

Attitude of Traditional Health Practitioners to the Documentation of Indigenous Knowledge in South-West, Nigeria

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Abstract

Indigenous knowledge (IK) plays prominent roles in primary healthcare. IK is prone to distortion and it is gradually going into extinction, due to its oral nature and the lukewarm attitude of the younger generation. Therefore, this study investigated attitude of traditional health practitioners (THP) to the documentation of indigenous knowledge in South-West, Nigeria. The study adopted the descriptive research design of the correlational type. Three hundred and sixty-two (362) THP were sampled out of the population of 3,850 using Yaro Yemane model for calculating sample size. Traditional health practitioners were purposefully selected because of their roles in primary health care. Proportional sampling technique was used to determine the sample for each state in South-West, Nigeria. The research question was

answered, using mean and standard deviation, while Pearson Moment correlation analysis was used to test research hypothesis. The findings of the study revealed that traditional health practitioners have positive attitude to the documentation of IK, wanting other people to know about their IK (mean= 4.19) and that there is significant relationship between attitude and documentation of IK. The study therefore concluded that the traditional health practitioners in South-West, Nigeria, have positive attitude to the documentation of IK.

Keywords: Indigenous Knowledge, Traditional Health Practitioners, Attitude, Documentation, Nigeria.

Introduction

Indigenous knowledge (IK) is also known as native knowledge, which has been very germane to the survival of the indigenous people from time immemorial. It has wide application in agriculture, security, environmental management, indigenous technology, and most importantly in the management of animal and human health. Its use was prominent before modern civilisation because it was the main source of knowledge available to the people at that time. Indigenous knowledge is a traditional model of healthcare that depends on plants that have medicinal properties and animals for healing human diseases.

IK is the pattern of life of the indigenous communities; the practices handed down from generation to generation and passed on without keeping the records. There are other synonyms for indigenous knowledge among them are; traditional

knowledge, local knowledge, rural knowledge among others (Jain and Jibril, 2016). The knowledge had been with the indigenous communities before the advent of the colonial government in Africa. Indigenous people were applying it in the cultivation of cash and food crops, rearing of animals, environmental management, transportation, security, healthcare among others.

However, during colonisation, Europeans came with their knowledge, which they felt was superior to the African IK. Hence, IK was not popular and marginalised to the extent that, it was misconstrued as primitive, uncivilised and devilish. This presumption of the colonial administrators premised on the fact that existing African IK cannot be scientifically substantiated, compared with Eurocentric knowledge that can be proved scientifically. Colonialism deprived the indigenous community of the opportunity to develop and use their survival knowledge; they made the locals to see their IK as non-important; consequently, the relegation and decline of anything indigenous in the colonies were obvious.

Nevertheless, there were some primitive practices discontinued by the colonial administration, which include human sacrifice and killing of twins in Calabar before Mary Slessor advocated for its stoppage. The introduction of education by the missionaries to Africans, most especially to British West Africa, is also commendable. In the contemporary time, all over the world, and in total departure from the view of colonial administration and administrators about the non-usefulness of IK, the knowledge is very relevant in the healthcare system most especially in rural communities. There is an improvement in the consciousness of the value of medicinal plants; the World Bank, World Health Organisations and other international organisations are promoting the use of traditional medical knowledge due to its crucial roles in primary healthcare in third world countries.

The global pandemic, occasioned by the Coronavirus also known as COVID-19, has also revealed the importance of IK. The first case of the virus infection was in Wuhan, China in early December 2019. COVID-19 was officially declared a pandemic on 11 March 2020. In April 2020, it had spread to over 200 countries, with more than 1,700,000 established cases and 111,600

fatalities (Helmy, Fawzy, Elasad, Sobieh Kenney and Shehata, 2020). To prevent further spread of this virus, government all over the world put up some measures, such as restrictions on international and national travels and large gatherings, closure of offices, markets among others. Apart from the responses to COVID-19 pandemic by government and international organisations, people responded by making use of indigenous food sources and traditional medicine to mitigate the effects of the pandemic (Walters, Broome, and Cracco, 2021).

The use of IK in form of herbal remedies, roots, and some natural immune boosters such as garlic, ginger, turmeric, onion, cucumber, broccoli and other naturals significantly increased during the COVID-19 lockdown. People resorted to the use of natural products to boost their immunity and to fortify their body systems to fight the killer virus. The use of indigenous immune boosters was instrumental to the recovery of some infected persons including the Governor of Oyo State, Seyi Makinde, who revealed that during the period of his isolation, he was using a mixture of black seed oil and honey to boost his body immunity to fight the killer virus (Onyenucheya, 2020).

