

6 LIST OF SOURCES

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Annexure A

**Document used to obtain informed
consent from informants**

Mrs Angela Savage, P O Box 2242, Moshi. Tel 2755101

Dear Informant,

I am trying to understand people's views of health and illness, so that as nurses, we can provide better care for people. Previous studies have looked at beliefs of Chaggas and Maasai, but it seems no studies have been done on the Pares.

I should be most grateful if you would be prepared to answer some questions about health beliefs of urban Pares as part of a research study for a Master's degree in nursing.

You are not obliged to answer every question, but every answer you give will help in this study. The answers you give will remain confidential: your name will not appear on any document.

We would like to tape record your answers, and may return to you for a brief interview to confirm what we understood from the first interview. The interview may take around one hour. You are free to terminate the interview at any time. There is no payment for information given.

I should be grateful if you could sign below to indicate that you are willing to participate in this research, under the conditions mentioned here.

Informant:

Researcher:

Witness:

Date:

Annexure B

Guiding questions for interview

- 1.Age of respondent:
- 2.Sex of respondent:
- 3.Marital status:
- 4.Number of children:
- 5.Length of time living in town:
- 6.Religion / denomination:

7. Health.

Guiding questions:

- 7.1 What do Pares understand by the term health?
- 7.2 How do you view health?
- 7.3 How do Pares maintain health?

Possible probing question topics:

Maintenance of health

Foods

Breast feeding practices

Beliefs about anatomy and physiology

8. Illness.

Guiding questions:

- 8.1 What do Pares understand by the term illness?
- 8.2 How do you view illness?
- 8.3 What does illness entail?

8.4 How do the Pare treat their ill?

Possible probing question topics:

Who provides care

Value of rest / exercise / visitors / physical contact / prayer or other religious activities

Special foods

Home remedies

Herbal remedies

Medicines from a pharmacy

8.5 What do Pares living in town believe causes illness?

Possible probing question topics:

Ancestral displeasure

Witchcraft

Microbes

Poor diet

Stress

Getting wet / cold

Punishment by God

Evil eye

8.6 Which illness do you fear most? Why?

8.7 Which illness is most common in the Pare tribe?

9. Use of health practitioners.

Guiding questions:

9.1 To whom do you go first when you are ill?

9.2 What are the reasons for your preference?

9.3 What type of health practitioners do most Pares living in town use?

Possible probing question topics:

Traditional healers – herbal, spiritual

Western style practitioners - government, mission, private

10. Improvement in care by nurses.

Guiding questions:

10.1 Do you find the care rendered by nurses to be culturally congruent? Explain this.

10.2 What do you think would improve the care currently provided by nurses?

Probing questions:

Attitude of nurses

Competence of nurses

Number of nurses

Equipment / facilities

Food provided

Visiting times

Annexure C

Example of transcribed interview in Swahili

1.Q. Mama naomba kuuliza umri wako tafadhali.

A. Ni kama miaka sitini na moja.

[2. Ni mwanamke.]

3.Q. Umeolewa?

A. Ndiyo, lakini bahati mbaya mume wangu alifariki

4. Q. Je, una watoto?

A. Nina watoto sita.

5.Q. Umekaa mjini kwa muda gani?

A. Nilizaliwa kule kijijini, nikasoma mpaka darasa la nane kisha nikaenda kusoma nchi za nje. Nilipomaliza nilianza kufanya kazi maeneo ya mjini, lakini si mjini kama Dar. Nimeishi Shinyanga, Musoma, Mwanza, Tabora Maswa, Mpanda na Tanga, sasa naishi Moshi.

6.Q. Dhehebu lako?

A. Mimi ni mkristo wa Lutheran.

7.1a.Q. Naomba uniambie wapare wanaelewa nini kuhusu afya.

A. Siku hizi au zamani?

Q. Zamani.

A. Zamani watu walikuwa wakitumia sana mitishamba kama dawa zao za kunywa, lakini sasa hospitali zimekuwa nyingi, na watu wameelewa kwamba wakiumwa wanakimbilia hospitali kutibiwa. Wanatumia dawa za hospitali na wanafuata ushauri wanaopewa na daktari.

7.1b.Q. Tunaposema “afya” kwa Wapare hili neno lina maana gani?

A. Kwa Wapare “afya” wanaichukulia ni ile hali ya mtu kujilinda wenyewe kwa kula vyakula vinavyolinda mwili, vyakula kama mboga za majani, matunda, maziwa, vyakula vya kujenga mwili kama vile ugali, viazi, ndizi. Ukweli ni kwamba sasa hivi wanajitahidi kula vyakula ambavyo vinailinda miili yao kiafya. Na wanatumia vyakula vya aina mbalimbali kwa kuwa kule nyumbani vyakula ni tofauti na huku mjini. Mara nyingi sana kule wanapenda maharage, maziwa, samaki, mboga na kadhalika kwa sababu ni vitu vinavyopatikana kwa urahisi zaidi kuliko huku mjini. Wanalima sana nyanya, vitunguu, kabichi, karoti, kwa hiyo vitu vyote hivi vinapatikana kwenye masoko, na wananunua wanakula.

7.1c.Q. Je, kutofautisha kati ya afya na ugonjwa, mtu anaposema mimi nina afya - unafikiri ana maana gani?

A. Huwezi kusema una afya kama bado hujaenda kwa daktari akupime aone hali ya afya yako. Sasa, tatizo lililoko kwa watu wetu kule nyumbani ni kwamba hawana ile tabia ya kusema “ngoja niende kwa daktari kupima afya yangu hata kama siumwi”. Hilo hatuna, kule afya wanaweza wakampima kwa kuangalia mambo mawili. Wanaangalia umbo la nje la mwili, na pia hali ya mtu kama anaonekana mgonjwa. Kwa mfano, nikienda kule wataniangalia na kusema “mama M ana afya kwa sababu ni mnene”. Lakini hawana uhakika kama mimi ni mzima au vipi; wao wanaangalia unene, umependeza wanaamua huyu ni mtu mwenye afya. Bila kwenda hospitali na kupima, iliradi tu haumwi. Mtu anaweza kuamka asubuhi anasema, “leo sijisikii vizuri”. Lakini haendi hospitali kuona ana tatizo gani - anakaa tu, mpaka labda aone anashindwa kwenda kufanya kazi zake, ndiyo atakwenda kumwona daktari. Ndiyo maana nikasema sisi hatuna mazoea ya kwenda kufanya “check-ups” kama mnavyofanya ninyi. Tunachofanya ni kwamba tunaangalia kama bado tunaweza kwenda kufanya kazi kama kukata majani, kulima, kukata kuni na kadhalika. Mpaka tushindwe ndipo tutakwenda kupima. Kwa mfano, nikienda nyumbani nikiwa nimepungua wanasema, “mama M amekonda, kwa hiyo hana afya nzuri”, lakini hawajui kama uzito wangu umepungua eidha ninapunguza weight au nina mawazo - ila wanachooona ni kwamba nimekonda, kwa hiyo afya yangu si nzuri.

