for the heavenly world, after life, as they die. They stop them from using ilizi they relate it to spirits, just like the snake who deceived Adam and Eve to go against God's plan (interview 16, 15 May 2017).

As paragraph 4.2.3 showed, the use of *ilizi* is associated with witchcraft. The narratives of the young adults and religious leaders, but also those of some indigenous healers, like *mzee Ibrahim*, confirm that using *ilizi* is the equivalent of doing *uchawi* (interview 10, 17 May 2016). On the one hand, it is associated with witchcraft and evil, because of the colour black, which suffocates the heart, as one religious leader put it (interview 10, 19 July 2018). This linkage to the colour black, darkness, and witches is also clear from the young adults' narratives. On the other hand, the use of *ilizi* is linked to believing in more than one God. The religious leaders differ in their opinion about whether an indigenous healer is accepted in church/mosque or not, but they share the narrative that the healer is prayed for and entreated to stop believing in more than one God.

4.3 Conclusion

My exploration of the use of an object for healing purposes reveals that, even though most inhabitants of urban Dodoma were born in other places, most interlocutors have grown up with similar narratives about and have seen objects used for healing and protection purposes.

The interviews held between 2014-2018 clarified that, regardless of place of birth, religion, level of education, or ethnic group, most people know of narratives about *ilizi* from neighbours, relatives, movies, and/or television or they have seen objects of *ilizi* themselves. This chapter presented an overview of the three themes: misfortunes, secrecy and shame, and witchcraft, all of which are related to *ilizi*. These three themes were explored amongst the three categories of people interviewed, namely, young adults, indigenous healers, and religious leaders. My analysis of the narratives collected produces a social imaginary shared by all three categories. Young adults specifically seem to associate the use of the object with the past, and something that is used by older people. The use of *ilizi* is also associated with rural rather than urban areas.

The practices presented in this chapter are not unique to the purposes that *ilizi* is used for, like protection against the evil eye, theft, finding stolen property (cf. Thornton 2009) or to cure specific diseases. In addition, the objects come in many forms,

from Arabic words written on paper (cf. Owusu-Ansah 1983) to a ring. There are also differences in terms of what is put inside the *ilizi*, which can range from an umbilical cord (cf. Mukunya *et al.* 2020) to nail clippings to medicines. The picture that derives from these narratives can be seen as a social imaginary, which is built up of different elements and is related to misfortunes, secrecy and shame, and witchcraft. Young adults say that they have heard about *ilizi* – some have seen it in films or learned about it from neighbours in their home area – but they say they do not use the objects e.g., for healing purposes. My research shows that objects are used and made by a *mganga wa kienyeji*. The question about why people are secretive about using an object like *ilizi*, and why, in contrast to adults, children can openly wear such an object, is at the heart of this puzzle. The young adults say they do not use objects because of modern facilities like education, biomedical care, and access to religions like Christianity and Islam. According to the interlocutors, being religious can protect you against the influence of witchcraft. For example, as a religious person you can pray over such an object, to prevent it from having power over you. The primary religions do not claim that evil does not exist; indeed, they believe that it exists in the form of objects like *ilizi*, but by praying over and burning these items, a person cannot be affected by its (alleged) powers. This clearly indicates a confidence in their primary religious system. However, the young adults seem to have a fear for these objects, which may be the reason why they burn the objects. The same might be the case for the religious leaders who burn the objects, or the case of the municipal nutrition officer from the introduction of this chapter who goes to villages where these kinds of objects are burned.

Secrecy and shame surround knowledge about the purposes and making of objects like *ilizi*. Higher education and modern lifestyles within an urban environment are seen as one reason for young adults being shamed and secretive about the use of objects and visiting indigenous healers. Another reason can be found in the prominent presence of the primary religions and their values. The shift from using objects for healing purposes made by indigenous healers to using religious objects like holy water is discussed in the work of other researchers (cf. Nyamnjoh 2018). During my research, I have heard several interlocutors who indicated that they use religious objects, such as the Bible, holy water, rosaries, or prayers, in their daily lives for protective and health-related purposes. A question that arises by the use of these religious objects, is if Weber's enchantment shifts from using objects like *ilizi* to the use of the religious objects?

