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## Forgotten Voices: Knowledge Creation and Gender Relation in Tanzania

*Elinami Swai*
*University of Dodoma*

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**Introduction**

Over the Centuries, the voices of women in rural Tanzania have been discarded, and have not been recorded in any development literature. These are the voices of women living in the periphery of society, in the rural communities. By now you may think that there have already been too many voices brought up since decolonization of Africa in the 1960s. What could be unique about the voices of women in rural Tanzania? Haven't they been heard by now?

On the surface, there is nothing more inciting or fiery about these women's experiences than those of other women in other peripheries. None of these women had been confined for many years, without seeing the sun, or their children taken away. Nor have their daughters being killed in the name of cleansing the family name or have they been the source of major public controversy. These women have not been killed by their husbands and in-laws for raising their voices. They don't file and lose any lawsuits.

These are ordinary women, like you and me. Yet, they are not ordinary women, nor were they randomly selected. They share the vital characteristic, and their stories hold great meaning for us. These voices belong to special women with important role in society, because their knowledge and voices in the community are powerful and the most influential force in community development. They are women who possess important knowledge, knowledge of healing. Traditional healers are found in most societies in Africa and elsewhere. They are often part of a local community, culture and tradition. Although in Tanzania, these women operate underground, they continue to have high social standing in many places, exerting influence on local health practices.

This paper explores the possibilities of engaging traditional healers in modern health care and training them accordingly.[1] Most people in rural Tanzania still rely heavily on traditional medicine; and mothers have strong faith in traditional birth attendants. Traditional healers and birth attendants are often the first and last line of defense against most diseases such as

[1] WHO: The promotion and development of traditional medicine. Report of a World Health Organization Meeting. Technical Report Series 622 Geneva; 1978.

2. Matsheta MS, Mulaudzi FM: The Perceptions of Traditional Healers of Cervical Cancer Care at Ga Mothapo Village in Limpopo Province. Indilinga: African J of Indigenous Knowledge Systems 2008, 7:103-116.

3. Rinne E: Water and Healing - Experiences from the Traditional Healers in Ile-Ife, Nigeria. Nordic J of African Studies 2001, 10:41-65.

headaches, coughs, diarrhea, wound healing and skin diseases.[2] One advantage in preferring traditional medicine is that traditional healers are found within a short distance, are familiar with the patient's culture and the environment and the costs associated with treatments are negligible.[3] They work on body and mind together to help cure an illness. Traditional medical knowledge of medicinal plants and their use by indigenous healers are not only useful for conservation of cultural traditions and biodiversity but also for community healthcare and drug development in the present and future.[4] Since the beginning of this Century, there has been an increasing interest in the study of indigenous knowledge systems and medicinal plants and their traditional use in different parts of the world [5-8].

This paper is based on research which investigated the activities of women in rural Tanzania, specifically those related to health care. The paper makes a case for acknowledging and supporting these women, and their health services in Tanzania. Acknowledging and supporting women knowledge and services they render to the community consists of policies and programs designed to educating and providing them with necessary materials to support their initiatives. The paper faults Tanzania Vision 2025 and suggests mechanisms and ways in which traditional knowledge systems such as healing and safe delivery can be incorporated in Tanzania's development more meaningfully. I argue that Vision 2025 has not addressed the plight of women in rural communities, nor the traditional healers and birth attendants in political, economic and social realms, in ways that would integrate them advantageously in national, regional and global market place.

How do women healers and birth attendants engage new postmodern realities, where new knowledges are being conceived in order to understand the new world order? The paper shows that with the law protecting the traditional healers and birth attendants in rural areas, as well as supporting them with necessary tool for their trade, not only women healers, but also the people they help in health issues, will fit perfectly in the global market place. I show that women healers are increasingly becoming aware of their importance in society, acknowledging and

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[4] Pei SJ: Ethnobotanical approaches of traditional medicine srudies: Some experiences from Asia. Pharmaceutical Biology 2001, 39:74-79.

supporting them may become a source of gender transformation. The paper concludes with a discussion that addresses some of the issues for future health service development and research directions in the twenty-first century.

