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Traditional Methods of Protecting the Infant and Child Illness/Disease Among the Wazigua at Mvomero Ward, Morogoro, Region, Tanzania

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Abstract

Background: Even though child and infant protection against health problems using various methods is as old as mankind, there is limited literature on traditional methods used to protect infant and child in Tanzania.

Objective: To collect and critical analyze traditional methods used to protect child and infant against health problems in rural settings.

Methods and materials: Qualitative methods for sampling and data collection on both traditional and conventional methods for protecting child and infant against health problems were used.

Results: A total of 203 children of whom 48.3% were females were observed when medical students were assessing infant/children nutritional status. Besides the children a total of 20 women aged 20-48 years; and five traditional health practitioners (THPs) who were purposeful sampled were interviewed. The findings showed two methods were used; and these were traditional/indigenous and conventional methods. The used traditional methods included oral and bathing remedies, abstaining when mother was breast feeding, use of "hirizi" (amulet) for illness believed to be caused by personalistic factors, and herbs for "degedge" (convulsion) and other infant illnesses. Whereas on conventional methods were child growth monitoring; and vaccination against killer diseases to infants and children. The two different methods (traditional and conventional methods) used for protection of the child were not competing; but complemented each other on health care.

Conclusion: Parents/guardians and (THPs) were aware some health problems affecting infants and children could be protected by conventional medicine and some needed use of traditional remedies. The problem is hygiene of traditional remedies and proper dosage to infants and children. There is a need to examine critical the used herbal remedies on healthcare in laboratories. These herbal remedies might have some curative elements on health problems currently cannot be treated by conventional medicine.

Keywords: Tanzania; Hirizi; Infants and children; Traditional health practitioner; Herbal remedies

Introduction

Every culture has healthcare system both for health care for adult and infants/children; and is coined in socio cultural practices [1-3]. The most vulnerable population for illness/diseases is infants/children. The traditional remedies administered to infants/children are oral, bathing or wearing amulet (*hirizi*) on arm or around waist as protection against evil eye or witchcraft and infectious diseases. These remedies in sub-Saharan countries were hampered by missionaries and colonial government in period of 1930s-1960s [4-7]. Missionaries and medical personnel saw traditional methods as fetish and paganism [4,5,7]. They removed any traditional gadget believed to protect infants/children as parents/guardians sent for baptism or attending maternal child clinics [6,7], and were replaced by religious objects such as medals. Examining critically these objects seems to act as *hirizi* in different form but with same purpose. Later came vaccinations for killer diseases [8]. But even then many children in Sub-Saharan countries are not accessing these services [1,2]. Studies on traditional healthcare system in sub-Saharan countries focus on mental health and HIV/AIDS. Little or none studies are done on how traditional societies protect infants/children from illness/diseases [1,2]. This paper attempts to answer raised question by using Mvomero ward's, findings.

Materials and Methods

Study area

This study was conducted at Mvomero ward, Mvomero District, Morogoro Region in September to October 2010, where one of the

groups of Second Year Medical Students of Muhimbili University was carrying field work on nutrition. Mvomero district is one of the six districts of the Morogoro Region of Tanzania. Other districts are Kilosa, Kilombero, Ulanga Magharibi, Ulanga Mashariki, Morogoro districts. Mvomero is bordered by Tanga region in the north, to the East by the Pwani Region, to the Southeast by the Morogoro Rural District and to the West by the Kilosa District. The Mvomero District administratively is divided into 17 wards and these are; Mvomero, Bunduki, Diongoya, Doma, Hembeti, Kanga, Kibati, Kikeo, Langali, Maskati, Melela, Mhonda, Mlali, Mtibwa, Mzumbe. Sungaji and Tchenzema. Mvomero ward was picked because it was in the area where I was located to supervise 2nd MD students and I saw the *hirizi* being worn by infants and children.

The total population of Mvomero district was estimated to be 2,392,277 of these 1,220,061 were women (estimated 2002 Tanzania National Population Census [9]). The main socio-economic activities

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taking place in the ward were agriculture mainly growing food crops and keeping livestock.

