

The Role of Catholic Missionaries in Development of Health Services in Matengo Highlands from 1899-1961

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Abstract

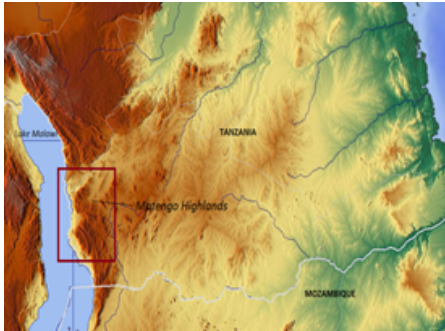
This paper provides an in-depth examination of the role of Catholic missionaries in development of health services in Matengo highlands south-western of Tanzania from 1899 to 1961. The main objective of this study was to examine how the Catholic missionaries developed health services in Matengo highlands from 1899 to 1961 by tracing back to the arrival of the catholic missionaries in Matengo highlands, identifying and explaining the Catholic missionaries' role in developing health services in Matengo highlands from 1899 to 1960. The study is based on historical design and qualitative approach. The study employed interview, documentary review and field survey in data collection. The study identifies that to the large extent, Catholic missionaries in Matengo highlands provided health services especially in rural areas where up to the end of colonial period the Matengo society had no hospitals or dispensaries apart from those established by the missionaries. The health services provided by Catholic missionaries consisted of preventive services like health education, training of midwives and vaccination and curative services like surgical and non-surgical treatments as well as nursing care activities. The paper reviews that missionary health services pioneered medical provision in the rural areas where the colonial state lacked enough resources to invest. Missionaries' plans of developing health services in Matengo highlands was done in order to entice and bring on board the local people so that their objective could be achieved. The missionaries believed that through care of the sick, the Matengo's hearts would be opened to see the goodwill of the missionaries to them and accept Christianity. Therefore, through this tactic, a lot of the Matengo people saw the goodwill of the missionaries to them and converted into Christianity. However, some of the Matengo converted to Christianity just to get social services from the missionaries but were practicing both traditional healing system and attending to the church and Hospitals. Moreover, despite the missionaries working so hard in provision of health services in Matengo highlands, the health services they provided were not able to meet the needs of all the Matengo population. Thus, this led to some of the Matengo to continue practicing their traditional healing systems as their primary health care.

Keywords— Catholic missionaries, health services, preventive services, curative services, colonialism.

BACKGROUND

The Catholic missionary activities in south-western Tanzania and Matengo highlands in particular have been discussed widely by many scholars such as Doerr O.S. B,^[1] Kapinga,^[2] and many others from different academic disciplines such as sociology, anthropology and history. However, there were and still are many to discuss about the role of Catholic Missionaries in development of health services in Matengo highlands. The Matengo Highlands are located in the south western part of Tanzania. They stretch from the lower reaches of River Ruhuhu (or Luhuhu) in the north to the border between Tanzania and Mozambique in the south; and from Lake Nyasa in the west to the upper reaches of River Ruvuma in the east.^[3] From north to south, the distance is about 160 km, and from west to east about 70 km. The present-day administrative district of Mbinga (which up to 1960 belonged to the district of Songea) covers approximately the same area as the Matengo Highlands. It has a total area of 11,410 sq. km.^[4]

Figure 1.1 The location of Matengo Highlands in Tanzania



Source: <http://www.maps-for-free.com>

The Linguistic and cultural unity of the ethnic group known today as Matengo developed from the merging of a number of ethnically diverse immigrant groups.^[5] The word ‘*Matengo*’ is a plural of a word *Litengo* ‘forest’ or ‘dense forest’. The name ‘*Matengo*’ identifies the area that once had natural forests in Mbinga district and parts of Nyasa where the current residents of the area (*Wamatengo*) arrived from different parts around the country (Tanzania) and from neighbouring countries like Malawi and Mozambique and established their settlements.^[6] Due to their habits of living in the forests, other people especially their neighbours like the Ngoni identified them as forest people (*Wamatengo*) which means people who live in the forests.^[7] Thus, the name ‘*Wamatengo*’ means forest people.