7.1d.Q. Kwa hiyo kwa mazungumzo yako, nimeelewa kwamba neno hili afya linachukuliwa ni kule kutokuwa mgonjwa, kuwa na uwezo wa kufanya kazi na pia kutokuwa umekonda. Nimekuelewa vizuri?

A. Ndiyo; nimesema hivyo.

7.2a.Q. Kwako wewe afya ina maana gani?

A. Ni mwili kutokuwa na matatizo, maradhi, unakula vizuri, unalala vizuri, unapata mahitaji yote muhimu sawasawa, kupata vitu vya kukinga mwili wako usipate maradhi mara kwa mara, na pengine unaanza kupata labda homa, malaria au nini, unakwenda kupimwa hospitali, kwa medical check, na kupata huduma kama inastahili. Nadhani hiyo ndiyo afya.

7.3a.Q. Sasa naomba uniambie wapare wanafanya nini kuendeleza afya? Umeishaniambia kuhusu chakula. Je, kuna kitu kingine wapare wanachofanya kuendeleza afya zao?

A. Kutunza afya inategemea sana na uwezo wa mtu. Pengine mtu angependa kula vyakula fulani kama vile mayai na kadhalika, lakini hawezi kumudu bei. Tuko makundi mawili, wenye uwezo na wasio na uwezo. Kwa vile wenye uwezo wanaweza kununua mahitaji muhimu ya kudumisha afya zao, lakini wenye uwezo mdogo, afya zao haziridhishi sana.

7.3b.Q. Kwa hiyo wewe unaona haitegemei mila na desturi bali ni uwezo zaidi?

A. Kama ni kufuata mila na desturi, hakuna mila inayosema mtu asile, labda uwe unadanganywa na wale wazee wa zamani ambao walikuwa wanasema usile baadhi ya vyakula kama mayai, maziwa, na kadhalika, hoja zao ni kwamba labda utapata mtatizo fulani. Bado wazee kama hawa wapo wachache. Siku hizi zaidi ni uwezo wa mtu ndio unaopanga hali ya afya ya mtu. Siku hizi, hata vijijini, watoto wanatofautiana kiafya. Unakuta watoto wenye afya, lakini si afya ile nzuri kwa sababu vyakula wanavyokula havikithi mahitaji ya afya bora. Mwingine unakuta ni mnene wa kufutuka tu, lakini huwa hali mlo kamili wenye matunda, mboga, nyama, na kadhalika; anakula chakula cha aina moja tu. Yule anayekula mlo kamili; hata ukiangalia ngozi yake utagundua tu kwamba afya yake ni nzuri.

7.3c.Q. Mama, vitu kama mazoezi, wapare wanafanya mazoezi kudumisha afya zao?

A. Hawana mazoezi kama yale ya kukimbia au kucheza, lakini wanafanya mazoezi kuliko watu wanaokimbia, kwa sababu ya aina ya shughuli wafanyazo kila siku. Kwa mfano, mtu anaamka asubuhi, anakwenda kwa miguu umbali wa kilomita zaidi ya sita kukata majani ya wanyama, akirudi nyumbani anachukua jembe anakwenda shamba, ambako nako ni mbali; akimaliza kulima arudi apike, kufua na shughuli nyingine za hapo nyumbani. Kwa masaa yote ishirini na nne anafanya kazi na kama ni kupumzika ni kiasi kidogo sana. Na hata kina baba ambao hawaja ajiriwa, akiamka anapata labda uji, anakwenda shamba analima mpaka jioni. Kwa hiyo, hayo ni mazoezi tosha. Halafu kule kwetu kuna milima, kwa hiyo unapanda na kushuka, nayo ni mazoezi ya kutosha. Hatuhitaji kufanya mazoezi mengine. Zile shughuli anazofanya mtu zinamjenga mwili wake kiafya.

7.3d.Q. Kuna chakula kinachopendekezwa wakati wa ujauzito?

A. Mboga za majani, maharage, mayai, maziwa, matunda pamoja na stachi lakini isiwe nyingi sana. Mara nyingi wakina mama wa kijijini wanapoteza maisha kwa

kukosa vitu fhivyo. Wakina mama wa kijijini wanaamini kwamba mama mjazito anapokula mayai mtoto hatakuwa na nywele. Kuna imani tofauti. Tunawashauri wajawazito wasifanye kazi nzito sana, na wapumzike muda wakutosha.

7.3e.Q. Je kuna chakula kinachopendekezwa kwa mama aliyejifungua?

A. Kwanza, mama ayejifungua hatoki ndani, “bedrest complete”, kwa miezi miwili au mitatu. Asubuhi anapata uji wa maziwa. Saa nne anapata supu, saa sita anakula chakula, lakini chakula maalum kama ndizi kwa supu na nyama, ndizi kwa maziwa ya mgando, ndizi zilizo changanywa na maharage kwa kuweka mafuta kwa wingi. Jioni kwenye saa kumi anapata supu, na usiku atakula; atakula mara tano kwa siku. Pia mama anakula matunda, mboga za majani na vitu vya kurudisha nguvu zake. Maziwa anayo kunywa yana changanywa na asali. Kwa hiyo kwa kufanya hivyo mama anarudisha ile damu iliyotoka wakati wakujifungua. Kwa kuwa anapumzika wakati mrefu, anapotoka ndani mwili wake unakuwa mzuri na nguvu. Mtoto anapata maziwa mengi sana. Yote hayo yanategemea uwezo wa familia. Wapare na Wachagga kwa kutunza mama hatutofautiani sana

7.3f.Q. Bado watu wanaendelea kufanya hivyo au ni kitu cha zamani?

A. Hapana, sasa hivi, kama mama anajifungua kijijini, wengi wanafanya hivyo hivyo; majority wako huku mjini, watoto wetu, hawapendi vitu kama hivyo. Wanapenda labda wiki ya kwanza unampikia supu, unapimkia mtori, halafu anasema “sitaki kunenepa”. Wanaogopa unene, lakini kule kijijini wanafanya hivyo mpaka leo.

8.1a.Q. Labda tuendeleo kuzungumza kuhusu ugonjwa kidogo. Wapare wanaelewa nini ukitungia neno la ugonjwa? Yaani kwa mpare, mgonjwa ni mtu ambaye yuko je? Wanaona nini waweze kusema mtu ni mgonjwa?