Study population

The study population were infants/children, parents/caretakers/guardians mainly women with under five children who were permanent residents of Mvomero district and traditional health practitioners (THPs) (that included traditional birth attendants and traditional healers).

Study design and duration

A two month study period using both quantitative and qualitative study methods was designed in order to explore traditional methods used for protecting infants/children against illness/diseases; and their impact on utilization of health facilities for vaccinations to killer diseases to those targeted population. The quantitative methods were used for collecting and analyzing socio-demographic data of participants and underlying reasons for protection infants using traditional methods. On qualitative methods, using in-depth interview and observation techniques was designed in order to establish traditional methods used to protect infants/children from health problems and its impact on conventional vaccinations for infants/children against killer diseases.

Sample procedure

There was no sampling framework for infants and children because all children who were under fives in the ward were to be assessed on their nutritional status. Thus all children recruited by 2nd medical students on their nutrition field work were targeted population. Purposeful sampling method was used get mothers/caretakers and traditional health practitioners (THPs) who had indigenous knowledge of protecting infants and children and can narrate and discuss the process and its effect on protection against illness/diseases.

Data collection methods

A check list was developed for observing the infants and children who were wearing hirizi during assessment of nutritional status. To mothers/caretakers and THPs a guideline for in-depth for unstructured interview and observation were developed and used for data collection. The observation to infants and children were done by the students when taking measurements of nutrition for assessing nutritional status. The in-depth interview to mothers/caretakers and traditional health practitioners was done by the researcher himself.

Data processing and analysis

The infant/children both for the age and sex and reasons for using traditional methods for protection against health problems were analyzed using Epi info program version 10. Whereas for in-depth interview the collected data were manual checked to assess and validated; and were qualitatively analyzed using anthropological/sociological methods manual as shown in the grounded theory [10]. Codes were identified and data were grouped according to the codes. Patterns were critical reviewed to check their consistencies with the identified codes and the research questions of the study. The results were then summarized; and are presented below in the results section.

Ethical considerations

This study used the same permission given by University for carrying the nutrition field work study in the ward to the 2nd year medical students. Whereas to parents/guardians and their respective under fives children individual consent was sought before the potential

participant participated in the study. Only those who were willing to participate in the study were recruited. Confidentiality and privacy were guaranteed.

Results

Socio-demographic characteristics of participants

A total of 25 respondents of whom 20 were parents/caretakers aged 20-48 years and 5 traditional health practitioners (THPs) aged 50-60; (three traditional birth attendants and two traditional healers) participated in this study. On the other hand the number of infants and children observed by the students were 203 and of these 98 (48.3%) were females; and most (47.8%) of them were 40 to 60 months. The distribution by age in months was positively skewed (Table 1).

Traditional methods used for protection of infants and children and parents/guardian's perception on these methods

The researcher asked parents/guardians methods used for protection of infants and children and their perception on these traditional methods for the health of the child. The analysis of the findings showed they were different traditional methods used to protect infants and children and these were; herbal remedies that were administered orally, incisions made at forehead, at middle of chest, on right and left of abdomen and at toes. They stressed that these were points where witches/sorcerers used to penetrate charms to harm the infant/child. The incisions made were smeared with herbal remedy that closed these entrants from witches and sorcerers. The other method was use of *hirizi* that was worn around neck or wrist of arm or around waist. *Hirizi* was made by an expert in traditional medicine and was empowered litany of incantation.

On the perception, the findings revealed these methods were effective for preventing illnesses believed to be caused personalistic factors where conventional medicine could not work effectively. They cited *degedege* (*convulsion*), weakling of the child, a jinn entered in the child and evil eye couldn't be treated by conventional medicine. One of traditional birth attendants (TBAs) who were one the participants in the study insisted "most of infants and children are vulnerable to illness caused by evil eye, evil spirits, sorcery, witchcraft because these children have delicate bodies, and subject to be penetrated by a charm brought by witches or sorcerers".

She added

" if one had sex with any lover, and then without washing her/his hands and holds young child, the child would become sick. Since it is not known status of person who can hold the child; a traditional herbal remedy is administered to protect the child from this kind of people who holds the children with 'dirty hands'."

