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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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# Summary

All people long for good health. Especially when they have children, they hope those children will remain healthy. This thesis focuses on young adults and explores how they deal with illness in their children. In the city of Dodoma, Tanzania, they have several options: obtaining medicine from a pharmacy, visiting a hospital, or turning to an indigenous healer for an object such as an *ilizi*.

This thesis is based on qualitative methodological research and approximately eight months of ethnographic fieldwork, conducted between 2014 and 2018. Three focus groups were central: young adults, indigenous healers, and religious leaders.

**The introduction** outlines the theoretical framework and background of the research. On one hand, the thesis examines young adults belonging to middle classes, with a higher education and access to health care, religion, and education facilities in the urban context of Dodoma. On the other hand, the study explores their knowledge of and access to material objects used for health and protection. In particular the object of *ilizi* is central in this study. This is studied through narratives from three different groups: young adults, indigenous healers, and religious leaders. I deliberately use the term “middle classes” (plural), instead of the common term “middle-income class,” because not only income, but also parameters such as education and (stable) employment determine whether someone can be considered part of the middle classes.

**Chapter 2** analyses young adults from the middle classes in Dodoma and their narratives regarding the choices they make in the field of health, based on their access to occupations, healthcare, religion, and education. The chapter delves into the concept of the middle classes and the various forms of mobility that are present. In analysing these young adults belonging to middle classes, I look at the ‘socio-cultural milieus’, which are defined by a combination of building blocks such as demographic and social position, religion, and aims in life. From this emerges the milieu of ‘young, urban adults from the middle classes.’ Mobility and the crossing of borders - spatial, social, and occupational - prove to be crucial in understanding their position and health-related choices. Dodoma, the capital of Tanzania since 1973 and located in a semi-arid region, features a significant religious dynamic, extensive educational opportunities, and diverse healthcare options.

**Chapter 3** focuses on the medical landscape of Dodoma, with an emphasis on folk healers. It maps out which healers are found in the capital and which among them make objects used for health-related issues. Based on the narratives of young adults, indigenous healers, and religious leaders, four categories can be distinguished, based on their Swahili names: *mganga wa tiba za asili* (healer using natural remedies), *mganga*

*wa kienyeji* (indigenous healer), Maasai healer, and *mkunga* (midwife). Within the *mganga wa kienyeji* category, a distinction is made between indigenous spiritual healers and indigenous herbal healers. These are the ones who create the object known as *ilizi*.

**Chapter 4** centres on the material object *ilizi*. *Ilizi* mostly consists of black cloth containing something inside, worn on the body (usually hidden), but it can also be placed in front of a house. *Ilizi* can be used for both positive and negative purposes: for health and protection (such as protecting a child from illnesses like *degedege*), or for other aims such as gaining power or preventing a rival from achieving success. The visibility and role of *ilizi* in the urban context of Dodoma - with its biomedical facilities, educational institutions, churches, and mosques - offer insight into the apparent contradictions in the narratives of young adults, religious leaders, and indigenous healers. I relate these to three themes: misfortunes, shame and secrecy, and witchcraft. Based on this, I propose a social imaginary in relation to the object *ilizi*. Referring to their access to modern facilities such as education, biomedical care, as well as their religious convictions, young adults say they do not use *ilizi* due to a sense of shame and secrecy. The *waganga wa kienyeji* – the indigenous healers who make these objects - are therefore mainly found on the outskirts of Dodoma. Moreover, Christian and Islamic leaders are of the opinion that *ilizi* implies belief in more than one god, and its use is therefore not accepted.

**Chapter 5** introduces Weber's concept of disenchantment and enchantment. According to Weber, the decline of magical thinking and the rise of modern science are core processes in the cultural development of modern societies. This chapter focuses on the contestations that arise in Dodoma: adults say they do not visit indigenous healers because it is not accepted by their primary religion (Christianity or Islam) and because they live in a modern world where science and rationality are important. However, my research shows that objects for healing are present, and indigenous healing is used for more than just health. In this chapter, I introduce a relational triangle of primary religions (Christianity and Islam), indigenous healers, and education/biomedical care, with young adults at the centre. The chapter explores various cases within this tension and the role of shame, secrecy, and disenchantment.

**Chapter 6** presents summarizing arguments and suggests future research challenges. The narratives of young adults, indigenous healers, and religious leaders provide insight into the role of health and material objects in the daily lives of young adults and their young children. This thesis demonstrates the contradiction between disenchantment and enchantment among young adults: on the one hand, a worldview dominated by modern science, and on the other, religion and the continued presence of practices involving material objects such as *ilizi*. I therefore argue that there is a

partial disenchantment present among young adults belonging to middle classes in Dodoma. Modern facilities in education, biomedical care, and religion offer alternatives to indigenous practices - such as those of the *waganga wa kienyeji* who make *ilizi* - but do not completely erase them.