The arrival of Catholic missionaries in south-western Tanzania in general and the Matengo highlands in particular is closely linked to the history of German colonization in Tanzania. German East Africa was colonized by the Germans from 1885 to 1918 when the British took over as a mandate territory in 1919.^[8] During the German colonial period, the Benedictines of St. Ottilien from Germany arrived in the colony and introduced Christianity to the African population of south western Tanzania including the Matengo Highlands.^[9] The starting point was when the first group of 14 missionaries left Rome in November 1887 and arrived in Dar es Salaam on 28th January 1888. After their arrival, the Benedictines established their first mission monastery at Pugu, some distance inland from Dar es Salaam in February 1888.^[10] From Dar es Salaam the Benedictines evangelized southwards to the Ruvuma River where Songea is located.^[11] In 1898, the Benedictines opened a station at Peramiho.^[12] From Peramiho another station was opened at Kigonsera in October 1899. The Benedictines also expanded their activities in the interior of Umatengo and reached Litembo in July 1901.^[13] From then, the Benedictines established different activities in Matengo highlands like mission centres, schools, dispensaries, health centres and hospitals. In case of health centres for instance, from 1899 to 1960, the Benedictine Missionaries in Umatengo established more than five health facilities. These include one hospital namely Litembo in 1914, and bedded dispensaries like Kigonsera in 1899, Mpapa in 1953, Matiri in 1954, Maguu in 1960 and Lundumato in 1960.^[14]

Various studies have been conducted in Matengo highlands by different scholars,^[15] In these studies, the question of the role of Catholic missionaries on development of health services in Matengo highlands was not widely discussed. Therefore, this study examined the role of Catholic Missionaries on development of health services in Matengo highlands from 1899 to 1960 by tracing back to the arrival of the catholic missionaries in Matengo highlands, Identifying, and explaining the Catholic missionaries’ role in developing health services in Matengo highlands from 1899 to 1960.

- **THEORETICAL FOUNDATION OF CATHOLIC MISSIONARY ROLE IN DEVELOPMENT OF HEALTH SERVICES**

Theoretically, medical mission is rooted in the example of Jesus Christ, the Healer and Founder of

Christianity whose compassion to the sick is made clear in the Gospels where Jesus Christ and his Apostles went about curing the sick with a variety of ailments in various diseases.^[16] According to Anna Dengel, missionaries' health service activity is the manifestation of the obedience of the followers of Christ to the instructions of the founder of their faith. Their emphasis on practical charity gave rise to the development of systematic nursing and hospitals. Thus, the missionary health services were provided as an expression of charity of the Good Samaritan who attended the man injured on his journey. It is the expression of Christian love to one's neighbor based on God's Great Commandment.^[17]

In relation to the missionaries' health services in Africa, this theory is relevant in explaining the foundation of missionary involvement in provision of health services in Africa different to the arguments of some other scholars who explained the missionaries' health services as instruments for consolidating colonial rule.^[18] In fact, missionaries' goals in developing health services in Africa largely differed from those of the colonial powers. The missionaries believed that through care of the sick, the people's hearts would have been opened to see the goodwill of the missionaries to them and accept Christianity.^[19] While to the Colonial powers, the health of the indigenous were seen as the most valuable goods than all precious metals in the colony. Therefore, during colonial period, they supported the missionary's health services because they wanted the healthy natives to be used as source of labour power in the colony.^[20]

MATERIALS AND METHODOLOGY

The study employed historical research design basing on interviews, documentary review and field survey. The study utilized both primary and secondary sources from several Archives including the Tanzania National Archives (TNA) as well as Litembo and Peramiho hospital Archives. The archival documents included annual reports, diaries, letters, government records, hospital records as well as church records. The documents contained information about wide range of missionary health services. The study also utilized secondary and tertiary written sources from the libraries of Saint Augustine University, University of Dar es Salaam, Mbinga District library and Catholic library in Peramiho, Songea. The mentioned sources added information that are related to the study. The study as well collected information from the samples of nuns, priests, nurses, retired hospital workers and villagers who were contemporary to the medical mission activities. Besides, observation of existing artefacts, which were contemporary to the time of Catholic missionaries' medical activities, was done. Such objects included patients' wards, Old Catholic school buildings, theatre, and old graveyards of missionaries in Matengo highlands.