A. Wao, neno mgonjwa wanavyolichukulia, kuna mgonjwa ambaye amelazwa hospitali, huyo haruhusiwi kufanya kazi yoyote kwa sababu ni mgonjwa. Kuna mwingine, ambaye yuko nyumbani lakini hajalala kitandani, anapata dawa lakini anaendelea kufanya kazi ndogo ndogo. Basi, kwa wapare mgonjwa ni yule ambaye amelala na hawezi kufanya kazi.

8.3b.Q. Kwa hiyo ugonjwa unaleta athari gani?

A. Kama wewe ni mgonjwa bila shaka una upungufu wa kitu fulani mwilini, au kwa familia yako kutakuwa na upungufu fulani kwa ule mchango wako katika familia ile. Kwa mfano, baba anapoumwa na ndiye anayetafuta chakula, walioko nyumbani wanapata taabu ya matumizi.

8.3c.Q. Kwa mgonjwa mwenyewe itakuwa ni shida ya mwili tu au ...?

A. Atakuwa na shida ya mwili, labda anaumwa kifua, malaria au ana pneumonia au shida ya tumbo. Sasa yule mgonjwa akiwa amelala pale kitandani, atakuwa anaumwa magonjwa ya aina mbili. Ule unaomsumbua, pili, atakuwa na ugonjwa wa mawazo na wasiwasi. “Nimelala hapa; sijui huko nyumbani mambo yakoje?” Hawezi hata kupata nafuu mapema kutokana na wasiwasi. Lakini kama ni mtu mwenye uwezo kifedha ambaye kutokuwepo kwake hakuleti tofauti kimapato anakuwa na confidence zaidi.

7.1e / 8.1b.Q. Tukiangalia kwa ujumla, hili neno afya na ugonjwa, kwa kuwa wewe umekaa sehemu nyingi, unaona kwamba wapare wana mtazamo tofauti na makabila mengine kuhusu maneno haya?

A. Tofauti iko kubwa kwa sababu sehemu nyingi nilizokaa wamekuwa na imani zilizo tofautiana na za upare. Kwa mfano, ukikaa Tanga, utagundua hata kabla hujapima hospitali ukajua unaumwa nini, wanakimbilia kwa waganga, mtu anasema, “labda Massawe ndiye kanifanya hivi”. Anakwenda kwanza kwa mganga kuangalia kwa nini amepatwa na tatizo hilo. Kwa daktari haendi mpaka azidiwe. Kwa mfano, Mwanza, mtu akiugua hawampeleki hospitali kwanza, wao wanampatia dawa za majani na mizizi bila hata kujua kama dawa hizo zitamsaidia. Sisi kwetu hiyo hakuna. Kama ilikuwepo ni zamani. Wanapenda sana hospitali. Wanaogopa mitishamba kwa sababu hawana uhakika wa usalama wake.

8.4a.Q. Wapare wanawauguzaje wagonjwa wao? Naomba kama utaweza kunieleza kitu maalumu cha wapare.

A. Kuna vitu vya aina mbili ambavyo niliviona kuhusu wapare, kuna wagonjwa anayeugulia nyumbani, kama huyo mgonjwa ni mwanamke, wanawake wote wa jirani wanakuja kumsaidia kazi za nyumbani, kama kukata majani ya wanyama, kupikia watoto na kadhalika. Hata kumhudumia huyo mgonjwa hapo nyumbani. Ikiwa huyo mgonjwa amelazwa, lakini hakuna watu wa kumsaidia, basi, watapangiana zamu za

kumhudumia hapo hospitalini na pia zamu za shughuli za hapo nyumbani kwake, shughuli zote.

8.4b.Q. Hili ni jambo zuri sana. Je unafikiri wapare wanafanya mambo haya zaidi ya makabila mengine?

A. Makabila mengine hufanya hivyo lakini sisi tunalifanya; kuwa jambo muhimu sana mpaka leo.

8.4c.Q. Wewe unafikiri kwa nini hali hii ipo? Kwa sababu mimi kama mzungu, nikiumwa ni kazi ya mume wangu tu kunihudumia, majirani hawahusiki.

A. Kule kwetu kuna utaratibu huo, kama anayeumwa ni mwanaume, na anahitaji kuhudumiwa kibinafsi, basi, kinababa wa jirani ndio watakaokuja kumsaidia kumwogeha na vitu vingine. Lakini chakula ni shughuli ya mke wake, kadhalika kama amelazwa hospitalini wanaume watapangiana zamu.

8.4d.Q. Unafikiri kuna ushirikiano siyo?

A. Ni ushirikiano tulionao kama mtu anaumwa ... hasa kama mtu anaumwa. Hata kama mama amejifungua. Zamani, kwa sababu mimi nimejifungua nyumbani kama mara mbili hivi, walikuwa wanakuja kinamama, kuna wale wabibi wazee wanamwogeha mtoto, watu kama dada yake, mama na kadhalika. Wananihudumia kama mgonjwa. Kwetu mtu akijifungua, anachukuliwa kama mgonjwa.

8.4e.Q. Unafikiri utaratibu huu umetokana na mahitaji ya watu au ... ?

A. Ni utaratibu ulioanza siku nyingi, enzi za mababu zetu. Sasa kwamba ni kwa namna gani ulianza sijui, ni vitu ambavyo tulivikuta.

8.4f.Q. Naona labda ilitokana na ile kujua kwamba mwenzako akipata tatizo unasaidia ili na wewe litakapokupata usaidiwe naye.

A. Ndivyo hivyo.

8.4g.Q. Umesema kwamba wapare wanapenda kusaidiana wakati wa ugonjwa. Je, kuhusu kutembelea, wapare wanapenda kutembelea wagonjwa wao?

A. Zile saa za kutembelea wagonjwa asubuhi, mchana na jioni wanakuja watu ndugu, jamaa, na marafiki kutokea sehemu nyingi mbali mbali, wa mbali na karibu. Watu zaidi ya kumi wanakuja kumwona mgonjwa kwa mara moja.

8.4h.Q. Unafikiri ni kwa nini mama? Wazungu hawafanyi hivyo.

A. Ni tabia au mila zetu tangu mababu zetu ambazo tunaziendeleza kwa kuwa tunaona ni jambo zuri kwa watu tunaofahamiana kutembeleana kujuana hali, hasa wakati wa ugonjwa.

8.4i.Q. Wapare wanatumia chakula gani wakati wa ugonjwa?