**Historicizing the Experience of Women in Rural Tanzania**

During the colonial period in Tanzania, campaigns were mounted to discredit the work of TBAs in favor of western medicine and modern health care systems. The missionaries especially advised their followers not to use TBAs, whom they dismissed as "heathen and primitive," accusing them of basing their trade on magic and mysticism. As a result, TBAs, together with other traditional healers, were heavily displaced from the legitimate health practice during the colonial period. Nevertheless, this cadre of specialists remained significant during the colonial period and their services are still utilized in many parts of rural Tanzania to this day. The custodians and organizers of this system are usually traditional surgeons, medicine-women and nurses, in collaboration with men. They use indigenous knowledge systems and traditional technology to build their trade, which by and large has remained reciprocal, classless, and efficacious, as have helped minimize maternal deaths in the current shortage and expensive modern health services. Every village in Tanzania has its fair share of legitimate healer and traditional birth attendants whose strengths in various specializations are recognized by the surrounding individuals and community.

A commonly held view is that ordinary African women lack power and agency due to lack of 'appropriate' knowledge, economic or political positions. The justification for this (and which this study does not support) is often explained by such factors as lack of education or due to poverty and inequity in distribution of resources. In such situations, lack of acknowledgement and support of women's knowledge systems and their contribution to the development are presented as natural and inevitable in a busy and dynamic world.

The turbulence of the 19th Century and the cruel discrimination suffered by women in rural communities of Tanzania and elsewhere had taught a powerful lesson. These were years marked by fierce battles between tradition and modernity, and women's participation in health

care and development, along with men, in their transformed society.[5] They fought for their rights to access health services and a chance to take good care of their families and children. Others fought for their rights to share their knowledge and heal people in their families and communities. Indeed, women battled for their very lives and for their continued existence as integral members of the community. In every instance, the legal battle was won as the courts decided case after case in favor of women. The evidence was overwhelming that, indeed, women were not ignorant, and they had the same rights as men in the family and in accessing resources, including health care.

Under European colonial administration, Tanzanian traditional medicines and health practices were suppressed due to the introduction of modern health systems (Mwinyi 1991). During this time, traditional healing and health care were associated with pejorative connotations and equated with witchcraft and sorcery (ibid.). This transformation became apparent in a variety of structural, political and cultural processes of domination. The domination of modern health practices gave the colonial regime power to impose punishment for anybody who practiced any other kind of health service (Ashley 1984, 225).

But these battles were bitter, and it became evident once again that prejudice, discrimination, and intolerance was still alive and well in Tanzania. One of the outgrowth of discrimination against women has been a burgeoning of regulations protecting the rights of women to confidentiality. Of course, the intent of the law was to preserve the their freedom of privacy, but the very need for this kind of legislation only further underscored society's hostility and intolerance. In essence, women in rural Tanzania had paid a great price their freedom – the price of their own silence as they were forced all the more into a psychological prison of hiding and secrecy. Unfortunately, the new confidentiality regulations highlighted the fact that such enforced silence is the most effective means of protecting the women's welfare form the hostility of men and of other women. The underlying message is that the community cannot be trusted to exercise good will and so the law must therefore, restrict the community's right to know..

[5] Esther Boserup. (1970). *Women's Role in Economic Development*. London: George Allen & Unwin.

Enacting law cannot diffuse hatred and prejudice. Acts of hostility continue, though sometimes they may have become more subtle and less overt. Unfortunately, this kind of covert discrimination is much harder to prove and so it never actually gets into courthouse. But it nonetheless wounds as deeply, leaving the victims injured and without recourse for retribution.

And so, weaning courts cases and passing legislation had only transformed the law. It would be more difficult to transform the hearts and attitudes of the people. These are the true accounts of women in rural Tanzania who suffer in silence through marginalization of their knowledge and through subsequent years of fear and isolation. Extreme anxiety over possible rejection and judgment from family, community and society members keep them quiet. But they suffer more than most people in their families. They experience the added burden of facing the possibility of being ex communicated and living isolated life for the rest of their lives. And these burdens they face alone, without the comfort and support from their families, friends of peers. The forced silence is terrifying and lonely. They experienced intense suffering which they confronted alone. Knowledge of how to treat humans and animals became skeleton in each of their closets. They harbored a terrible knowledge that they knew most other people cannot be trusted to share.