President of Madagascar, Andry Rajoelina, claimed that his country discovered a traditional medicine, which was very efficacious in the management of the deadly disease. According to him, the traditional medicine had cured two cases of COVID-19 in Madagascar and suppressed the symptoms in some others. The medicine was developed by the Malagasy Institute of Applied Research, saddled with the responsibility of researching the uses of Madagascar's traditional medicines. Rather than waiting for the development of drugs or possibly vaccine to increase the immunity of the body against the viral infection, the country resulted to the use of IK to fight COVID-19. The possibilities of the World Health Organisation accepting COVID-Organics developed by Madagascar as the possible cure for COVID-19 is still in doubt due to the age-long discrimination against IK and Africans in general (Abreu, 2020).

Traditional knowledge is local expertise, used for the survival of people in rural communities over a long period and it is quite different from scientific knowledge. Some aspects of IK may be difficult to validate scientifically; this may likely be the root cause of discrimination and marginalisation of the

knowledge by many orthodox medical practitioners. IK is what native people know and have been doing for generations. It has been the basis for the survival of indigenous people in their local environment. Lazarus, Unegbu and Opeke (2019) citing Nnadozie (2013) highlighted different terms common with IK such as indigenous technical knowledge, oral tradition, local knowledge, and peoples' knowledge.

Indigenous knowledge is an accumulated knowledge, competence, practices and representation developed by people because of their continuous interaction with the natural environment (UNESCO, 2003). This is the knowledge possessed by individuals, groups and the whole community in a particular environment. It has been the basis of their survival from generation to generation (Su, Ren, Qin, Hou and Wen, 2020). This is the traditional knowledge developed through local innovations, practices learnt and mastered over a long period, which has greatly influenced the life of the people and is their cultural identity (World Intellectual Property Organization WIPO, 2005; Rao and Ramanag, 2007).

“Attitude is the degree to which a person has favourable or unfavourable evaluation or appraisal of behaviour. Attitude is made up of the belief people hold about the object and the associated evaluation of that belief. Attitude is presumed to form a bipolar continuum, from a negative evaluation on one end to a positive evaluation on the other (Ajzen, 1991). Attitude that are highly accessible from memory are more likely to guide behaviour than less accessible attitude (Brook and Warren, 2018). The nature of IK coupled, with the oral mode of transmission makes it prone to distortions. The knowledge is gradually disappearing due to the negative attitude to its documentation, memory loss and demise of the holders.

Attitude and behaviour are like cause and effect, there is a relationship between attitude and behaviour, the behaviour exhibited by an individual towards an animate or inanimate object is determined by attitude. The tendency of executing a project in which an individual has positive attitude is very high compared with what the person has a negative attitude. This attitude is stored in the subconscious of human beings and influenced by training, exposure, availability and accessibility of information, previous experiences and wrong judgment. Attitude is an enduring concept, which is stored in the memory

and retrievable at will (Eagly and Chaiken, 2007). It is a relatively enduring organisation of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events or symbols (Hogg and Vaughan, 2005).

Although there are different definitions of attitude in the literature, scholars perceive attitude as a “positive or negative (affective) tone and the postural characteristics that predispose its holder to one posture or the other”. Ilo (2013) submitted that attitude is what has been limiting the adoption of modern technology in the documentation of IK. The knowledge of the communities is very important to them and could not allow it to be documented using ICT because it would become global knowledge thereby depriving the communities the exclusive access to their IK.

Some IK holders, most especially the traditional health practitioners want to monopolise their knowledge among their members. Therefore, whoever does not belong to their circle (cult) cannot have access to such unique knowledge not to talk about documentation. Those that are privy to that type of IK may likely resist any attempt to make it open through any form of documentation. Some IK holders have a negative attitude to the documentation of their IK in databases. Traditional health practitioners want to prevent other people from accessing their IK; they would not want the knowledge to be in public domain to preserve the source of their livelihood. Their fear may also be genuine, IK is very sensitive and if there is no adequate control, it can be misused. For instance, in Venezuela, the people want to be involved in the decision on the use of their IK before supporting any documentation in the database known as Biozulua (Dlamini and Nokwanda, 2021).

In India, similar attitude and fear were exhibited by the traditional health practitioners; IK holders insisted on deciding the type of information stored in the database and before integrating the knowledge, the picture of the holder is necessary and that they have a reservation on how the information would be used (Fredriksson, 2021). To allay the fears of the knowledge holders and prevent biopiracy, there is a need to ensure that before patenting any IK, there should be a means of crosschecking the originality of the claim of the individual or group seeking intellectual property protection. This is achievable by

creating a comprehensive database, or means of notifying the public before approving the patent. According to WIPO (2020), this is achievable when there is a comprehensive database that is well classified and indexed. The database should be user-friendly and capable of exchanging data with other IK based databases to confirm the authenticity of claims (Biber-Klemm, Cullet, Germann, Muller, and Curci, 2006).