A. Inategemea na pendekezo la mgonjwa, wanapompelekea mgonjwa chai asubuhi humuuliza “tukuletee chakula gani ambacho unapendelea?” Kama yuko hospitali, kwa yule aliyeko nyumbani akiulizwa, naye anaweza kusema anapendelea ndizi au uji wa maziwa ya mgando, yoghurt, mtori, kiburu, ugali na mchicha na kadhalika. Hakuna kumpa mgonjwa chakula ili mradi tu, bali kama kuna uwezo ni vizuri achague mwenyewe.

8.4j.Q. Kwa wachaga kuna ugonjwa wa surua na mtoto anapougua ugonjwa huu huwa anapewa wengu (bandama) inapondwapondwa anapewa; ninyi kuna vitu kama hivi?

A. Kama ana surua wanachukua majani ya Ukwaju; yale majani wanachukua wanakamua maji yake, wanampa anywe, na nyingine wanatia kwenye maji yake ya kuogea. Wanachukua kifaranga, wanachinja na kupikia supu, wanasema supu hiyo inasaidia ugonjwa utoke nje. Kuna jani linaloitwa mnavu wanachemsha na yale maji yake anakunywa mgonjwa; ni dawa ya tumbo.

8.4k.Q. Kama kuna mgonjwa nyumbani, mama yake akamwuliza atapenda kula nini, na huyo mgonjwa akasema sijui, huyo mama yake mpare atafikiri nini kitamsaidia zaidi? Tuseme ni mtoto mdogo asiyeweza kujua tofauti ya chakula.

A. Atajaribu kumpa chakula ambacho mtoto huyo alikuwa anakipendelea wakati bado mzima, kama atashindwa kimojawapo basi atajaribu kinginecho. Kwa hiyo anapika vyakula kama vitatu na kuangalia atakachokubali.

8.4l.Q. Ni chakula kama supu au ... ?

A. Anaweza kutengenezewa mtori au hicho kiburu na kadhalika. Wakati mwingine wanachukua maziwa na majani ya kunde au ya maboga yaliyopondwa wanachanganya. Kwa hiyo wanapokunywa hayo maziwa tayari kuna kuwa na vegetable ndani yake, ni chakula nilichokuwa nakipenda sana nilipokuwa mdogo.

8.4m.Q. Wapare wana kitu wanachotumia kama matibabu ya asili?

A. Kuna dawa nyingi sana, kwa mfano kutibu malaria tunatumia dawa moja ambayo ninayoipenda sana, mimi na watoto; inaitwa Mvoro; ni sawa kabisa na quinine. Unachemsha majani yake unakunywa hayo maji. Kama malaria isipoona, basi, nenda kwa madaktari bingwa, halafu kuna dawa nyingine inayoitwa Mrumbavasi. Ni dawa nzuri sana kutibu kisukari. Unachemsha majani unakunywa kila siku kama vijiko viwili asubuhi tu. Hutumika kutibu hata ngombe, wanatwanga wanampa. Halafu kuna nyingine inaitwa Ikongwe Ibada kwa ajili ya kidonda. Unaitwanga unaweka kwenye jeraha, na kuacha ikaukie hapo. Ikibanduka nacho kimepona; kuna Ikongwe nyingine tena ambayo mti wake ni mwembamba zaidi. Hii hutibia wadudu wa tumboni kama vile tegu, minyoo na kadhalika. Iko miti mingi ambayo inatumika kutibia magonjwa.

8.4n.Q. Unafikiri wapare bado wanatumia dawa hizi?

A. Mpaka leo.

Wapare kuanza zamani wakati tunakuwa dawa za hospitali, ingawa sisi tumezaliwa mkoloni, ameisha ingia huko, lakini mara nyingi dawa za hospitali walikuwa hawazipendi sana. Bibi na babu zetu walikuwa wanafahamu dawa nyingi sana za miti.

Asali, hata kama mtoto ameungua sasa hivi, usimpake kitu chochote; chukuwa ile asali, weka pale. Au yai, yai bichi, unachukuwa, unalikoroga, unampaka mtoto mahali alipoungua; hamna tena kidonda. Au manyoya ya sungura; kama mtoto ameungua unachukuwa yale manyoya ya sungura unamsafisha, usiondoe ile ngozi, unasafisha, unachukuwa yale manyoya ya sungura unabandika pale. Kwa hiyo yeye atakaa pa na yale manyoya siku yale manyoya yametoka, kidonda kimepona. Siku huyu, binti aliyepita sasa hivi, ana jaketi nyekundu, ni mjukuu wangu, mtoto wa mtoto wangu. Aliungua mkono hapa. Babu yake akachukuwa manyoya ya sungura akamweka hapa. Sikuenda hospitali, wala hakupata homa, wala hatukumtibu kitu kingine; mpaka leo mkono imepona na hakuna alama inayoonyesha kwamba aliungua.

Kwa hiyo kuna vitu vingi ambavyo sisi tulipaswa kuviangalia na kuviweka katika kumbukumbu kwamba hiki, hiki, hiki kinasaidia hiki, hiki, hiki, lakini hatukuvijali sasa wale waliokuwa wanatuelekeza hawapo. Ndio maana tunakimbilia hospitali. Lakini kama tungekuwa na watu wana wameweka kumbukumbu ya vile vitu kuna miti mingi sana ambayo ni dawa.

Mungu ametupa miti mingi sana ambayo ni dawa, lakini hatuijui. Lakini nashangaa, sasa hivi wenzetu wazungu wanatoka huko wanakuja wanashika Wanachukuwa ile miti, wanaenda kule wanatengeneza dawa wanatuletea kule, tunanunua ... kweli, wanachuwa majani, magome ya miti, wanaenda wanatengeneza wanatuletea vidonge vya miti yetu hii .

8.4o.Q. Kutumia dawa za mitishamba, ni kule Upareni tu, au hata hapa mjini Moshi?

A. Mpare ni mpare; tukipata matatizo huwa tunaenda, kwa mfano, huo mgoro na mrumbavasi, watu wengi sana wanazitumia mpaka leo.

8.5a.Q. Wapare wanafikiri nini kuhusu sababu ya magonjwa?

A. Siku hizi wanadai kwamba huenda haya mafuta tunayopikia ndiyo yanayosababisha ugonjwa wa high blood pressure, halafu wanadai vyakula vya madukani vina vitu vinavyosababisha magonjwa. Mimi siamini kwamba madai hayo ni kweli, hata viungo vya pilau wanadai husababisha high blood pressure. Sioni ukweli wa msingi katika madai hayo. Magonjwa tunayapata na miili yetu inadhoofu kwa sababu hatupati vile vyakula muhimu vinavyohitajitajika kulinda miili yetu. Wengine wanadai kwamba wakinywa chai ya maziwa ya unga, moyo unaenda mbio na kadhalika. Ukweli ni kwamba sasa hivi, afya za wapare zimedhoofu kwa sababu hawali vile vyakula ambavyo vitasaidia miili yao, wengi wameacha.