But as years pass and social and political climate changed, it became increasingly difficult to maintain the silence, especially that life was becoming unbearable to many people in their rural community. And so, little by little they began to share their knowledge, first with their family members, and then with close relatives and friends who had no option as there were no medicines anywhere near their communities. With each sharing, a great burden is lifted and a little more of human spirit freed, on the one hand. But on the other hand, each sharing also brings anxiety and apprehension regarding the possible reaction from the church and government. Some respond thankfully, others with harsh judgment and rejection.

Since the mid-1970s, the debates about incorporating indigenous knowledges in development policies have been part of the public debate, and traditional health care ha been on the front. In 1984, WHO invited African leaders to take appropriate steps to ensure the use of essential drugs and traditional medicinal plants so as to meet the basic needs of communities and promote the development of traditional health knowledge and care. Such international meetings have

influenced national policies on the promotion of TBAs and traditional drugs and medicinal plants around the world and within Africa, specifically. The Tanzanian government is currently striving to implement complementary community-based services by training and using community health care personnel such as TBAs (Leshabari 2001). With this being the case, this paper will now turn to a description and explanation of the role of TBAs in the provision of health care in both rural and urban Hai district, Kilimanjaro in Tanzania. This description does not aim at privileging the traditional health knowledge and practice or the agency of TBAs over and above modern or allopathic medicine and that of modern medical practitioners, but rather aims to interrogate the assumed transparency of modern health services and reveal the fissures and contradictions that destabilize these health services. Moreover, these fissures and contradictions are often marginalized within modern medical practice.

Increasingly, development guidelines require developers to consider the "traditional knowledge" in assessing the impact environments, economies, and societies. However, several factors have limited the contributions of traditional knowledge to health, environmental and development, including confusion over who "owns" this knowledge, and what is its role in the development. Women's knowledge systems which comprises traditional healing, medicinal plants, and environmental observation is proposed as an alternative that should be acknowledged and supported. Experience gained in attempting to give women a voice has led to sustainable development in many places.[6] Because of their in-depth knowledge of health issues and herbs, women have a particularly important role to play, not only in health sector, but also in education and in the environmental monitoring. However, the strengths of women's knowledge systems and their contribution to communities and society will not be realized until this knowledge and its contribution to the development of society is recognized, acknowledged and supported.

More often than not, Tanzanian politics and practice associate traditional healing and modern health sector with rigid social systems that relegate traditional healing to an inferior status. In the National Strategy for Growth and Reduction of Poverty, health sector was among those identified as not doing very well. It is documented that,

[6] Andrew C. Okolie Producing knowledge for sustainable development in Africa: Implications for higher education, in Higher Education 46: 235-260,(2003).

> … many people, especially children and women, die without ever accessing a health facility. The availability of drugs has increased, but their cost reduces their availability. Recently a 31% drop in infant mortality has been reported but maternal mortality remains unchanged. An increase in HIV and AIDS has aggravated the health status with impacts on poverty and the economy.[7]

Although the national strategy for the reduction of poverty targets key areas in health sector including an increase in immunization coverage; TB treatment; and, the accessibility to contraceptive, the policy is silent on ways to tap on traditional medicine to compliment modern health care. Hence, it has been generally believed that modern health care and development initiatives in Tanzania offer women greater opportunities and improve their health and that of their children. Implicit in this understanding are three assumptions that are influenced, not only by gender differences, but also class and place.

The first assumption is that within a given society, health care and health provision is gender and space neutral or blind, and as such, both men and women in both urban and rural will benefit equally from it. The second assumption is that knowledge about healing is confined in modern health care and nothing can be gained from traditional healing. The third assumption is that the traditional western model of a "healthy body and each is prone to TB, and other diseases that must be treated in modern health sector.

Unfortunately, none of these assumptions holds true for the case of health provider and many rural communities in Tanzania. Therefore, these are indications that health sector is biased in terms of gender and space. This leads us into searching for an alternative analytical and conceptual framework. However, the theoretical and conceptual framework used in this article is based on dependency theory as perceived by feminist scholars such as Esther Boserup (1970) and Richard Harris (1975). The choice of this theory is appropriate because many traditional healers and their clients in rural Tanzania are still suffering from the political economy of underdevelopment, marginalization, dependency, gender and space inequality despite politically independent.

[7] The National Strategy for Growth and Reduction of Poverty (2005).