Statement of the Problem

IK has been playing significant roles in the survival of various communities in many parts of the world. It has a very wide application in the areas of agriculture, housing, urban and regional planning, healthcare, wildlife management, before the advent of western civilization (Wahab, 2010). IK is declining at an alarming rate due to rapid land degradation, such as deforestation, access to conventional medicine and exposure to western lifestyles, hence, the cultural values handed over from generation to generation may likely go into extinction, if urgent steps are not taken to document the knowledge (Das and Sarkhel, 2016). Oral nature of IK and non-recognition of the knowledge due to over reliance on modern day knowledge system are contributing to the negative attitude towards documentation of IK. Mapara (2009) identified some factors responsible for the loss of IK which are; rural urban migration, changes in population structure, threat from modern technology and attitude. There is a strong connection between attitude and behaviour. The tendency of an individual performing a particular action in which he has positive attitude is very high compared to what the person has negative attitude. The attitude is stored in the subconsciousness of a man, which may be as a result of training, exposure, available information, previous experiences and can be a function of wrong judgement (Hogg and Vaughan, 2005). On this note, the study investigates the attitude of traditional health practitioners towards the documentation of their knowledge of traditional medicine.

Objectives of the Study

The objectives are to:

- (i) investigate the attitude of traditional health practitioners to the documentation of indigenous knowledge in South-West, Nigeria;
- (ii) establish the relationship between attitude and the documentation of IK by traditional health practitioners in South-West, Nigeria.

Research Question

What is the attitude of traditional health practitioners to the documentation of indigenous knowledge in South-West, Nigeria?

Research Hypothesis

There is no significant relationship between attitude and the documentation of IK by traditional health practitioners in South-West, Nigeria.

Literature Review

Meyer (2009) submitted that the approach to IK varies from community to community, because of some salient factors, such as attitude, perceptions, norms, socio-political influence, usefulness and belief of the members of the indigenous communities. The attitude of the knowledge holders is very crucial to the documentation of IK, most especially in Nigeria where the national and public libraries are not doing much towards the documentation of IK as their contemporary in developed countries.

However, relying on the knowledge holders to kick start the documentation process without proper encouragement, mobilisations and collaboration may be the major reasons why the knowledge is gradually going into extinction. A little impetus in some cases is enough motivation for the knowledge holders to commence "Attitude is the degree to which a person has favourable or unfavourable evaluation or appraisal of behaviour. Attitude is made up of the belief people hold about the object and the associated evaluation of that belief. Attitude is presumed to form a bipolar continuum, from a negative evaluation on one end to a positive evaluation on the other (Ajzen, 1991). Attitude that is highly accessible from memory is more likely to guide behaviour than less accessible attitude (Brook and Warren, 2018). The nature of IK coupled, with the oral mode of transmission makes it prone to distortions. The knowledge is gradually disappearing due to the negative attitude to its documentation, memory loss and demise of the holders. The documentation of their valuable IK for immediate and future benefits, as in the case of public librarians in Botswana. According to Jain and Jibril (2016), efforts made in

Botswana towards documentation by the public libraries yielded positive results. They launched a programme called “Memories of Old Kasane” meant to document IK of Kasane people such as their oral archives, folklore, drama and other traditions. The objective of the initiative was to promote tourism in Botswana. Kasane is known for tourism, it attracts tourists from many part of the world. Another project was initiated by public libraries in Palapye, the library collaborated with the indigenous community to document their IK.

Collaboration between librarians and IK holders in Molalatau was productive. It led to the documentation and production of the indigenous language (Sebirwa) dictionary. In the Okavango, which was another region in Botswana, they were able to capture IK of basket weaving with the aim of preserving the knowledge for future generation. In Mankgodi, collaboration between the librarians and the community led to the documentation of indigenous plants used in healthcare to preserve it for current and future use (Jain and Jibril, 2016).

Attitude is very germane in the documentation of IK; when practitioners have positive attitude to documentation, they will find a way of putting their knowledge down in written form to preserve them for the future. It is a common practice among Yoruba people in South-West, Nigeria for elders to transmit their IK to their heirs, whenever they are about to die; to forestall the loss of knowledge and values transmitted to them by their predecessors. The elders approaching the grave ought to transmit their knowledge to the succeeding generation before death to ensure the continuity of the knowledge. This mode of transmission is very unreliable because death is highly unpredictable; many of them die in some unforeseen circumstances before transmitting their IK to their successors.