I argue that the influence of urbanisation, education, and primary religions also have an influence on the indigenous healers in the sense that, due to the shame and secrecy around the use of objects, healers have to hide themselves and do not openly

practice making *ilizi*. For the religious leaders, it is clear that believing in *ilizi* indicates a belief in more than one God, which is not accepted within Islam and Christianity. This may result in the indigenous healers who make the object moving to the outskirts of Dodoma Urban, in order to have more privacy to meet with clients and privacy to work as a *mganga wa kienyeji*.

There is clearly a difference between a young child wearing an object like *ilizi* and an adult. A young child may wear the object on a visible place of the body, while an adult should wear it on a hidden place of the body. This is because a young child does not understand the purpose of the object; or, put differently, it is impossible for children to participate in evil doing. Even if you see a young child wearing an object, the parents will deny that the child wears *ilizi*. I argue that the shame and secrecy of the parents relates to intentionality, in the sense that they do know the intentions of *ilizi*, namely mainly doing harm, and sometimes doing good. Whereas the adults are responsible for themselves and can be held responsible, the young children are not, and are not held responsible. However, my assumption is that the adults will be socially impacted if their young child wears an object, since the object has a negative connotation, and is associated with darkness, witchcraft and doing harm, and, in addition, the adult is responsible for the young child. By living in the city, people live close to each other and can therefore easier see what is happening with their neighbours and friends, and if they use an object like *ilizi*.

In his chapter on illness and bewitchment, Stroeken questions whether urbanity is the reason for the limited success of indigenous healing in mental health or if it is the specific local history of mental illness treatment (2017: 157-8). The same kind of question can be applied to Dodoma and my research: is the urban environment with its options for treatment via biomedicine the reason why fewer young adults with a higher education seek help from indigenous healers? My argument is that because of the higher level of education and the big role that religion (either Christianity or Islam) plays in the daily lives of the people interviewed, an object like *ilizi* is rarely used in the urban environment of Dodoma. This seems especially true in the case of health-related objects. As this chapter showed, these objects are made by the *mganga wa kienyeji* and can be found around the wrists of young children. Unfortunately, my research did not compare the use of these objects today with their use in previous times, but I have spoken to a few older people, one of whom informed me that due to better infrastructure and access to biomedical care, there has been a decrease in the use of indigenous healers.

In her thesis, Lindh (2015: 29) makes the assumption that children growing up in the city will “probably not have the same bond and relations to the people in their

parents' birthplace as the older generation." And she finds it possible that "the amount of medical plant deliveries to the city would decrease in the future" (ibid.). It would be interesting to see if herbs continue to be imported (currently this is done mainly through relatives in the home area). It would also be interesting to see what the narratives are of the next generation of Dodoma's regarding use of these objects. They will grow up in a city where the use of objects for healing and protection is decreasing but where indigenous healers who make the objects are still present, alongside religious leaders who preach against their use.

There is a clear social imaginary present about *ilizi*, but, according to the narratives, these objects are used less in the urban environment. What will the next generation in Dodoma know? Will they continue using biomedical care but, at the same time, hear narratives from their parents about *ilizi* and even see it when they visit rural areas? Or will they go "back to the past" and start using the object again, perhaps for non-health-related purposes? Or will they only use objects like *ilizi* for non-health-related issues like power or jealousy? There appears to be a cultural shift from traditional ways of living to daily life in which education and religion (either Islam or Christianity) play a bigger role and the use of objects for protection and healing is decreasing.

The next chapter explores the issues that emerge among young adults from the middle classes concerning what they want to make visible and what they want to keep invisible or hidden. This will be examined in the context of contestations between education and biomedical care – Christianity and Islam – and indigenous healers.