8.5b.Q. Ningeomba kuuliza mtazamo wa wapare kuhusu uhusiano wa uchafu na maradhi?

A. Wanajua kwamba uchafu unaweza kuleta magonjwa; wanazingatia sana hilo; sehemu kubwa ya kule kwetu kuna vyoo na wanaona kama huna choo, basi, wewe ni chanzo kikubwa cha magonjwa, wanajitahidi sana kuweka mazingira safi. Wakati mwingine wanatuzidi hata sisi wa mjini kwa usafi, mtu anaogopa ugonjwa kwa sababu pamoja na mambo mengine unazuia kufanya kazi zake. Kama wataona jirani ambaye hana choo na watoto wake wanaenda haja ovyo, wanamsema sana. Kwa hiyo

hata kama mama hajali afya ya watoto wake sana, anaona aibu kwa sababu kila mtu anamsema. Jambo jingine ni kwamba wameishajua kwamba maji ya kunywa ingawa ni safi, bado si salama, kwa hiyo hawana budi kuyachemsha, kwa sababu yanatoka kwenye vijito huko.

8.5c.Q. Umeishasema kuhusu chakula, usafi, je? Unafikiri kuna kitu kingine kinaweza kusababisha ugonjwa? Wapare wanafikiri nini?

A. Kitu kikubwa ninachokiona ni kufanya kazi sana bila kupumzika, hili nalo linaleta matatizo mwilini. Kule nyumbani wanalima mara tatu kwa mwaka na mashamba mengi yako mbali sana, atoke shamba afanye shughuli zote za nyumbani. Mwili haupati kupumzika. Chakula chenyewe si cha kuridhisha.

8.5d.Q. Kukasirika kwa mababu kunaweza kusababisha mangonjwa?

A. Ah! Mimi hivyo vitu sijui kwa sababu sisi hatuna desturi hizo kwenye familia yetu, lakini nimeona kwa watu wengine wamefanya, wanasema kwa sababu leo huyu anaumwa sana, babu amekasirika. Hajapelekewa kitu; kwa hiyo wanachukua mbuzi, maziwa na nyama wanachukua hiki na kile wanapeleka kwenye kaburi la babu kumtuliza ili asikasirike ili watu wasiugue.

8.5e.Q. Unafikiri ni wachaga zaidi au wapare wanaofanya hivi?

A. Hapana, hata wapare wanafanya. Sisi kwetu kule kuna hawa watu wanaitwa Machifu, kuna maeneo yao, mfano ukienda kule Usangi ukiuliza “Msitu wa Chifu uko wapi?” watakuambia, “ule pale”. Ukiuliza “Msitu wa Wasangi?” watakuambia “ule pale”. Ni maeneo ambayo ni msitu, na ukienda, pana vitu vingi sana vya jadi. Sasa wanaenda pale, na kila siku ni lazima pawe safi, sasa wanasema ule msitu unaunguruma, unatoa sauti, lakini mimi sijawahisikia ule msitu unaunguruma ukitoa sauti; basi, wanasema wale wanataka vitu, basi, watapeleka nyama, maziwa na vitu vingine vingi. Wanawake hawaendi huko; ni wanaume tu. Wanaenda kufanya nini, sisi hatujui.

Kwa hiyo vitu hivyo vipo; wanasema babu amekasirika; wanasema huyu mtoto anaumwa sana, babu amekasirika. Watamchukua mtoto mpaka kaburi la babu yake, watamimina na maziwa huko, sijui, na damu, sijui, na nini, wanarudi na imani kuwa yule mtoto atapona, kwa sababu wamekwisha peleka vile vitu ambavyo babu alikuwa anahitaji, lakini mimi sina hakika kama vinafanya kazi, kuwa kama mtoto anaumwa

pneumonia bila kupeleka hospitali atapona kwa kupeleka vitu hivyo kaburini kwa babu. Mimi sijui sijafanya vitu kama hivyo; nimeona watu wanafanya.

8.5f.Q. Mambo ya uchawi, upareni yapo kuliko mambo ya mababu? Yaani kwa wachaga wanaona mtu anaweza kuumwa kwa sababu babu amekasirika au mama fulani amemloga, wapare nao je? Ni lipi ambalo lina uzito au hutokea mara nyingi, watu kulogana au mababu kukasirika?

A. Hili la mababu kukasirika kwa siku hizi si kubwa sana, lakini la kulogana kwa siku hizi liko sana, mtu anasema fulani aligombana na fulani juzi, ndiyo maana fulani anaumwa, amemloga, watu wapo ambao wajulikana kutishia maisha ya wenzao.

8.5g.Q. Uchawi unafikiri bado upo kijijini? Na mjini umekwisha?

A. Ndiyo, uchawi upo mjini. Mtu asikudanganye kuwa hawalogani; mjini wanalogana sana. Uchawi upo, na hasa hawa wenzetu waswahili, hasa Waislamu. Upare zamani watu walifikiri sana, kuwa Wapare wanafanya mambo haya, kwa sababu jinsi wanavyozidi kwenda pwani. Sisi tulikuwa tunaogopa, tunasema watu walio karibu na pwani, wanajua mambo ya mapepo, majini, mambo ya uchawi. Kwetu, ukiona kama kuna mtu wa namna hiyo, basi ni hao watu waislamu, na sana wanaojifanya Mashehe, maalimu, hao ndio wana vitu vya ajabu vya namna hiyo, lakini uchawi bado upo na wenzetu waislamu ndio wanafanya vitu hivyo. Kwa Wakristo ni wachache, nani wale Ukristo wao uko nusunusu, lakini uchawi bado upo; haujaisha kabisa.

8.5h.Q. Hili jambo la uchawi, unafikiri lilikuweco katika kabila la wapare au unafikiri limetokana na makabila mengine?

A. Baada ya watu kuchanganyikana makabila mbalimabali, wakati tulipo kuwa sisi wapare peke yetu, hapakuwa na mambo kama hayo. Sasa, kuna makabila zaidi ya kumi ambayo yamehamia kule kwetu, zamani hapakuwa na mambo hayo.

8.5i.Q. Unafikiri wapare wa mjini wa na links na watu wa kule Upareni, au wamejitenga nao?

A. Hapana, hawajajitenga, mpare yeyote aliyeko hapa mjini lazima ana link na kule kwao, labda Usangi, Same, Ugweno na kadhalika. Ni wachache sana sana ambao wamehama kabisa kule. Lakini wale ambao wamehama, ila bado familia zao ziko kule. Mawasiliano bado ni makubwa sana. Mfano mzuri wa kuliona hili ni wakati wa

sikukuu kubwa za dini, kwa mfano Idi, Christmas au Pasaka. Mpare, hata kama yuko mbali sana, lazima atatoka kwenda Upareni, na pia kama kuna msiba wa ndugu wa karibu ni lazima atakwenda kuhudhuria. Wengi wameagiza kwamba watakapokufa wapelekwe Upareni kuzikwa.