Secrecy about IK is a negative attitude hindering documentation; some custodians are so secretive about their knowledge most especially traditional healers; they usually find it difficult to disclose the healing power of their IK to those who are not members of their family. They prefer to die with their IK than to reveal them to aliens. They are too conservative about their IK to the extent that their female children were not privy to their knowledge; they were of the opinion that marital relationship will definitely transmit their IK to another

family; their daughters will reveal their healing power to their husbands, thereby indirectly transferring their IK to another family (Tabuti and Damme, 2012). IK custodians have divergent attitude to the documentation; while some have expressed their views supporting the adoption of IK databases as means of documentation others were sceptical of this initiative (World Indigenous Peoples’ Conference on Education, 1999).

The rate at which IK is lost has made some indigenous communities to support documentation to mitigate the colossal loss. In Australia, for example, indigenous communities are throwing their weight behind documentation of their IK in databases, because of their commitment to the transmission of their knowledge to the next generation. They opined that the younger generation was not showing interest in the traditional knowledge, due to their exposure to Western education and that the elders who were the repository were dying, therefore, documentation was the only hope of survival of their IK (Shehu, 2020).

This unique IK resides among few traditional health practitioners, hence, documenting such becomes difficult and impossible. Few herbalists who have expertise in the use of knowledge of plant and animal to resolve health challenges use them to generating income for themselves. Hence, they prefer to keep their IK to themselves, by not documenting them to protect the source of their livelihood. The nature of some African traditional medicines used for the treatment of physical, emotional and spiritual problems is another reason for the negative attitude towards documentation of such IK (Ezekwesili-Ofilo and Okaka, 2019).

Negative attitude to documentation exhibited by some traditional health practitioners was fundamental to protect themselves and the sources of their livelihood. Some traditional health practitioners in Central Africa were not ready to support any activities that could lead to capturing their knowledge in any form, most especially the elderly herbalist. They were not willing to teach other people their IK or consent to document it in any format. This could be attributed to the attitude of those who were taking advantage of the traditional medical knowledge of the indigenous communities to enrich themselves at the detriments of the knowledge holders. Some norms may likely influence the attitude

of THP to the documentation of IK, Olatokun (2010) submitted that some norms prevent women from participating in traditional health practices.

The elderly traditional holders decided to be secretive about their knowledge, since they were not deriving any economic benefits from those who were exploiting their IK (Eyong, n.d.). A study conducted in Jara town, South-east Ethiopia revealed that, 96.3% of the respondents were aware of traditional medicine, 43.91% intended to use it in the future, 54.61% believed that traditional medicine is more efficacious in treating some diseases than modern medicines, 63.6% believed it is very safe while 39.85% had a positive attitude towards the medicine, 50.18% accepted the practice of traditional health, while 73.8% had applied it at least once (Mohammed, Kasso and Demeke, 2016).

A study conducted by Aragaw, Afework and Getahun (2020), revealed that traditional health practitioners have some negative attitude to the documentation of IK, as the majority 53.2% still believed the knowledge has to be kept secret to preserve its potency. This is most likely to be a fallacy, the traditional health practitioners may be propagating the assertion, because of the economic benefits they derived from their IK. Some traditional health practitioners want to continue to make money from their IK, hence engaged in some fallacious statement such as, "secrecy is the power of IK, which must not be broken and that payment is part of the holistic treatment." They want to continue to enjoy the economic benefits accruing to them from their knowledge in which documentation will make the knowledge open and people may not see the need to consult them. This may like be an economic threat to the traditional health practitioners and their dependents.

Traditional health practitioners in Southern Ethiopia have positive attitude to the documentation of IK. Kebebew and Mohamed (2017) in their study found that the traditional healers were cooperative while documenting the IK of the people in Lemo Woreda. The study found that fifty-four species of medicinal plants belonging to thirty-eight general and twenty-nine families for treating livestock and human diseases ailments were documented. Out of which twenty-three were cultivated, twenty of them were wild, the most useful components of plant were leaf 22 (40.74%) followed by barks 7 (12.96%).

The widely use method of preparation is crushing about 27 (43.55%) oral administration is the best way to administer them 39 (72.22%). The study further revealed that, the deforestation and overgrazing were the major threat to medicinal plants, obnoxious practices such as bush burning and indiscriminate felling of trees should not be encouraged to conserve natural vegetation for the benefit of man and the animal. In another study conducted by Khan, Ahmad and Rashid (2018) in the Talash Valley of Dir Lower, Northern Pakistan, revealed the positive attitude to representation of IK by the traditional health practitioners.