Throughout this paper, I recognize traditional healers and birth attendants as active, creative, flexible, and mobile individuals, whose roles cannot permanently be fixed in the private and secret spheres. This conceptualization allows for understanding these healers and health providers within a multiple axial of power, where they may occupy both marginalized and recognized positions in the health sector depending on the time and location. This understanding allows us to fault the conventional definition of traditional healers that often identifies them as ignorant and dangerous factors in the process of social, cultural and political change (Nyerere 1991).

**The voices of Women in Rural Tanzania**

To begin our discussion of marginalization, consider the story of an active 66-year old woman whose mother's hands were cut by the Europeans as she tried to ease the pain of her people. In her earlier years, Kabora and her mother who was a healer and birth attendant dispensed medicines to women and children in the rural community of Masama. Kabora recalls:

> It was one of those days that the Missionaries visited people unannounced or without invitation. It was Saturday and my grandmother, as usual was attending to people who had come for one health problem or another. When the man of God arrived, he initially thought the people in the compound had come for service, but he later realized that they were there for medicine. After his usual prayers he called my grandfather aside and enquired from him why he allowed his wife to mix heathen and Christianity. The missionary gave my grandfather an ultimatum, either to divorce my grandmother. Later it was agreed that her fingers be cut off as a strategy to prevent her from curing people.

Despite increasingly important work in the community, Kabora and her mother lacked legitimacy because their knowledge and expertise in healing did not fit clinical knowledge in institutionalized medicine (Nettleton, O'Malley, Watt, and Duffey, 2004; Ware, 1999). They became marginalized but fought from being silenced. When the mother's fingers were cut, her husband, neighbors and close friends despised her and implied that the punishment she got was her own making. Yet with the forced handicap, Kabora's mother did not stop helping people although she found herself at odds with institutionalized definitions of nurse and doctor that other people and she herself assumed.

> Kabora recounted her own experience in healing people: Most people out there don't believe that traditional medicines are as strong as modern ones, though they always come for help. You don't have medical certificates, and therefore, no one believes that I can know why certain disease occurred. I have helped many people from far and near. They come here for therapeutic medicines. There is nothing in hospitals nowadays, only buildings! In most hospitals there are no equipments! No medicine! No doctors. In Kibong'oto[8] operations are not taking place because there is no anesthesia medicine. Last week a neighbor went there get his tooth removed. They did not do it because he had no money to pay. He came back and removed it with a panga (bush knife). He would have died if I did not give him something to stop the blood. Our hospitals have become slaughterhouses. Some people come here when everything has failed.

Kabora's narrative reveals how traditional healers struggle with. There is visible difference between her and modern nurses or doctors. Visibility and invisibility shape situations in which subsequent social definitions and individual responses occur (Charmaz and Rosenfeld, 2006). Health is the norm. Able-bodied functioning is the prescribed standard.

Paradoxically, when these women healed the people and their animals, their work was remarkable as they could identify the source of the problem and give the right medication, other people, especially religious leaders and medical practitioners discounted their ambiguous explanation. Their judgments further marginalized their socially—and at crucial times—economically as well. The decisions of crucial functionaries spawned spiraling economic consequences for them.

Women healers were also the focus of the community gossips. Ngarami, a tradition healer in Kyuu was once accused of witchcraft. At one point she was accused of possessing dangerous charms that were directly connected to bad omen befalling the people, the animals and their farms. Another woman, Nsiande was accused of possessing supernatural powers and she had, according to her accusers, had killed her father-in-law.

[8] Kibong'oto is the district hospital in Hai Tanzania.

In her book *Indigenous Knowledge and the Integration of Knowledge Systems* Catherine Odora-Hoppers has argued for recognition of the legitimacy of indigenous knowledge systems in Africa.[9] In this study, Catherine Odora-Hoppers calls for determined "effort at revalorisation, re-appropriation and partial re-invention of local paradigms."[10] This is what I seek to do in this book. My project seeks to situate women's knowledge at the center of any discourse on development in Africa. The study aims at creating an inventory of women's knowledge systems in Africa, using rural Tanzania as a case study. I agree with Odoro-Hoppers and other when they fault the hegemonic effects of Western on other forms of knowledge, a domination that has been "achieved at the cost of tremendous silencing, parochial legitimation procedures and, most of all, the deterioration in social status for most of humanity, including women and non-Western cultures …"[11] Although 'empowerment' is a rightfully recurring theme in this book, I fault Odora-Hoppers' suggestion that some forms of knowledge are 'mainstream' because this suggests or supposes that other forms of knowledge are not. I see Odora-Hoppers' study as well as others before her as lacking appreciation for the creativity and genius of ordinary women in Africa.

