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Management of indigenous knowledge in primary healthcare: Bridging the gap between library and alternative healthcare practitioner in Nigeria

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Abstract:

The place of the alternative healthcare practitioners in traditional medical practice and the primary healthcare delivery system in most societies is not in doubt. In Africa and especially in Nigeria, there appears to be an increasing evidence of loss of indigenous knowledge associated with primary healthcare delivery due to lack of proper documentation. Existing literature have largely concentrated on contemporary healthcare system and practice without recourse on the valuable aspect of the traditional administration of medicinal plants being practiced by the practitioners of alternative healthcare. The study, therefore surveyed some of the existing practices and management of the indigenous knowledge with a view to establishing the relationship that exists between the library and information managers and the alternative healthcare practitioners. This is with the aim of closing the gap that exists between the two professions.

The descriptive survey research design was adopted, with the combination of purposive, stratified, quota and simple random sampling technique being used to select the respondents. Data were analyzed using percentages and bar charts. The study reveals that alternative health practitioners document their indigenous knowledge through the forms of writing in books and audio recording; organisation of IK was done in archives and prints while the commonest methods of preservation of indigenous knowledge used was storytelling. The study has shown the militating factors against the proper management of indigenous knowledge to include low level of record keeping, lack of basic equipment and legal protection. Also, the study discovered the gaps to include traditional means of managing IK, illiteracy and reluctance to share IK by the alternative health practitioners. Therefore, the library and information managers need to close the gap by encouraging close collaboration with the alternative health practitioners, in addition to training them on the systematic management of indigenous knowledge. The study recommends that libraries should look beyond collection development and show the need for a service that is more relevant to the indigenous communities.

Keywords: Indigenous knowledge management, Library, Primary healthcare delivery, Alternative healthcare practitioners, Nigeria

Introduction

The basic component of any country's knowledge system is its indigenous knowledge (IK). World Bank (1997) reports that in the emerging global knowledge economy, a country's ability to build and mobilize knowledge capital is as essential for sustainable development as the availability of physical and financial capital. Communities in many parts of the world, including Nigeria, have been known for their indigenous and self-reliant strategies in food production, provision of functionally efficient and appropriate shelter, efficient planning and management of settlements and ill-health, and the protection of the forest and its fragile ecosystem, long before their exposure to European influence (Wahab, 2010). IK is thus developed and adapted continuously to gradually changing environments and passed down from generation to generation and closely interwoven with people's cultural values.

The literature on IK do not provide a concensus definition of the concept. Nevertheless, the description of the World Bank (2002) could be adopted. It described IK as follows:

- local knowledge
- unique to every culture or society
- the basis for local-level decision-making in agriulture, health care, food preparation, education, natural resource management and a host of other activities in communities.
- providing problem-solving strategies for comunities
- commonly held by communities rather than individuals.
- tacit and therefore dificult to codify, it is embedded in community practices, institutions, relationships and rituals.

Herbal medicine is a good example of IK, which has affected the lives of people around the globe (World Bank, 1998). It is peoples' derived science, and it represents peoples' creativity, innovation and skills (Ulluwishewa, 1993). It is held in different brains, languages and skills, in as many groups, cultures and environment and it covers the whole range of human experience. Indigenous people employ at least 20,000 plant species for medicines and related purposes (Melchias, 2001).

In Nigeria, medicinal plant is the major source of healthcare for about 80% of the populace for their primary healthcare, "because of its cultural acceptability, affordability and accessibility" (Shackleton,et.al, 2002). This affirms Odukoya's (2012) report that African Traditional Medicine (ATM) is the mainstay of primary healthcare for the majority of those in the rural areas in Africa, and not a few elites in the urban centres are known to turn more often now to traditional medicine than was previously the case. Thus, traditional medicine is of contemporary relevance, and it can help rural communities to achieve self-reliance in their primary healthcare needs (Ebijuwa and Mabawonku, 2015).

Alternative health practitioners (AHPs) are the traditional care givers that render a subset of practices that are not an integral part of dominant healthcare system but are still used by patients to supplement their healthcare. Alternative (traditional) medicine is conceived as the sum total of all knowledge and practices, whether explicable or not, used in the diagnosis, prevention and limitation of physical and medical imbalances which rely exclusively on practical experience and observation handed down from generation to generation wether verbally or in writing (WHO,1978). They are often part of a local community, culture and tradition, and are mostly herbalists, diviners, bone-setters, surgeons, traditional birth attendants (TBAs), traditional healers, faith healers, spiritualists, mid-wives, and traditional psychiatrists (Ebijuwa and Mabawonku, 2015). For thousands of years, AHPs have been playing major role as providers of primary healthcare to the majority of the people in Africa.

IK subsists among indigenous people especially as ancient societies preserve information through stories, songs, riddles, jokes, drama and proverbs which were transfered from one generation to another (Nnadozie, 2013). IK was made understandable through "demonstration and observation accompanied by thoughtful stories in which the lessons were imbedded" Cajete (2000). He concludes that IK "is not static or an unchanging artifact of a former way of life, but rather, it has been adapting to the contemporary world since contact with others began and thus, it will continue to change. However, the World Bank (1998) avers that practices vanish, as they become inappropriate for new challenges or because they adapt too slowly.

The fact that, IK is discriminately transmitted from one generation to the next by the words of mouth exposes the knowledge to the danger of disappearing. Thus, this therefore makes it imperative on the need to document and preserve this form of knowledge in written literature thereby making it accessible to present and future generations. Proper management of this knowledge will guard against losing some of the values attached to IK in our African culture. The need to document and preserve oral and written literature has further strengthened the bond that exists between the library and indigenous knowledge management. IK practitioners and library and information managers are important professionals in local knowledge documentation for posterity. There is therefore the need to bridge the existing gap between library and information managers and alternative healthcare practitioners in Nigeria.