Knowledge holders in some cases understand the significance of their IK and the need to preserve through documentation, if only the grey areas could be resolved. The attitude of IK holders, when approached by people who are not a fellow practitioner or their patrons, are usually that of suspicion. Traditional health practitioners may even be thinking they are out to spy on them and possibly get them arrested. Proper collaboration will change the attitude of knowledge holders positively to make documentation of IK successful. To achieve the desired result, it cannot be left in the hands of the knowledge holders alone, librarians have to be actively involved. Ebijuwu (2015) submitted that librarians have been paying lip services by talking and writing about documentation without practical effort. This may be attributed to the kind of librarianship handed over to Nigerians by the colonial educational system; that concerned with the acquisition of materials that have to do with western knowledge without minding the oral information. A study conducted by Alabi, Oyelude and Sokoya (2019) revealed that when the library is ready to educate and work closely with an indigenous community, much of the IK going into extinction could be salvaged through documentation.

In a study conducted by Abiolu (2018), eighteen IK practitioners participated in the study out of which 72.2% were women as against 27.8% respondents who were men. The age of 78% of the respondents was above 40 years with 55.6% having tertiary education. The study was able to identify forty-four plant species used by herbalists, comprising eighty-two general and ninety-six species. The practitioners that participated in the study showed positive attitude to recording their IK, they support using modern ICT equipment to document their knowledge, even though

they were not engaging in traditional health. In Oyo State, Nigeria, traditional health practitioners are documenting their IK by writing in books, audio recording, videotaping, drawing, photographing and storytelling (Ebijuwa and Mabawonku, 2015). They were asked whether their IK was documented or not, majority 72.2% indicated that it was largely undocumented. Little efforts by the information professionals to increase their interest and arouse their consciousness to the documentation of IK will yield the desired results. These studies revealed that when the librarians and other documentalists can assure the IK holders that they are not out to steal their knowledge, but rather help them to preserve their IK for both the present and future benefits. Their attitude towards documentation may likely be positive. The responses of some women interviewed, was a testimony to this fact. They expressed their wiliness to support documentation of their IK, provided the librarians were willing to work with the women leaders in the market, ready to show financial commitment by paying the agreed fees and ensure the protection of their intellectual property, right after documentation to guarantee the sustenance of the source of their livelihood. They indicated that they were ready to participate in the documentation exercise subject to the stipulated conditions.

Methodology

This study adopted a descriptive research design of the correlational type. The population comprises 3,850 traditional healthcare practitioners in South-West, Nigeria, which are Ekiti, Ondo, Osun, Oyo, Ogun and Lagos states.

Table 1: Population of Traditional Health Practitioners in South-West, Nigeria

State	Population
Ekiti	400
Lagos	2000
Ogun	150
Ondo	200
Osun	500
Oyo	600
Total	3850

Source: National Association of Traditional Health Practitioners of Nigeria.

Traditional health practitioners, comprise herbalists, midwives, bonesetters, birth attendants and traditional psychiatrists. The sample size of this study is 362 respondents; Yaro Yemane (1967) formular for calculating sample size was used to determine the sample size of 362 respondents. The study employed proportional random sampling technique to select 38 traditional health practitioners from Ekiti State, 19 from Ondo State, 47 from Osun State, 56 from Oyo State, 14 from Ogun State and 188 from Lagos State, based on the population of practitioners from each state. Purposive sampling technique was used to select traditional health practitioners to participate in the study rather than other IK holders. A Traditional health practitioner plays a crucial role in primary health care, most especially in rural communities, where the medical facilities available may be grossly inadequate, and at times, the rural dwellers may not be able to afford the cost of the health care thereby depending of traditional health practitioners of their health needs.

The questionnaire, the instrument for data collection, was divided into 3 main sections: Section A consists of nine items, which deal with the demographic variables of the respondents. Section B comprises fifteen items on the attitude to documentation of indigenous knowledge. Section C contains items on documentation of indigenous knowledge. The reliability of the instrument was established through Cronbach's Alpha statistical test. In order to determine the internal consistency of the instrument, a pilot study was carried out among thirty (30) traditional health practitioners in Ekan, Kwara State, which is outside the study area. The instrument was pre-tested by administering the scale on 30 traditional health practitioners and the result obtained were subjected to Cronbach-Alpha statistical test. The scale for attitude to documentation of indigenous knowledge ($r=0.80$) while scale for the documentation of indigenous knowledge yielded ($r=0.88$). The simple statistics of descriptive distribution, tabulation and charts were employed for the demographic variables. The research question was answered, using simple percentage and frequency count, mean and standard deviation. Pearson Moment Correlation Analysis was used to test hypothesis at 0.05 level of significance.