To support the claims made by the TBAs the findings of this study

Age of the children in months	Male	Female	Total
0-10	10	8	18
11-20	9	7	16
21-30	21	20	41
31-40	14	17	31
41-50	23	22	45
51-60	28	24	52
Total	105	98	203

Table 1: Age distribution in months per age and sex of infants and children under the study area at Mvomero ward, Mvomero District.

showed 8 (40%) participants reported hirizi helped to ward off evil spirits, evil eye, sorcery and/or diseases that were pervasive in the culture.

The other participant stressed,

“vaccinations from the health facilities are good for measles, TB, small pox and others which are also killer diseases and not for illness caused by social and cosmic worlds”.

Besides the above, it was reported that traditional methods were also very effective for protecting the child from getting *degedege*. The participants argued that *degedege* was not associated with malaria. If the infant or child suffers from malaria it was noticeable with high temperature. Whereas, for *degedege* infant/child symptoms were like getting an electrical shock while sleeping, creasing teeth, weakling of the child and with normal temperature and it was lunar (appearing at certain period of the month). One of the traditional healers (TH) argued that if malaria was not treated it leads to death, whereas *degedege* if not treated leads to epilepsy. On protection in general on the other hand 5(25%) participants said it was helpful to prevent the child from getting *degedege* a common infant and child health problem in this study area by using traditional methods (Table 2).

Specific illnesses protected by traditional methods

The study was interested to know whether there were specific illnesses/diseases that were to be protected by traditional methods. The analysis of the findings revealed that traditional methods of protecting a child against health problems focused to illnesses whose etiologies were believed to be from social world that included witchcraft, sorcery, jealous and also from cosmic world like gods and ancestors, jinn and *degedege* (Table 2). Evil eye, sorcery and witchcraft and *degedege* were frequently reported by respondents for use of traditional protection methods. One of the healer said that these illness could not be identified in conventional health facilities with their equipments/technology. He stressed,

“through our long experience and observation on ill health conditions help us to identify which should go to the health facilities and which ours in management of health problems”.

Who prepares the formulations of traditional remedies for protection against illness to infants and children and what is contained in the methods used for protection?

The study explored who prepared the formulations of traditional remedies for protection against illness to infants and children; and what was contained in formulation. The analysis of the findings showed herbal remedies were known by many elder women and were referred as *dawa ya watoto* (herbal remedies for infants and children); and hence falling in popular sector in health care. The formulation was simple, the herbal plants and mainly leaves were collected while green and then were crushed in mortar with pestle; and then was soaked in water for one hour and was administered to the child. The dose to the infants

Sn	Illness to be protected to the infant and child	Number of responses (multiply responses was allowed) N=60	Percentage
1	Evil eye, sorcery and witchcraft	24	40
2	Evil spirit (majini)	13	22
3	Degedege	15	25
4	Other cultural illness	8	13

Table 2: Parents/guardian's Perception on the Utilization of Hirizi.

was tea spoonful, whereas to children was a food spoonful. The herbal remedy was administered either early morning when the sun rises and in evening when the sun sets. Some of it was used for bathing the child. Incisions as protection methods were done by a traditional healer. The incisions were smeared with powder made from a burnt herbal remedy. This burnt herbal remedy was empowered by long litany of incantation before administering. In addition to incisions, also the child/infant was given an oral remedy.

The *hirizi* remedy was prepared by an expert who might be a TH or traditional birth attendants (TBA). The content of the *hirizi* varied from one THP to another depending on how he was taught and intend of the *hirizi*. However they mentioned common herbal plants that should be in formulation were *mvuje*, *mangube* and *mahungu* herbal plants (botanical is names are not unknown) which were burned and charcoal was collected to be included for *hirizi*. In addition they included dried very small piece of a tree that has been burnt by lightening thunder, piece of elephant dung; and some of the THs included part of the cut umbilical cord at birth and some THs put a written Quranic verses. These materials were empowered with traditional rituals followed with long litany of incantation instructions what the each component in *hirizi* should do to the child in protection process. For instance one healer's instruction given to the component of small piece dried wood burnt by lightening thunder; in the long litany of incantation had this to say;

“Any person /object who/which touches the child with bad intention /he should be burnt with the lightening thunder”.