Seeking to go beyond mere stating that indigenous knowledge systems (IKS) are useful, I believe that IKS should not only be recognized as a valid rational scientific structures, but they should be explained and given credit for sustaining livelihoods in many rural areas on the African continent, and whose contribution should be recognized like other forms of knowledge.[12] This is the reason I concur with Odora-Hoppers when she points out that there is need for mutual

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**Notes for Introduction**

[9] Catherine Odora Hoppers, (ed). *Indigenous Knowledge and the Integration of Knowledge Systems: Towards a Philosophy of Articulation*. Claremont, South Africa: New Africa Education, 2002.

[10] Odora-Hoppers, *Indigenous Knowledge*, p. 112.

[11] Odora-Hoppers, *Indigenous Knowledge*, p. 27

[12] I define indigenous knowledge systems (IKS) as a set of accumulated facts that are rational and which can help in understanding and sustaining societal and ecological balance, with the objective of maintaining sustainability. They are multilayered and multifaceted comprehensive facts that help in producing useful and acceptable behavioral activities beneficial to society. IKS are the sum total of information that leads to successful cultural adaptation to environmental conditions – political, social and natural - which has been refined over the years by various communities through their lengthy histories of ecological interaction and experiment.

respect and reciprocity by all forms of knowledge systems across the globe. I also agree with her when she recognizes the need to recover, retrieve and repossess indigenous knowledge which may have been suppressed in the past. She sees this role for indigenous knowledge as political and pedagogically emancipating and liberating, and I agree with Odora-Hoppers, although I seek to go beyond emancipation, liberation and empowerment. My contention is that we cannot talk about using these forms of knowledge without creating a comprehensive inventory – what these systems are and what they have done and what they continue to do. That is why I use women's stories to reconstruct women's knowledge systems in Tanzania.

**Acknowledgement and Support of Traditional Healers and Birth Attendants in Tanzania**

In this paper, I argue that Tanzania needs to acknowledge and support women with valued knowledge like healing in order to protect them from prejudice and marginalization. Thus, this paper runs a parallel course with Homi Bhabha's project, cited in Parry (1994:43), of anti–colonial discourse that "requires an alternative set of questions, techniques and strategies in order to construct it". Anti-colonialism questions the practice of reading the histories of TBAs strictly in demarcated stages (i.e., periodization of pre-colonial, colonial and postcolonial epochs). It calls for theorizing indigenous issues beyond their artificial boundaries: for example, seeing traditional healers and birth attendants beyond the boundaries created by colonial authorities and making the necessary internal and external linkages with TBAs and other marginalized people. The anti–colonial stance on health practices requires that the knowledge producer be aware of the historical and institutional structures and contexts that sustain modern health projects. For example, whereas colonial theorists conceptualize TBAs as primitive and their roles as natural, anti–colonial theorists acknowledge TBAs as creative and active agents who struggle to recover their freedom and identity through self–sufficiency not only in matters of health, but also in education, agriculture and all other matters that contribute to societal well-being

The paper suggests that social protection will minimize prejudice and discrimination of women with important knowledge in the community. Social protection will empower women and strive to go beyond what s seen now, for they will build confidence in their trade. The improved health services in the community by these women will obviously help ease the burden in hospitals, which cannot cater for all the people in the country. Social protection, education on safe sex, prenatal and postnatal education, and economic support through the provision of

sanitary equipments to mothers during delivery, can also enhance the reduction of the possibility of transmitted diseases and unnecessary deaths in rural communities.

*…traditional health practitioners are regarded by elites as ignorant and dangerous – at least in public, for many of those who most denigrate them consult them in private (Nyerere 1991, p. xxii).*

These are the words of Nyerere, the first president of Tanzania has pointed out the lack of acknowledgement and support to traditional healers, except in the private space. Clearly, traditional healers are important in the development of Tanzania and it is high time that their knowledge is acknowledged and supported. Traditional healers need acknowledgement and support in order to enable them to use of medicinal plants in the treatment of various ailments that many people suffer and whose medicines cannot be accessed in the hospital.