Data Presentation and Analysis

Demographic Variables of the Respondents

Table 1: Demographic information of the respondents

ITEM	FREQUENCY	PERCENTAGE(%)
Gender		
Male	265	73
Female	97	27
Total	362	100
Age Range	Frequency	%
21-30 years	6	2
31- 40 years,	155	43
41-50 years	37	10
51-60 years	164	45
Total	362	100
Marital Status	Frequency	%
Single	8	2
Married	354	98
Total	362	100
Years of Experience	Frequency	%
5-14 19	5	
15-24	65	18
25-34	148	41
35years and above	130	36
Total	362	100
Educational Qualification	Frequency	%
Primary Education	98	27
Secondary Education	152	42
Tertiary Education	35	10
No formal Education	77	21
Total	362	100
Areas of Specialisation	Frequency	%
Herbalist	177	49
Traditional Midwives	64	18
Bonesetters	23	6
Birth attendants	44	12
Spiritualist	17	5
Traditional Psychiatrists	37	10
Total	362	100

Research question : What is the attitude of traditional health practitioners to documentation of indigenous knowledge in South-West, Nigeria?

Table 2: Attitude of the Respondents to Documentation of Indigenous Knowledge

<i>S/N</i>	<i>ITEMS</i>	<i>SA</i>	<i>A</i>	<i>N</i>	<i>SD</i>	<i>D</i>	Mean	Std. Dev.
1	I have a record of my indigenous practice	158 43.6%	100 27.6%	3 0.8%	93 25.7%	8 2.2%	3.85	1.29
2	The knowledge is from our fathers and must not be written down	21 5.8%	54 14.9%	9 2.5%	259 71.5%	19 5.2%	3.56	1.00
3	Writing our indigenous health practices will make other people to have access to it	37 10.2%	48 13.3%	14 3.9%	245 6.7%	18 5.0%	2.56	1.11
4	Documenting alternative health care knowledge will make us lose our customers	9 2.5%	36 9.9%	15 4.1%	249 68.8%	53 14.6%	3.83	0.89
5	Alternative health care knowledge was transferred to me by my forefathers and other people must not know about it	12 3.3%	51 14.1%	8 2.2%	265 73.2%	26 7.2%	3.67	0.92
6	It is a taboo to document the knowledge I am using to alternative healthcare	30 8.3%	100 27.6%	18 5.0%	191 52.8%	23 6.4%	3.21	1.16
7	The medicine will not work if people are exposed to the knowledge	23 6.4%	90 24.9%	22 6.1%	196 65.1%	31 8.6%	3.34	1.13
8	It is important to document alternative healthcare knowledge	157 43.4%	110 40.4%	4 1.1%	73 20.2%	18 5.0%	3.87	1.30
9	Lack of documentation has led to loss of practices use by our fore fathers to cure illness	46 12.7%	121 33.4%	12 3.3%	175 48.3%	8 2.2%	3.06	1.19
10	I feel comfortable writing down my alternative healthcare knowledge	61 16.9%	144 39.8%	11 3.0%	134 37.0%	12 3.3%	3.30	1.22
11	I always want others to know the knowledge I am using for my practice	191 52.8%	109 30.1%	9 2.5%	46 12.7%	7 1.9%	4.19	1.11
12	The knowledge was handed over to me orally and that is how I will hand it over to my children	42 11.6%	99 27.3%	12 3.3%	195 53.9%	14 3.9	2.89	1.19
13	There is an urgent need to document indigenous knowledge to prevent it from extinction	134 37.0%	167 46.1	13 3.6%	40 11.0%	8 2.2%	4.05	1.02
14	Indigenous knowledge is not relevant today and there is no need for documentation	13 3.6%	49 13.5%	16 4.4%	272 75.1%	12 3.3%	3.61	0.89
15	Modern methods such as tape recording, video, databases among others should be used to document our indigenous knowledge.	86 23.8%	194 53.6%	7 1.9%	68 18.8%	7 1.9%	3.78	1.07