He stressed that role of *hirizi* was to protect the child from contracting illnesses, mishap, sorcery, and/or malevolent spirits and people with evil eye.

One of participants who was a Mhehe by ethnic group from Iringa region, reported among the Wahehe ethnic group mothers with infants and children went to old women who knew herbal remedies referred as *nyavana* (herbal remedies for infants and children composed of two to three herbal remedies) for protecting infants especially *degedege*. The remedy in liquid form was administered to infant and child in the morning and in the evening for two to three days while facing sun rises in the morning and sun sets in the evening at every “new moon” appeared. Whereas protecting a child from “dirty hands”, she narrated grounded herbal remedy was cooked with maize flour forming thin porridge; and was left to dry slowly until it became a hard pan. Immediately after delivery, the mixture of dried herbal remedy with the thin porridge was grounded to get thin flower; and then was given to a child and mother ones. From then the child was protected from “dirty hands”. She further stressed that during breast feeding period couples should abstain from sex. It was believed milk of the mother would be polluted; and the breastfeeding child would become feeble a sign that the parents had breached the community norms of raring the child. It was a shame to the mother and was scolded when went to treat the child to elderly women who were experts to treat such illness. To treat the child suffering from this kind of illness, there was a special herbal remedy which was administered to the mother and to the child; but she did not mention the herbal plants which formulated the remedy.

Attitude of conventional health workers towards using the traditional methods as protection against diseases/illness and impact to utilization of health facilities for infants/children vaccinations

The researcher explored attitude of health workers in the Ward

towards use of traditional formulations for protecting infants/children against illnesses with specially reference to vaccinations for protecting infants/children against the killer diseases. The findings revealed the attitude of the in-charge of health facility that was in the study area and village health workers towards use traditional methods for protection infants/children against believed socio-cultural ill health conditions was positive. The village health workers argued traditional remedy formulations used for protections were not barriers for mothers and guardians to use health facility for the infants and children when infants/children were sick; and as well as for vaccinations offered by the health facilities. The in-charge of the health facility stressed.

“for health worker it is important to understand people’s perception on the etiologies of the diseases/illness in the area s/he is working; and use that knowledge to educate people on use of health facility and importance of vaccinations for the survival of infants and children. The main goal of the traditional remedies is to ensure the child survives and we have to capitalize on that. With regard to ‘hirizi’ I have no objection since it does not hinder the utilization of health facilities for vaccinations. Perhaps it works on the traditional perceived causes of health problems affecting infants/children in the community that cannot be identified at health facilities. To me the problem of ‘hirizi’ is hygiene of the materials to infants/children”.

The maternal and child health care nurse on other hand said,

“all the children who attend the clinics have ‘hirizi’ and is not surprising for the health workers because it is the culture of these people; and does not intervene the health activities such vaccinations and cases of malaria and diarrhea management. She had some question on the ‘degedege’ whether it is real convulsion malaria or cultural diseases from the social or cosmic worlds”.

Discussion

The collected data on traditional methods for protecting infants and children against illnesses/diseases has been analyzed and presented. The findings in this study show despite modernization, traditional knowledge of protecting child/infant from health problems is still on use today in that community. Similar findings are reported in literature reviewed [1-3,11]; suggesting traditional methods of protecting infants/children is still existing in some communities world wide. The methods used and perceptions on objects for protecting infants and children against illness/diseases is a product of culture derived from past experience, learning and observation of symptoms and the management process. This knowledge is transmitted from one generation to another; and hence it is very difficult to deny existence of such health problems in respective cultures [12,13].