FINDINGS AND DISCUSSION

The Arrival of Catholic Missionaries in Matengo Highlands

The Catholic missionaries arrived in south western Tanzania during the early years of German colonization in Tanzania. The political expansion of the German colony and the Catholic missionaries' activities in Tanganyika has covered the same ground geographically and chronologically.^[21] In south western Tanzania, the German occupation began with the occupation of Ungoni with a centre erected at Songea in 1897. From there, the Germans annexed the Matengo Highlands and in 1899 they reached Litembo.^[22] During the German colonial period, the Benedictines of St. Ottilien from Germany arrived and introduced Christianity to the African population of south-western Tanzania including Matengo Highlands^[23] and also started to provide their medical assistance to the indigenous population.^[24]

The Benedictines opened their first station in Matengo highlands at Kigonsera on 10th October 1899.^[25] Geographically, the site of the new mission at Kigonsera attracted the missionaries due to its climate. The climate was considerably cooler and it was hoped that there would be much less danger of malaria, which so greatly disturbed the missionaries of Peramiho. Water flows from the mountain directly to the mission plot

and the soil was quite fertile.^[26] When the first missionaries (Fr. Innozenz Hendle OSB and Br. Ivo Schweiger) arrived at Kigonsera, an elderly man called Kigonza who was much known at the area warmly received them.^[27] According to oral sources, the name Kigonza was derived from his ability to lay and straighten corpses (dead bodies) by preparing them for their burial.^[28] In the Matengo language, the act of stretching and embalming the corpses is called 'Kugonza' and so the people called him 'Kigonza.' Since he was much known, even the all area around where he lived was called by his name.^[29] Kigonza also gave the missionaries a portion of land where they built a wooden house, a church and set up a garden to get vegetables. Due to pronunciation errors, the missionaries gradually changed the last two letters from the word *Kigonza* and called it Kigonsera. So, the area was called Kigonsera from that time.^[30]

4.2 *The Role of Catholic Missionaries in Development of Health services in Matengo Highlands from 1899 to 1961*

After the establishment of their settlement at Kigonsera, the missionaries continued with their main target of converting the indigenous population into Christianity. Therefore, to accomplish this, the Catholic missionaries used different ways to win the hearts of the people into Christianity because it took longer for the people themselves to find the way to the mission.^[31] The missionary work among the Matengo was slow to get going and suffered many setbacks.^[32] This was because the Benedictines arrived at the early years when the colonialists were making their entry in Umatengo. Therefore, when the population was politically unsettled while trying to cope with German colonial rule, the colonial masters showed severe brutality and harshness to the Matengo in 1902. This was showed through their harsh regulations of tax and forced labour on construction sites and suppression of Majimaji uprising of 1905. Thus, since the Catholic missionaries arrived around the same period and the cordial relationship between the missionaries and the colonial masters made the Matengo to lose faith on the missionaries and see them as the same oppressors and exploiters like colonialists. This even led to the Matengo uprising at Litembo in 1902.^[33] Therefore, due to such condition, the provision of medical care to the natives proved to be an indispensable means for drawing the population under the influence of Christianity.^[34] The missionaries believed that through care of the sick, the people's hearts would have been opened to see the goodwill of the missionaries in their midst^[35]

The missionary's medical work in Kigonsera started from the earliest days of the missionary's life in the area. But in initial phase, the missionaries based on providing first aid to the people.^[36] Up to 1900, there was no permanent building for provision of health care. The first missionaries (Fr. Innozenz and Br. Ivo) only erected temporary buildings, especially a house for themselves and a church, using the main bamboo poles and grass as building materials.^[37] Further development waited until the arrival of the second superior (Fr. Johannes). The arrival of Fr. Johannes in 1901 was followed by 4 sisters who assisted him on provision of medical services. From then the development of Kigonsera gained a new impulse. The sisters were providing health care, schools were opened and the number of church attendants a little increased.^[38] Apart from these developments, the population at Kigonsera did not seem to be big enough to warrant a mission or hospital there. This led health service at Kigonsera to remain under the umbrella of a dispensary.^[39] Therefore, the new superior took other steps towards expanding the activities of the mission to Umatengo itself and reached Litembo in July 1901.^[40]