Source: Field Survey

Table 2 revealed that traditional health practitioners always want others to know about their knowledge ranked highest by the mean score (mean =4.19) rating. Followed by the urgent need to document IK to prevent it from extinction (mean=4.0). Followed by it is important to document alternative health care knowledge (mean=3.87). I have a record of my IK practice (mean=3.85), documenting alternative healthcare knowledge will make us lose our customers (mean=3.83), modern methods such as tape recording, video, databases among others should be used to document indigenous knowledge (mean=3.78), alternative health care knowledge was transferred to me by my forefathers and other people must not know about it (mean=3.67), indigenous knowledge is not relevant today and there is no need for documentation (mean=3.61), the knowledge is from our fathers and must not be written down (mean=3.56), the medicine will not work if people are exposed to the knowledge (mean=3.34), I feel comfortable writing down my

alternative healthcare knowledge (mean=3.30), it is a taboo to document my alternative healthcare knowledge (mean=3.21), the knowledge was handed over to me orally and that is how I will hand it over to my children (mean=2.89) and writing our indigenous health practices will make other people to have access to it (mean=2.56). With a cut-off mean of 3.00 for the rating scale, all the items had mean scores above 3.00 except Items 3 and 12. This implies that the traditional health practitioners in the South-West, Nigeria have positive attitudes to documentation of their indigenous knowledge.

Research Hypothesis

This section reports the results of the null hypothesis tested at 0.05 level of significance to draw salient inferences in this study.

Hypothesis: There is no significant relationship between attitude and documentation of indigenous knowledge by traditional health practitioners.

Table 3: Correlation between Attitude and Documentation

Correlations			
		Attitude	Documentation
Attitude	Pearson Correlation	1	.551**
	Sig. (2-tailed)		.000
	N	362	362
Documentation	Pearson Correlation	.551**	1
	Sig. (2-tailed)	.000	
	N	362	362

The correlation of $r=0.551$ shows that there exist a positive correlation between attitude towards documentation of indigenous knowledge and documentation of indigenous knowledge. Attitude towards documentation of indigenous knowledge has a significant relationship with documentation of indigenous knowledge ($p<0.05$). Table 3 presents the correlation between attitude and documentation of IK. The result shows that the computed R-value (0.551) with a p value < 0.05 was significant at 0.01 level. The null hypothesis is not accepted.

Discussion of the Findings

The first objective of the study was to examine the attitude of traditional health practitioners to the

documentation of IK in South-West, Nigeria. The findings revealed that traditional health practitioners in South-West, Nigeria have a positive attitude to the documentation of their IK. They want others to know about their IK and they agreed that IK needed to be documented urgently to prevent it from going into extinction. It further revealed that some of the traditional health practitioners have records of their IK. The findings of this study also corroborate the study of Isaa, Owoeye and Awoyemi (2018) which revealed that traditional health practitioners in Kwara State, Nigeria have a positive attitude to the documentation of IK.

This is also corroborated by an earlier study of Alabi, Oyelude and Sokoya (2019) that revealed

that, when the library is ready to educate and work closely with the indigenous community, much of the IK going into extinction could be salvaged through documentation. Lazarus, Unegbu and Opeke (2019) while elucidating on the benefits of documenting IK submitted that proper documentation of IK will help in dissemination, preservation and protect it from exploitation of those who are not the original owners. The holders of indigenous knowledge of textile craft making (adire) in Ogun-State, South-West, Nigeria have a positive attitude to IK documentation. Similarly, a study conducted by Abiolu (2018) found that the traditional health practitioners that participated in the study showed a positive attitude to documentation of their knowledge of traditional medicine even though they were not practising it. They were asked whether their IK was documented or not. The majority indicated that it was largely not documented. Little efforts by the information professionals to arouse their consciousness to the documentation of IK may likely yield the desired results.

Some studies conducted outside Nigeria supported the findings of this study. The finding of Kebebew and Mohammed (2017) conducted in Southern Ethiopia corroborates the finding of this study. Traditional health practitioners in the study have a positive attitude to the documentation of their IK. They were cooperative in documenting medicinal plants used by the people for their healthcare. Similarly, the study of Khan, Ahmad and Rashid (2018), discovered that the traditional health practitioners in Northern Pakistan, have a positive attitude to the documentation of IK most especially the knowledge of medicinal plants. They were able to identify fifty herbs species belonging to thirty-three botan-ical families and forty-six general, in the seventeen villages.

However, the finding of this study contradicts that of Panneer, Ezhumalai, Vijayaragavan, Senthikumar, Samyurai, Saradha and Praveen (2017) whose study revealed that the Irular tribe of Nilgiri District, Tamilnadu India, have a negative attitude to the documentation of their knowledge of the medicinal plant. They wanted to preserve their recognition in society by retaining the monopoly of their traditional healing power by not documenting their knowledge. Similarly, a study conducted by Aragaw, Afework and Getahun (2020) revealed that

traditional health practitioners in North-central Ethiopia have a negative attitude to the documentation of IK. The reason attributed to their negative attitude is the fear of losing their source of livelihood and that payment is part of the treatment, documentation will make their knowledge available free of charge.