It is a common world wide belief to some ethnic groups that hidden malevolent forces are everywhere that causes health problems to infants and children [1,2,12,14,15]. For example the analysis presented in this study suggests that parents/guardians were aware there were some illnesses could be protected by traditional methods whose etiologies were believed to be from social and cosmic worlds. As pointed out by a TBA in the findings, illness believed to be caused by witchcraft, evil eye, curse, sorcery, jealous and also from cosmic world like the gods and ancestors, jinn cannot be detected with conventional health facilities; and be treated with modern drugs. These illnesses are to be treated using indigenous knowledge that could protect/treat such health problems. This argument is underscored by Langwick [12] findings who noted protective practices, such as wearing amulets, taking herbal baths, and drinking the dissolved ink of passages from the Koran at

Makonde plateau, Mtwara region. All these findings suggest such socio-cultural practices on health have an important role to play in healthcare in traditional local settings in developing countries. Langwick [12] stresses that there are things in the world that may lead to affliction at infants/children such as devils, ancestors, and witchcraft. These can be prevented through use of traditional protective medicines. She further illuminates protective medicine as it is used on the Makonde Plateau, southern Tanzania, “works” by driving off or chasing away Satan, devilish non-human threats. This possible explains the utilization of *hirizi* that is found on some ethnic groups of the eastern part of Tanzania to children, women and men and also in some Eastern countries even today despite the level health technological development [1,2,11,16,17].

It is being acknowledged that infant and children underfives are vulnerable to different illnesses/diseases; and since the parents/caretakers want their infants and children survive to adult hood [1,2,18-20] various measures are taken both in biomedical and traditional based on the socio-cultural practices related to child rearing including health care [18-20]. In conventional medicine focus is on vaccinations to killer disease and nutrition [18]. Whereas in traditional medicine, as shown in this study people use oral herbal remedies as was among the Wahehe and in some communities, use *hirizi* for protecting child both for naturalistic and personalistic factors. These findings suggest people in traditional local settings are pragmatic [15], they do what they believe it is effective to prevent/cure ailment of infants/children. Geckil et al. [21] underscores this argument by saying the mothers maintains to follow a number of traditional practices in order to protect infants/children from those illnesses. The interest of these mothers/guardians is to have a health baby; and that is why they send infants/child for vaccinations and also use traditional methods as well to ensure a child stays health.

The perception on use of *hirizi* and other methods of protections as shown in this study seems to be virtually universal across human cultures and across time [1-3,11,22]. It is a world belief that *hirizi* is an apotropaic object or device, usually with writing on it, which provides prophylaxis against harm, whether of natural or supernatural origin [1-3,11,15]. In ancient Egypt for instance, there was a belief that malevolent forces took form of poisonous snakes, scorpions, disease, floods or almost any natural disaster, illness, or tangible forces [1-3,11,15]. To combat and protect themselves against these forces, ancient Egyptians wore *hirizi*, or charms, around their necks, ankles, wrists, or anywhere else on their bodies. *Hirizi* is also found Middle East, East and West Africa, Central America, South Asia, Central Asia, and Mediterranean countries [3,11,22].

The moon holds a mystical place in the history of human culture especial to health [20,21-23]. This has been shown in this study that herbal remedy for degedege was to be taken in the first days of the new moon and waning moon. The association of degedege with the position of the moon is yet unknown. The available reliable studies have shown that there is no or little connection effect [4-7]. This calls for more studies to establish if there is any effect of the position of moon to health of human beings.

Formulations of remedies for protecting the infants/children vary from one ethnic group to another [1,2,12]. In this study the content of the protective medicine against illnesses was common herbal medicine, elephant dung, that fall within the popular sector on health care to be effective in protecting the infants and child from health caused by various sources [9]. However, there are some remedies which needed to be empowered by long litany of incantation/prayer by an expert who may be a traditional healer or traditional birth attendant. For example, in this study incision as protective methods, the herbal remedies to

be smeared on the cut part had to be empowered with long litany of incantation from the dispenser. *Hirizi* on the other hand could be made of anything and be empowered by the creator to bring or repel anything which is harmful to infants or child. The content of *hirizi* as shown in the findings were piece of elephant dung, some put part of the cut umbilical cord at birth and some put a written Quranic verses. Langwick [12] on the other hand among the Wamakonde, in Mtwara region, Tanzania has shown the *hirizi* contained frankincense, hemp seeds, pieces of the strong-smelling *mvuje* tree and slivers of roots from the *nandenga* and *numokamungo* trees tied with black piece of cloth around left wrist. Typically such medicines are worn by small children to protect them from “getting the fever of Satan before growing up.” It is believed that Satan is dangerous invisible agent that can startle, dirty, climb on or otherwise harm a person. This medicine is generally worn from infancy until a child “is able to walk well.” In West Africa on the otherhand the content of the *hirizi* include herbs, spoken words, paper hand written with Ayat verses [3,10]. In South Africa it is made of beads and is worn as bracelet or necklace [23-26].