'Litembo' is a name that identifies a particular area located in the mountainous terrain of Mbinga district before starting to descend to Lake Nyasa. It is in this area that Litembo parish was established by the Benedictine missionaries in 1914.^[41] The name Litembo is derived from a large lying rock in the area. When the Matengo people first arrived at Litembo from Mozambique, they were shocked to see such a big lying rock for the first time and in their language, they called it *Litembo* meaning a big elephant because it was very big like an elephant. Thus, from then, the area was known as Litembo.^[42]

The introduction of Catholic activities at Litembo was the immediate result of Fr. Maurus Hartmann, the

Prefect Apostolic of South Zanzibar who in early July 1901 had travelled together with Fr. Johannes to Umatengo and also visited the shores of Lake Nyasa.^[43] Fr. Maurus was greatly impressed by the dense population at the headquarters of Chief Mandawa close to the present day Litembo and decided the mission of Kigonsera to be transferred to Mandawa since the population of Kigonsera did not seem to be big enough to warrant a mission there.^[44] On 12th July 1901, the missionaries met with Chief Mandawa and he agreed to put a foundation at his place. The transfer was arranged to be done after the rainy season 1901/2, but it soon turned out that the situation in the area was also not very favourable for a mission.^[45]

As at Kigonsera, the missionary work among the Matengo at Litembo was slow to get going and suffered many setbacks. In September 1901, Fr. Johannes went to erect an outstation at Mandawa and then Catechist Wilhelm was placed there to build their first mission which also served as a school. They built in a traditional style as a wooden frame plastered with mud and covered with a thatched roof. This mission station in Litembo existed for a short time up to 2nd March 1902 when it was set on fire.^[46]

Following the breakdown in relations between the German colonial government and the Matengo, the Matengo became increasingly anxious to accept the catholic missionaries. The Matengo thought the missionaries were just exploiters as the colonialists. So, the missionaries had a hard time in convincing the Matengo people that they really intended to help the sick and give people the word of God and not exploit them. It was after many meetings with the Matengo elders and leaders that the missionaries were given permission to establish their activities in Litembo.^[47] However, due to such resistances of the Matengo against the German colonial government (visit page 5), for ten years, the missionaries made no attempt to build the church or any health center in the area. The church and health activities were resumed at Litembo only in 1914.^[48] For all this time (up to 1914), the provision of health care was not extensively provided at Litembo. The missionaries managed to provide health care particularly first aid to few people. For many serious diseases, the Matengo were still treating themselves by their traditional medicines.^[49] Even some of the traditional medical healers got a place in the healthcare system of the German East Africa. They were told to get certificate specifying illness they could treat and localities where they could practice.^[50]

It was from 1914, when the provision of health service progressed slightly after Litembo parish was established by Fr. Ludger Breindl. The arrival of Fr. Ludger made the parish to undergo some changes in a number of areas including health care.^[51] Fr. Ludger and his colleagues were providing health care to the people at Litembo in the huts where they lived. Those services took the form of first aid or perhaps a small clinic where primary health care was provided. In those services provided, patients were treated only ordinary diseases because the missionaries of that time did not have much knowledge of diseases and treatments, even the equipment's of those services were a big problem.^[52]

In case of preventive services, health education was highly provided to the natives during this period. Provision of health education to the Matengo was one of the major preventive health services provided by the Benedictine missionaries.^[53] The missionaries used various ways such as publishing of newspapers, preaching, opening of schools as well as establishing Nursing and Midwifery College to provide health education to the Matengo. At schools for example, in Swahili language students received health education on how to prevent themselves against diseases and go to the missionary's dispensaries when facing any health problems.^[54] The missionaries opened many schools on different places around Umatengo. The number of schools included bush schools, preparatory schools, catechistical schools, sub grade schools, registered schools, middle schools, secondary schools, teachers' colleges, domestic science and trade schools. Some of the earliest schools opened in Matengo highlands by the Benedictines were Kigonsera school in Kigonsera opened in 1899. All these institutions were owned and managed by the Benedictine missionaries until 1969 when they were nationalized by the independent government.^[55]