8.6a.Q. Unafikiri wapare wanaogopa ugonjwa gani zaidi?

A. Wapare wanaogopa sana blood pressure, kipindupindu, Ukimwi, diarrhoea. Lakini magonjwa mengine kama kukohoa, tumbo linauma na kadhalika, wayaogopa lakini sio kama hayo mengine.

8.6b.Q. Vitu kama magonjwa ya akili wanayaogopa?

A. Siyo sana, kwa sababu kwanza si watu wengi wanayo, wanajua kwamba kuna familia ambayo ina asili ya ugonjwa huu, utakuta wanacheka naye, wanamsikiliza na kutaniana naye, watamwogopa tu kama atakuwa na fujo.

8.6c.Q. Ugumba au kutoweza kupata mimba, unafikiri wanaogopa hali hii au vipi?

A. Hawaogopi ila wanasikitika “kwa nini fulani kaolewa muda mrefu lakini hapati mtoto?” Kwa mfano familia ya baba yangu kuna binamu zangu wawili ambao hawajawahi kupata watoto, mmoja ameshafariki. Kwa mila zetu, wapare anatokea mtu mmoja anasema nakupa mtoto huyu awe wa kwako, na yeye kama akikubali anamchukua mtoto huyu kama wa kwake na kumhudumia kama mtoto wake kabisa, kumlisha, kumsomesha, kumwoza na kadhalika. Hii hutokea kama mtu amekaa zaidi ya miaka kumi bila kupata mtoto, kama hao binamu zangu wawili, kila mmoja amepewa watoto watatu kutoka kwenye ukoo, amewasomesha na mmoja sasa ameishamaliza chuo kikuu.

8.6d.Q. Umesema wapare wanaogopa magonjwa kama kipindupindu, ukimwi, high blood pressure, unafikiri ni kwa nini wanayaogopa hivyo?

A. Wanayaogopa sana kwa sababu hawaelewi vizuri nini kinacho ya sababisha, kwanza kile kitendo cha kuona mtu ameanguka ghafla, anatoka damu puani na kukimbizwa hospitali kinawatisha sana. Blood pressure inawatisha sana. Zamani tuliamini kwamba high blood pressure ilisababishwa unene, lakini sasa hata watu wembamba wanaogua. Walisema labda ni kutokana na kula vyakula vya mafuta mafuta au kula nyama kupita kiasi; haya mengine kipindupindu na ukimwi wameona

kwamba yanachukua maisha ya watu mara moja tu. Ukimwi wanauogopa kwa sababu wanajua kwamba ukisha mpata mtu hawezi kupona. Malaria wanajua inaweza kupona kwa kuwa ina dawa, au hata huku kukohoa, lakini kipindupindu unaweza kukosa ile dawa yake kwa kuwa umeugulia Usangi na mpaka wafike Moshi waje kukuchukulia umeishakufa. Dawa ya pressure ipo, lakini si rahisi kuweza kuitumia, kwa kuwa hatuna mazoea ya kupenda kucheki afya zetu, basi unakuwa na pressure lakini hujui.

8.7a.Q. Ugonjwa gani unaonekana zaidi katika kabila la wapare?

A. Malaria imeshika nafasi kubwa kwa watu wote, lakini watoto wanasumbuliwa zaidi na kikohozi huenda ni kutokana na baridi, pia katika maongezi nimejifunza kwamba kuna watu wengi ambao wanaharisha na kutapika, lakini sio kipindupindu; sijui labda wameacha kuchemsha maji au wanakula uchafu.

8.7b.Q. Wanatumia vyandarua?

A. Kule nyumbani sijaona kwa kweli, hakuna mbu wengi, zamani hakukuwepo na mbu, watu wale wenye uwezo wananunua spray.

9.3a.Q. Unaona wapare wanatumia madaktari wa hospitali au waganga wa kienyeji zaidi?

A. Siku hizi wapare wengi wakiumwa wanakimbilia hospitalini. Kwa hiyo, zamani mtu akiumwa anaenda moja kwa moja kwa mganga. Kwa sababu mganga si yule tu anayetumia tunguri, bali kuna wale wanaotumia tiba za miti shamba, traditional healers.

9.3b.Q. Naomba uniambe kuhusu hawa waganga wa kienyenji wanaotumiwa na wapare.

A. Sina uhakika, lakini hawa wakunga wa jadi, wale wa kina mama wale, hilo najua wapo. Na huko vijijini hata hapa mjini nadhani wakina mama wengi bado wanawatumia kuwazalisha watoto wao. Ila kama unakwenda kwa waganga wa kienyeji, maana yake kuna wakunga wa jadi ambaye ni yule mama anayezalisha, na kuna mganga wa kienyeji. Kuna aina mbili. Kuna hawa waganga kwa mfano tuna hawa wanajiita ngetwa ... kuna ngoka eleven na ngetwa ... ngoka na ngetwa wale ni waganga ni watu wanatibu magonjwa kwa kutumia dawa za kienyeji za miti wale hawachanji ... kuna wale wanaochanja na wale wanaotoa dawa. Sasa ngetwa na huyu

ngoka wao wanatoa dawa za kusaidia, labda una rashes, labda unaumwa kichwa, labda unaumwa pressure, sijui labda una nini, wale ni waganga wanatibu.

Hicho kitu hakijapotea, bado tuna waganga wanaojifanya. Mimi nasema wanajifanya kwamba wanajua kumtibu mtu, na wapo watu bado wanakwenda kwa waganga wakidhani kwamba akienda kwa yule mganga atamtibu apone. Na wengi wanaotumia njia hizo za kwenda kwa waganga wala wa kutibu, ni hao watu wanadai naumwa.