The government of Tanzania tends to pay more attention on modern health sector, forgetting that traditional healing work alongside the modern health sector. Likewise, education policy tends to focus more on formal education, forgetting indigenous knowledge systems (Swai, 2010). The colonial government pursued similar, marginalist and discriminative projects in Tanzania. In his world celebrated essay "Decolonizing the Mind: The Politics of Language in African Literature" Ngugi wa Thiong'o has linked this kind of mentality with "colonized" mindset. The question is how much have we gained through losing such important knowledge. The colonial mentality is that traditional knowledge systems, and particularly healing is backward and heathen, and to be discouraged.

Marginalization of indigenous knowledge systems has also been fuelled by stereotypes. There has been a tendency to associate traditional healing with rural communities and women. Studies on traditional healing tend to focus on the poor women in the periphery. The nature of these studies raises problematic questions, i.e.: Are the studies done to improve bring the voices of these people in the mainstream or are done to celebrate them? Would such studies be done in order to gain and share knowledge on how well the communities solve problems and what strategies we can use to strengthen them? Are they done to unravel or demystify the stereotype paradigm? Alternatively, are such studies merely adventurous outlets justifying where research money has been spent?

The stories in this paper provide insider accounts of rupture and linkages, the dynamics that shape women's everyday life in rural Tanzania. They provide nuggets about women's knowledge systems. These stories are rich in addressing processes and practices of social and cultural division along the categories of gender, class, age, ethnicity and race. In any case, little is

known about women's knowledge systems in Africa despite the fact that they have been acknowledged as valuable in many sociological, educational, historical and other spheres and have long-established by feminists in Africa and participatory and action research. This study suggests that women's everyday life and their stories are obviously worthy of biographical treatment, because, their fundamental contributions in developing theory of human society are increasingly acknowledged, within Africa and by the international community. Despite this recognition, women's stories and knowledge systems have not been decoded into meaningful knowledge structures. This paper bring to view women's stories and knowledge systems and situate them as part of fundamental issues in women's and feminist studies, education and development projects.

The marginalization of women's experiences and stories that they carry along is not confined to contemporary period but goes back to colonial days in Africa. It is not unusual for women to be identified as wayward, wicked and 'bad[13]' or even killed for refusing to fit into roles typified as 'normal,' or 'cultured' in society. Sometimes they succeed but at other times the pressure becomes too intense, and it breaks their agency.

Last, I wish to offer a few reminders and remarks. As I have suggested, feminists are perfectly poised to study marginalization. You see firsthand the consequences of marginalization in women action and suffering. You can forge links between the plight of individuals and the structure of social institutions. Meanings and consequences of marginalization are relative. When contested, they can become fluid. Those whose work is tied to women need to nurture their agency without imposing judgments and realizing that their awareness of marginalization varies.

Women also vary in their capacities and resources to deal with the adversities that marginalization inflicts. Becoming marginalized after developing a repertoire of skills is not the same as having been marginalized for one's entire life. Similar to women and research participants, our social scientific meanings of marginalization are relative. The narrative turn has captured social scientists' imagination who make forms of marginalization foci for inquiry.

[13] See Dorothy Hodgson and Sheryl A. McCurdy, eds. *Women and the reconfiguration of gender in Africa.* Portsmouth, NH: Heinemann, 2001.

**Notes for Chapter 1**

We rely on stories. Sometimes our reliance is so great that we omit theorizing these stories and excavating their foundational assumptions. We may forget to look for what is unsaid and taken for granted. Researchers must attend to silences as well as stories. Entering the world of marginalized people is one way to learn what silences mean and where they reside. Silences may be structured into organizational and social life as well as embedded in individual consciousnesses. This paper testifies to important areas in which we can help women to break the chains of enforced silences.

**Conclusion**

There is no doubt that the capitalist and global economy has played a significant role in the lives of women in rural Tanzania. They have been the processes in isolating women from their knowledge, denying them economic gains from traditional activities while at the same time, impeding them from activities that would help them negotiate global processes. How modernity and globalization have shaped the experiences of women in the periphery location remains unknown, as it has not been well studied.

On the one hand, women are not victims, unaware of the structural cause of their situation and thus lack of options to achieve their dreams. On the other hand, women recognize the oppressive structures working against them. Nonetheless for many women, experiencing a sense of powerlessness they not only advocate for their individual needs, but also defend their families and community. Yet at the same time, paradoxically reproducing their own powerlessness.

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