Missionaries thought training the native children would be good for preventing the natives against diseases and for the future development of Christianity. However, the education service offered by these missionaries

was hardly accepted by the Matengo. It is not that the Matengo Highlands children did not want to go to school, but the fact was that the Catholic missionaries had established and spread schools deep into the remote interior and there were poor communication networks in the highlands. There were no railroads, no good roads except for the few constructed by the native Christians in the company of the missionaries. Thus, it was at least easier for the boys to attend to school than girls were. For the girls, the parents preferred to marry off their daughters than to send them to school or any training. This became a challenge to the missionaries training process.^[56]

For all this time (up to 1914), there were only two health centres in Matengo highlands which were Kigonsera health centre and Litembo health centre. From Kigonsera to Litembo the provision of health services up to 1914 was free.^[57] However, all the health activities and religious works were not to be of long duration due to the outbreak of First World War. On that war, the British rulers removed all the Germans and even their missionaries in the colony.^[58] The British also managed to seize one of the missionary buildings in Litembo and turn it into the District Commissioner's Office and residence and Litembo became one of the three *Bomas* of Songea. The other *Bomas* were Songea and Milo. It was only from 1922 when the Benedictine missionaries were able to resume their work among the Matengo.^[59]

The provision of health service took another shape in Matengo highlands from 1922, when the Benedictine missionaries were able to resume their work among the Matengo. In 1922, the British colonial authority recognized the Swiss Benedictine Fathers of Uznach as an official missionary society. It is in 1926, when the German missionaries were allowed to resume their work in the colony.^[60] From this time, different missionary's activities started to increase in Umatengo.^[61] The Matengo population also continued to experience the increase of diseases that rise due to the outbreak of wars. New diseases were experienced in Tanganyika from the time of the wars of conquest and First World War that affected the people directly. During this period the missionaries used the opportunity to expand their health facilities in the colony.^[62]

In Kigonsera, after the Benedictine missionaries were allowed to resume their work in 1926, the need for building the permanent buildings for their activities was seen. It was then that a large church and small patient's wards began to be built at Kigonsera. The church is still in use until now but the small patient's wards were replaced by other hospital buildings.^[63] In Litembo, the provision of healthcare by the missionaries started to develop from 1930, when the four Benedictines sisters of Tutzing Germany who had knowledge and experience in the medical field and provision of health care arrived at Litembo.^[64] Soon after their arrival, they carried out many activities, among them was treating and nursing the sick which were merely done by the priests. They used a temporary dispensary made up of woods and mud built just besides the priest's office. Later, Br. Friedrich OSB constructed crucial road from Ndengu to Litembo which connected Litembo to the major road from Songea to Mbamba Bay. The construction of this road proved to be very important as it helped to facilitate procurement of building materials, various equipment and drugs. Br. Method and Br. Crispin completed this road after the death of Br. Friedrich in 1932.^[65]

Despite the changes, not all of the Matengo population was using the new system brought by missionaries. Some of the Matengo populations up to the late 1920s were still using their traditional ways of preventing and curing diseases. This was mostly because of those services being far away from their homes and some still did not accept the new ways of treatment brought by the missionaries.^[66] In the case of vaccination services for instance, the missionaries reported to the colonial government that there was little cooperation from the indigenous on accepting vaccination in Southwestern Tanganyika.^[67] Thus, due to such reports, the government forbade the traditional healers to provide their medical services near the areas where there were missionary health services and subsidized the mission medical works by giving them grants like staff, hospital and drug grants and lands so as the Benedictine missionaries could be able to establish more health centres in Matengo highlands.^[68] On top of that, the missionaries were also allowed to charge the medical fees to the natives to develop their health activities. Therefore, Matengo population started to be charged for