It is being acknowledged *hirizi* is involved in traditional healing [1,2]. However there is need to identify the active ingredients herbal remedies used orally and topical application and those that are in *hirizi*. They are likely to have antiviral, anti Tuberculosis and antibacterial which can be useful if identified, evaluated their usefulness, developed and formulated for the health to all Tanzanian by 2025. For example elephant's dung's seem to have mosquito repellents, polio and measles ingredients [9].

Attitude of conventional health workers from this study is different from other studies reviewed that had shown traditional health practices as fetish, because there was no scientific evidence that show effectiveness in healthcare [25,26]. This might be the impact of legalizing the practice traditional medicine [27-29] (TRM) in Tanzania and the call of WHO to recognize TRM. As shown by in-charge of the health facility in the Mvomero ward and also village health workers in this study; traditional methods for protection of infants and children were not barriers for treatment offered by conventional health facilities. One of the officers of ward executive office reported the remedies had positive effect against *degedege* a common health problem in areas which had high prevalence of malaria. The doubts about *degedege* as convulsing malaria is underscored by the findings of Makundi et al. [17] study done at Handeni District where one of the participants raised question of associating *degedege* with malaria. The analyzed findings in this study about *degedege* and malaria and Makundi's [17] participants seem to suggest that there are two different health conditions with different causes.

All in all the positive attitude of conventional health workers towards traditional medicine has also been reported by Traditional Medicine and Medicinal Plants East African Network in Tanzania [30] and Traditional Medicine and HIV projects research teams [31], Kayombo [32] and Langwick [12] as well. Participants in the studies mentioned TRM had an important role to play in health care, and there were some illnesses and diseases that were better treated by traditional healers such as mental illness and infant health problems. Some of the scholars who have negative attitude towards traditional medicine are Africans [30]. But these scholars have been brought up by this culture, and have used traditional remedies at their childhood and survived. It was expected that these medical personnel could go further by initiating detailed study in order to establish what is in TRM including *hirizi* and in what manner it operates on the assigned task especially in healthcare and the possible side effects and how to intervene. It has to

be stressed currently conventional medicine is not the only therapy for healing various health problems of mankind, some studies need to be carried especially on TRM and its practitioners.

Conclusion

The findings of this study have shown that besides the conventional methods of protecting the infants and children from the killer diseases, parents/caretakers still use traditional methods as well for protecting illnesses believed to be caused by sociological environment and intangible forces [33] to make protection comprehensive. The present findings teach scientists that socio-cultural practices related to health have a lot to learn on how people cope with illness/diseases both for prevention and treatment especially to infant and children who are vulnerable to various illnesses and diseases at both underserved and served by conventional health facilities. Combination of therapies as shown in this study seems not to be an issue to users because their main goal is protect/cure or get relieve of the patients from any kind perceived source of illnesses/diseases. It is very likely some traditional remedies have capacity of preventing and treating some illnesses/diseases that cannot be treated by conventional medicine. Scientists should not close their thinking and eyes to TRM and its practitioners; and see conventional medicine as dogma on healthcare. The positive attitude of health workers in this study and those reviewed signals a change in out look about use of TRM to have important role to play on healthcare as opposed in the past. Beliefs on lay perception on etiology should not be denied, but deliberate series of studies should focus on TRM in order to find the truth of what practitioners of TRM claim. The results from such studies might show therapies that have either psychosocial or biological effect on health of the user of which both are needed in healthcare. It has to be remembered practices THPs are based on past experience and observation. These are scientific approaches in studying health problem in a community and identification of effective remedies.

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