Mimi kichwa nimelogwa, labda Massawe kaniloga, ngoja niende kwa mganga akanitibu. Sasa, kwa sababu yule mganga anataka pesa, atakuambia “ni kweli Massawe amekuloga”. Lakini si kweli kuwa Massawe amekuloga, labda unatatizo la malaria au unatatizo la blood pressure au una neurosis zako. Uko hakuna mtu anayejua kwa sababu mganga yule anatafuta pesa; yeye atakuambia “Massawe kakuloga vibaya sana mtoto wako huyo, anaumwa kwa sababu jirani alipita hapo akamwangalia kwa jicho baya”. Wapo watu wanaokwenda huko hata kama ni sisi wapare tunaishi mjini; wapo wanaofuata mambo hayo badala ya kumwona mtoto anaumwa au yeye anaumwa. Au ndugu yake anaumwa, humpeleka hospitali akapimwe vizuri, basi atamchukua na kumpeleka kwa mganga wa kienyeji. Kule atadanganywa matokeo yake yule mtu mgonjwa atakufa kabla ya kwenda hospitalini, au mara nyingi wakiona sasa amezidiwa, yale madawa wanayompa ya yule mganga hayamfai wanampeleka Hospitalini lakini atakapofikishwa hospitalini watakuwa tayari wameishachelewa, hivyo wamepoteza muda kule kwa mganga. Kwa hiyo hivyo vitu bado vipo. Inachukua muda mrefu nafikiri kupoteza vitu hivi

Unajua mara nyingi mimi nimekuwa vijijini na shughuli zangu. Nafanyia vijiji, hivyo najua vitu vingi kuliko wale wa mjini. Kwa mfano, ukienda kule vijijini utakuta maisha ya watu huko vijijini bado magumu sana. Kuna watu mpaka leo hawajui kitu kinachoitwa elimu ni nini hapa Kilimanjaro. Kuna watu wengi ukienda huko vijijini utakuta watoto wana kwashiorkor, marasmus mpaka ukiangalia unatamani ulie, sijui nifanye nini. Kilimanjaro hii hii kuna watu ukienda na gari kama hii, watakushangaa sana hapa hapa Kilimanjaro. Bado tuko mbali; bado kabisa, tuko mbali sana.

Lakini kuna vitu vizuri vya kujifanya kutoka kwa watu, mfano dawa kutoka kwenye miti mbali mbali; tukiweza kujifunza vitu vizuri na kuacha vibaya itakuwa ni maendeleo.

Na huwezi kuamini hata huu ugonjwa wa ukimwi, sasa hivi bado watu wanawapeleka wangonjwa wao kwa waganga wa kienyeji, kwamba wanaenda kutibiwa kuwa

watakuwa wamelogwa. Wamefanya nini, ndiyo maana, watu wengi wanakufa huko vijijini kwa ukimwi, hawajulikani, kwa sababu atakapoanza kuumwa watasema “fulani kamloga”, atapelekwa kwa mganga huyu na huyu, atakuwa anapelekwa kwa mganga huyu, atakuwa anachanjwa na wembe, na akija mwingine, naye atachanja wembe huohuo watakuwa wanaambukizana hilo lipo.

10.2a. / 10.1a.Q. Kusudi langu lilikuwa kuboresha huduma za wauguzi. Je unadhani tunaweza kufanya nini kuboresha?

A. Yaani kuhusu huduma?

Q. Ndiyo, yaani pale hospitali huduma inatolewa sawa kwa wote, unaonaje kama tungezingatia tofauti za kikabila, kwa mfano mmasai na mpare ni tofauti kimtazamo.

A. Kama watu wa makabila mbalimbali tumelazwa pamoja hospitali, ninavyofahamu, nesi anapita na kusema “jamani, chakula tayari”, sasa hawawalazimishi kula chakula fulani, kama mtu fulani hali chakula fulani, anapewa chakula tofauti. Na kwa sababu kuna system ya kupeleka chakula hospitali wanaokula chakula cha hospitali ni wale tu wanotoka mbali na hawana ndugu hapa, na hata tunapowapeleka chakula huwa tunawauliza wagonjwa tuwaletee chakula gani? kama hataki kula maharage tunampa kitu kingine, kwa sababu wagonjwa wana hisia kwamba hawawezi kula vyakula vigumu kwa kuwa hawafanyi shughuli.

10.2b.Q. Kama tungeweza kupata chakula laini unadhani ingesaidia, au labda kuna kitu kingine?

A. Kwa kweli mgonjwa aliyelala kitandani hafai kumpa chakula kama ugali na maharage, naona ni bora kumpa soft diet, sisi tunawapa chakula ambacho tunaona ni rahisi kwa bei, kitu ambacho kinafanya wasipende hospitali zetu za serikali.

Kwa mfano KCMC wameanza kutoa vyakula tofauti tofauti, lakini Mawenzi utakula ni ugali kila siku. Sasa mgonjwa aliye hospitali kwa miezi hawezi, ni vizuri tuwe tunawauliza maoni ya wagonjwa kuhusu chakula wanachopendelea.

Bahati nzuri kwamba nikilala pale KCMC mara moja, nimelala private, sasa nilipata chakula cha private. Kwa hiyo chakula cha private ward ni kizuri sana. Sina uhakika kwa chakula cha upande mwingine, lakini nimeisha ona kwamba wanatoa ugali na maharage, sijui kama wanabadilisha siku zingine, wanaleta na wali; sijui. Watu wanalipa. Ni vizuri wanapata chakula tofauti tofauti. Wanaweza kupata mchicha, samaki, nyama, wakati mwingine.

10.2c.Q. Je wapare wanapenda samaki?

A. Wanakula sana sana. Tunakula vyakula vyote, tunakula ugali, tunakula mchicha, tunakula maharage, tunakula viazi vitamu, magimbi, viazi vikuu, tunakula makande, wali, samaki, nyama, tunakula kuku, mpaka na porks, kwa hiyo ni mtu anachagua, leo nitakula nini. Lakini kwa kweli sasa hivi, hata kule zamani tulivyokuwa wadogo, tulikuwa tunakula vyakula tofauti kama tulivyo tunakula sasa hivi. Na pia ugali wa muhogo na ugali wa ndizi, kuna hii fulani na ndizi, inakaushwa halafu inatwanga inakuwa unga inakuwa ugali. Ni tamu sana. Ni nzuri sana. Hata uji. Kama mzazi amejifungua uji anayokunywa ni hii ya ndizi. Hiyo ndizi inakaushwa, inatwangwa, inatoka unga, ndiyo mzazi anakoroga uji anakula, nzuri sana. Halafu pia kuna maziwa. Wanatumia maziwa nyingi sana, hasa mgando. Wanakunywa maziwa mengi sana.

10.1b.Q. Unasemaje juu ya swala la kusalimia wagonjwa kulingana na desturi?

A. Unapokwenda kumsalimu mgonjwa inategemea, manesi wengine, mkiingia ile saa ya kuwasalimia wagonjwa kuna manesi ambao wanakuwa na nyuso ambazo zinaonyesha umekwenda kuwabughudhi, wako wengine ambao wanaonyesha nyuso za furaha, mkiingia wanasalimu, wanakueleza hata mgonjwa wako anaendeleaje. Baadhi wazuri, na wengine hata ukimsalimia hataki kujibu.