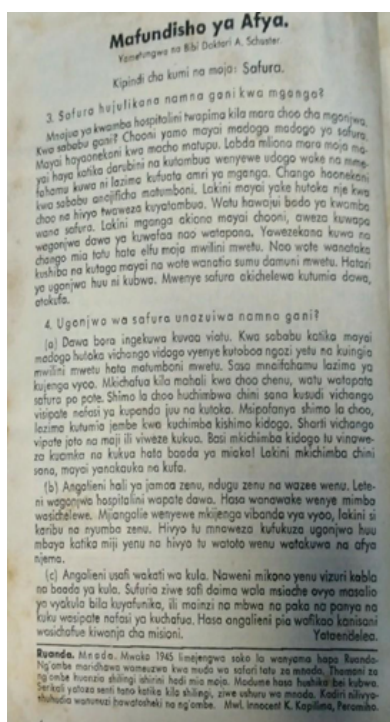
the missionary's health services where they paid either in cash or in kind.^[69] However, the Missionaries started to charge for their medical services due to the attitude of the Matengo themselves were they put their trust more on the treatment services which they had to pay or provide something in exchange than that of free. Moreover, the missionaries wanted to teach the Matengo to be more self-reliant and most importantly develop their health facilities. Even so, no patient was ever turned away because of inability to produce the fee.^[70] In Kigonsera for instance, one of the elders argued,

"I came here at Kigonsera mission with my mother since 1952, from Utiri. My mother was very sick. She was suffering from yellow fever. I was 8 years old at the time. So, I had no money to treat my mother. The missionaries helped me by treating my mother but in return I stayed here for few weeks and did livestock work and helped in the kitchen.. So, even though the treatment was not free, people were not forced to have money first in order to be treated. People with severe conditions were treated even if they had no money."^[71]

The Benedictine missionaries also managed to establish a newspaper called "*Gazeti Katoliki la Jimbo la Peramiho*" in 1936. They published it every month using Swahili language and distributed it in schools and churches. On this newspaper, the missionaries also used to educate indigenous people on how to prevent themselves from various health problems and instructed them to go to the hospital whenever they faced any health problems.^[72] In January 1946, for instance, Doctor A. Schuster used page four of the newspaper to write on how people can identify Hookworm disease (*Safura*) and prevent themselves against the disease.^[73] The same also was done on other health problems like Malaria, Tuberculosis, and many others.

However, the newspaper brought little impacts to the Matengo on learning health education because the circulation of the paper was very slow and not everyone in Matengo highlands was able to read by 1930s. As a result, for those who attended to church and at the health centers, they were also given health education orally. Besides, since the Benedictines used medical care as a means of converting people to Christianity, for those who went to the clinics asking for treatment also had Gospel preached to them. Since health instructions were also given in churches, the religious instructions were also given in the hospital.^[74]

Figure 4.2.1 A Page on the Catholic Church Newspaper Providing Health Education in January 1946



Source: “Katoliki: Gazeti Katoliki la Jimbo la Peramiho,” Mwaka wa 11, Januari 1946, Nr. 1 (123), p.4.

On the above page of the newspaper, Doctor A. Schuster was educating the community using Swahili language on the hookworm disease by explaining how hospitals could diagnose and treat hookworms as well as how to prevent the disease.

The Benedictine missionaries also managed to expand their activities in other parts of Matengo highlands where from 1920s up to 1960, more dispensaries were opened in Matengo highlands as shown on the table below.

Table 4.2.1: Hospitals, Dispensary and Health Centers Opened by The Benedictine Missionaries from 1930 to 1960

SN	NAME OF STATION	ESTABLISHED YEAR	REPUTATION
1	Lituhi	1930	Hospital
2	Nangombo	1932	Dispensary
3	Mango	1939	Dispensary
4	Lundu	1946	Dispensary
5	Mpapa	1953	Dispensary
6	Matiri	1954	Dispensary
7	Tingi	1960	Dispensary
8	Maguu	1960	Dispensary
9	Lundumato	1960	Dispensary

Source: Mwingira, *op. cit.*, p. 21.