Scholars such as Uche-Nwachi and McEwen (2010), Homsy, King and Tenywa (2003) gave some insights into while the attitude of some traditional health practitioners may be negative towards documentation of their IK. They posited that when their knowledge is considered uncommon, they tend to be very secretive about it most especially when that kind of knowledge resides among few traditional health practitioners and are not commonly known hence, documenting such becomes difficult and impossible. Few traditional health practitioners that are privy to such IK use it to generate income for themselves. They will not want such knowledge documented to preserve the source of their livelihood.

The nature of some African traditional medicine is responsible for the unfavourable attitude to the documentation of IK. In Africa, some health challenges are considered emotional and spiritual, which cannot be handled by orthodox medicine or by any traditional health practitioners, who are not experts in such area, they make use of the knowledge to generate money for themselves and also want to perpetuate the knowledge within their family circle. Mbogo (2009) expressed the view that traditional health practitioners have been preventing government agencies and medical doctors from knowing the key elements of their medicines to prevent stealing their IK thereby hindering them from making the needed money from traditional health practice. In some African countries, insanity is exclusively counted as the spiritual problem that rather requires spiritual psychotherapy by the traditional health practitioners, hence the traditional healers will never allow such knowledge to be documented (Galabuzi, 2010).

The positive attitude of traditional health practitioners to the documentation of IK could be ascribed to the level of literacy in South-West, Nigeria. The number of educated people in the South-West, Nigeria is very high. School enrolment at all levels is almost becoming a tradition. Society sees it as a custom for children at their elementary stages to attend schools as part of their developmental

processes. The significant roles played by some South-West leaders, such as late sage Chief Obafemi Awolowo who introduced free education into the old Western Region when he was the Premier of the Western region made South-West people to be largely educated. He also established the University of Ife in Nigeria, which gave opportunities for many indigent people to attain higher education. Missionaries who came during the colonial era contributed to the development of education in the region, as they introduced Christianity to the people, they also established mission schools that afford their faithful to send their children to school.

According to Functional Attitude Theory, people will show a positive attitude to things that benefit or reward them, and negative attitude to things that will inflict them with pains. Traditional health practitioners will never encourage documentation of their knowledge and even when they document, they will want it to be within their family circle if there are no compensations for them or ways of protecting their knowledge from biopiracy. Hence, safeguarding the intellectual property right of the knowledge holders is important to encourage them to show a positive attitude towards documentation of their IK.

The findings showed that there is a significant relationship between attitude and documentation of indigenous knowledge. The finding of this study further strengthens the position of Lwoga, Ngulube and Stilwell (2010) that attitude, culture and demographic variables affect documentation of IK. The results of the findings revealed that when traditional health practitioners have positive attitude towards documentation, they are most likely going to document their IK while negative attitude will make the knowledge holder not document even when there are opportunities to do so. Some traditional health practitioners are very secretive about their knowledge to those who were not members of their family and, their female children fearing that they would share the secrets with the other families after marriage. The reason for this, is majorly to protect the means of their livelihood, they are afraid that when their knowledge is documented, they may not be consulted again by their client. As part of their

protective strategies, when documenting, they usually skip some of the materials so that it will not work without their consultation, as revealed by the practitioners during the fieldwork. The finding of this study corroborates the earlier findings of Issa, Owoeye and Awoyemi (2018) that there was a significant relationship between attitude and documentation of IK by the traditional health practitioners in Kwara State, Nigeria. The study revealed that there is no significant relationship between gender and documentation of IK. This contradicts the submission of Caudillo-Felix (2012) that women are so rich in IK due to their interactions with nature in their bid to meet the needs of their families. The World Bank also submitted that response by male and female to IK related issues differs.

Conclusion

The study concluded that, traditional health practitioners in South-West, Nigeria are positively disposed to documentation of IK; they want their indigenous knowledge documented. Any effort geared towards documentation of the indigenous knowledge of traditional health practitioners in South-West, Nigeria, is most likely going to yield the desired results due to the favourable disposition of the traditional health practitioners in this region.

Recommendations

Based on the finding of this study, the following recommendations were made:

- i. Traditional health practitioners should be trained on how to document their indigenous knowledge
- ii. Librarians and documentalists in South-West, Nigeria should commence documentation of the IK of traditional health practitioners because of their positive attitude to documentation.
- iii. Librarians in public libraries should partner with the knowledge holders, to document and preserve their indigenous knowledge for the present and future benefits.

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