10.2d.Q. Unafikiri kwamba kuna kitu kingine tutakachoweza kufanya ili kuboresha huduma ya wauguzi?

A. Ndiyo, kwa sababu, zamani mimi ninakumbuka nilipokuwa siyo mdogo, nilikuwa msichana mkubwa tu, ukienda kama mama amejifungua hospitali asubuhi mnafika mtakuta manesi tayari wamekwisha chemsha maji, wameisha mwogeshwa mzazi na mtoto amekwisha ogeshwa; kama kuna maziwa au chai utakuta mzazi amekwisha pewa chai, zamani, lakini jinsi tunavyoendelea kwenda hio tabia haipo tena. Sasa hivi, hata kama mama anakwenda hospitali kujifungua, hakuna service mbali kutoka hii ya theatre au labour ward kuzalisha, basi, hawana hata pedi, hawana shuka ya kumshikia mtoto, hakuna service ya kila kitu cho chote kile inatakiwa. Unaambiwa “mama mjamzito, uende na facilities zako zote”. Inakuwa sasa ni hospitali kukusaidia kujifungua lakini siyo hospitali ya kukusaidia na kitu kingine na mimi ninakumbuka kwenye mwaka sabini na tatu au sabini na nne kuna dada yetu aliyejifungulia KCMC.

Tulipofika tulikuta mtoto amepewa mpaka nguo hizi baby blankets, shuka za watoto, ameogeshwa, anatengenezwa manesi wanashughulika kama wajibu wao na walipoondoka kutoka hospitali kwenda nyumbani mtoto amepewa baby blanket, nappies, sijui nini, KCMC hapa, lakini sasa hivi nadhani mimi mwenyewe ninaona kwenye wadi ya wazazi, nimeishakuambia, ile service ndani ... hakuna kitu cho chote. Mama atakwenda na kangas zake zakumfunga mtoto, sabuni, kila kitu, sasa unanza kujiuliza kwa ilikuwa hivyo zamani; utakuta wengi hawana uwezo; wanajifungulia nyumbani, wanapata matatizo, wengine mpaka mtoto wanapotea, wanafariki, ni kwa sababu ya ule uwezo kwenda pale kujifungua, anatakiwa pesa.

10.2e. Q. Unaona hospitali za private ni nzuri zaidi?

A. Sijatembea kwenye hizo hospitali, kwa huduma ya kuwazalisha wakinamama, sijui huduma wanazozitoa. Lakini kama private hospital tunavyoziona bado nasema system ya nurses wa zamani na nurses wa sasa hivi ni tofauti. Hawana ile moyo wa kusema namhudumia mgonjwa, kuna namna ya kumhudumia mgonjwa na kumpenda mgonjwa, na kujua kwamba huyu ana matatizo, kukaa naye na kumtuliza au kumshauri “usifanye hiki”, ili ajione niko katika mikono ya watu wanaisaidia, siku hizi haipo, ni lazima tukiri kwamba hiyo sasa hivi, manesi wetu haipo.

Sasa hivi, lugha walizo nazo ni chafu sana kwa wagonjwa. Mgonjwa unapofika hospitali unafikiri “nitapona kwa ile lugha nitayotakuta daktari au manesi”, lakini mgonjwa akifika akakutana na maneno ambayo hayamfai mgonjwa, hataridhika, hatapona, kwa sababu ameishaonyeshwa kwamba hakuna mtu wa kumhudumia na kumfariji.

Lakini sasa ukifika pale ukianza kudhuru, unakaa pale casualty more than 5 hours, hujapata huduma ndio maana ni watu wengi anafika pale, wanafungua file, anaona hamwoni daktari anatoka anakwenda private hospital.

Lakini ni tofauti na wenzetu huko nje. Bahati nzuri, nimeisha zunguka zunguka, Uingereza, nimefika Holland, nimefika Marekani, wenzetu wanavyo hudumia wagonjwa kwa kweli unaweza ukapona bila hata kupewa dawa kwa sababu kwanza jinsi utakavyopokelewa pale reception, mwenyewe unajikuta unafurahi, sasa, mimi nimefika hospital, mimi ni mtu special kwenye hii hospitali, halafu kuingia kwa daktari atajaribu kujua tatizo lako, mpaka anagundua ni tatizo gani, na hata wakati mwingine wewe unaumwa mawazo lakini sidhani katika hospitali zetu kuna kitu kama hiki.

Mimi sijui kama wapo madaktari wa aina hiyo; wako wachache, na manesi wa namna hiyo ni wachache sana. Nikaenda kule Manchester, bahati mbaya nikaugua mafua, ilikuwa kipindi cha baridi sana, nilipelekwa kwenye hospitali, nilishangaa sana, jinsi nilivyohudumia mafua tu, na nilirudi nyumbani, nikazungumza na mtoto wangu, nilimwambia, Tanzania tungekuwa tunapewa huduma za namna hizo, watu wasingekuwa wanakufa. Wangekufa, lakini watakuwa wachache sana.

Nimeenda pia Marekani, nilikuwa na tatizo la mkono, kuvimba, lipoma, nilipokwenda kule nilipimwa kiasi ambacho nilijikuta mimi haiwezikani mimi ni mgonjwa tena; nimepona. Nilihudumiwa vizuri mno. Nilienda nikapimwa matatizo ya moyo, figo, kila kitu, nikakuta nimepona, sina tatizo lo lote dunaini. Sasa ukilinganisha na hapa, mimi sijui, hospital zetu kwa kweli, kwa service, hasa wa mama wajawazito, ni tatizo. Ni tatizo kubwa lakini si tatizo kama manesi wetu wangekuwa wanatimiza masharti ya unesi.

Kuna miiko ya manesi. Na miiko ya madaktari. Na maadili ya manesi. Na maadili ya kidaktari. Lakini manesi wa sasa hivi hawana maadili yao. Unesi ni wito. Hata udaktari ni wito. Nimemaliza form 4 au form 6 unanipanga niende kusomea unesi lakini mimi sina wito kuwa nesi, siwezi nikahudumia mtu. Niende pale kwa ajili ya kufanya kazi; kupata pesa. Lakini sitaenda pale kuhudumia mtu au kumjali mtu. Na ndio, unaona jinsi ulivyoona sasa hivi lugha chafu zinakuwa nyingi kwa sababu wale pale kwa ajili mishahara, lakini hawana wito wa unesi.

Mimi nadhani sijui ninyi kama walimu, nadhani mnapaswa kukaa na kuzungumza kitu kushauri wizara kuhusu uchaguzi wa wanafunzi.

Kumalizia:

Mama: Sijui kama nimesaidia?

Interviewer: Nashukuru sana, Asante sana. Haya pole sana tumekusumbua

Mama: Mimi haujanisumbua.