NB: Other places that the Benedictines expanded their health services like Lituhi, Nangombo, Lundu and Tingi are now located in Nyasa district.^[75]

The increase of health services was followed also by an increase in the number of patients. In view of the fact that the religious instructions were also given in hospitals, the religion guidelines and doctrine frightened the Matengo to practice traditional healing system.^[76] Therefore, this helped the missionaries in treating more patients and converting more people into Christianity. Nevertheless, most of the people in Matengo highlands were converted into Christianity just to get necessities like soap, clothes, and other social services from the missionaries. Despite all these benefits, the people continued practicing both traditional healing system and attending to the church and Hospitals.^[77] In Litembo for example, the maternity patients were mostly blamed because of using traditional medicines from the hospital. When the patients were hospitalized, they often secretly received traditional medicine from their relatives who were nursing them or came to see them from home.^[78] Moreover, at Mpapa, although the hospital authority forbade it, most of the women who were giving birth in the hospital started to bathe their babies with traditional medicine just after the umbilical cord rupture as soon as they left the hospital. They believed that the traditional medicine helped their babies to stay healthy and protected them against diseases.^[79]

According to the natives’ beliefs and increase in the number of patients, the Benedictine missionaries saw that there was a need to educate the traditional midwives also. Therefore, on early 1952, the Benedictine missionaries established a Nursing and Midwifery College at Peramiho and started training the native traditional midwives where others later worked in the mission health centres.^[80] Besides, in all the Benedictine health facilities like dispensaries and health centres, up to 1950, the higher medical positions

were usually taken by the Benedictines themselves; the Africans who were employed were normally assistants who acted as cleaners and midwifery assistants. It was from 1952 when the Matengo people started achieving higher positions in the health centers like nursing positions.^[81] For example, in 1955, the report on the medical activities at Peramiho hospital, reported on the training of African nurses. The report explained that 9 girls joined the course in 1954 and the following year the number increase to 29 with 10 boys and 19 girls some of whom were the Matengo.^[82] In 1960, the number increased were more than twenty Matengo people went to study nursing course at Peramiho Nursing and Midwifery College. Some of them were Sofia Ndimbo from Litembo, Osmund Ndunguru from Lituhi, Gonsalva Lupindu from Kigonsera, Engelbert Nyangali from Litembo and Priaka Chale also from Litembo.^[83]

Therefore, up to 1960, the Catholic missionaries particularly the Benedictines succeeded on developing health services to the interior of the Matengo highlands. Until 1961 (the period of independence), Matengo Highlands had no any health services apart from those offered by the Catholic missionaries.^[84] However, despite the development of health services by the missionaries, the health services available during this period were not able to meet the needs of all the Matengo population. Thus, this made some of Matengo people especially those who lived far from the health centres to continue using their traditional healing systems as their primary health care.^[85]

CONCLUSION

The main objective of this study was to examine the role of Catholic missionaries in development of health services in Matengo highlands. The Catholic missionaries introduced health facilities among the indigenous Africans in Matengo highlands southwestern Tanzania in order to fulfil their desires. There were a series of activities introduced by the catholic missionaries, but the introduction of health was first to be taken. This was done so in order to entice and bring on board the local people so that their objective could be achieved. The missionaries believed that through care of the sick, the Matengo people would see the goodwill of the missionaries to them and accept Christianity. Therefore, the missionaries' efforts of developing health services in Matengo highlands led to most of the Matengo population saw the goodwill of the missionaries to them and converted into Christianity.

The study reveals that the arrival of Catholic missionaries in Matengo highlands led to the development of health services in Matengo highlands. With the support of colonial government, the Catholic missionaries managed to establish and develop their health facilities on different areas in Matengo highlands. The Catholic missionaries in Matengo highlands provided health services especially in rural areas where up to the end of colonial period, the Matengo society had no hospitals or dispensaries apart from those established by the missionaries. The health services provided by Catholic missionaries consisted of preventive services like health education, training of midwives and vaccination and curative services like surgical and non-surgical treatments as well as nursing care activities. However, missionaries' hard work of developing health services in Matengo highlands was both aimed for improving the Matengo's health and drawing the Matengo under the influence of Christianity. However, some of the Matengo converted to Christianity just to get necessities like soap, clothes, and other social services from the missionaries. They were practicing both traditional healing system and attending to the church and hospitals. Moreover, despite the missionaries working so hard in provision of health services in Matengo highlands, the health services provided by Catholic missionaries were not able to meet the needs of all the Matengo population. Thus, this led to some of the Matengo to continue practicing their traditional healing systems as their primary health care.

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9. Meresiana Kumburu (75), Traditional Midwife, Interviewed on 19/09/2021 at Mpapa.
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