The Study Setting

The setting of this study is Oyo State, Nigeria. Oyo State is an inland state in South-western Nigeria. It is divided into three Senatorial Districts, namely, Oyo North, Oyo Central and Oyo South respectively which consists of thirty-three local government areas. Oyo State is homogenous, mainly inhabited by the Yoruba ethnic group. Among the Yoruba people of South-west Nigeria, traditional healers are important providers of healthcare. The Yorubas are distinguished by their rich culture and tradition as embodied in religion, arts, and general worldview. A key strength of their culture is that it is orally transmitted across generations. The Yoruba tradition is essentially oral-driven and the people thrive on a virile oral culture that nurtures their nature of knowledge. The Yoruba language is written and spoken locally and in some African, Caribean and South American countries.

Objectives of the Study

THE OBJECTIVES OF THIS STUDY ARE TO:

1. find out the forms of documentation of IK by alternative health practitioners in primary healthcare in Oyo State;
2. examine the processes of organising IK by alternative health practitioners in primary healthcare in Oyo State;
3. ascertain the methods of preserving IK by alternative health practitioners in primary healthcare in Oyo State;
4. find out the constraints to the management of IK by alternative health practitioners in primary healthcare in Oyo State.

REVIEW OF RELATED LITERATURE

Scholars have suggested that the documentation of IK could reduce further loss of IK (Masango, Mbarika and Ngwa, 2012; Abioye, Zaid and Egberongbe, 2014; Abbot, 2014; Ebijuwa and Mabawonku, 2015). However, documenting IK requires capacity in terms of

skills, expertise and financial resources (Kashweka& Akakandelwa, 2008; Ranasinghe, 2008). Organization is essential for easy retrieval of plant resources and indigenous medicines. Several studies point out that organisation of IK should include bibliographic description and subject classification of the content, just as is done with printed documents in the libraries. (Mabawonku, 2002; Warren and McKiernan, 1995; Adeniyi and Subair, 2013).

Preservation of IK is also essential in order to prevent loss due to rapid urbanization and continuous attrition in the older population. Oviedo and Gonzales (2002) aver that IK is currently being lost at an alarming rate and its preservation as a living evolving body of knowledge can be carried out through documentation, registries or databases. Lwoga et al (2010) opine that libraries have not been particularly active in documenting IK. Nakata and Langton (2005) assert that libraries must consider IK not just as part of a historical archive, but as a contemporary body of relevant knowledge.

Studies have shown a variety of factors as affecting proper management of IK (Anand, 2009; Okore, Ekere, and Eke, 2008; and Adigun, 2014) to be technically demanding and costly venture. Okore, et al., (2009) identify the challenges of IK management to include: intellectual property rights; labour requirements; time requirements; funding; reluctance of indigenous people to share their knowledge and competition with existing community structures for IK. Similarly, Adigun (2014) opine that difficulty associated with protecting indigenous people's intellectual property rights, collection of IK from diverse indigenous sources is time consuming, laborious, and technically demanding, and a costly venture. Another challenge is that not all aspects of IK can be captured as artifacts using digital technology (Adams, 2007).

According to World Development Report (1998/99) primary healthcare was a collaborative effort of the three tiers of government which should be more adapted to Nigeria's socio-economic and cultural context. It was designed to be people-oriented in that it strives to develop local capabilities, and for the realization of sustainable improvement in the health of the people. The holistic conception of health by the WHO also led to the development of the Primary Health Care(PHC) approach to solving healthcare problems in the world including third World (Nigerian Health Review, 2006). Indigenous knowledge is of particular relevance to the poor in the following sectors or strategies: PHC, preventive medicine and psycho-social care (World Development Report, 1998/99).

METHODOLOGY

A descriptive survey design was adopted for the study. The study population was made up of the alternative health practitioners in the 33 Local Government Areas of Oyo State, Nigeria. The study adopted a multi-stage sampling procedure. To have a definite sample size of AHPs in Oyo State, the Taro Yamane's (1967) sample size formula was used to determine sample size of 400 respondents from the total population of the study. Stratified sampling technique was used to select twenty (20) Local Government Areas from the 33 Local Government Areas in the State. Simple random technique was then used on equal allocation to select twenty (20) respondents each from the selected Local Government Areas. Thus, 400 respondents was the sample size for the study. Questionnaire was used to collect data for the study. Four hundred copies of the questionnaire (400) were administered and all the four hundred (400) copies distributed were recovered in useable condition. This hundred percent (100%) return rate was made possible by the direct involvement of the researchers and the

trained research assistants, who were directed to ensure 100% collection by making several visits, if need be. The returned copies of the questionnaire were analysed and interpreted, using percentages and bar charts.

Data Analysis and Discussion

The study showed that out of the 400 respondents, 100 (25%) were between ages 41 and 50 years, and not one of them was less than 20 years of age. This finding supports the earlier studies of Nnadozie (2013) and Ebijuwa and Mabawonku (2015). The study showed that out of the 400 respondents, 308(77%) were males and 92(23%) were females. This implies that there were more male alternative health practitioners than females in our sample. The finding supports the submission of Kafaru (1998) (cited in Olatokun, 2010) who maintains that some norms that are accepted and observed within the traditional medical practice hinder women (especially those of child bearing age) from active participation in traditional medical practice. Their years in the profession show that they were very experienced. Study showed that 140 (35%) respondents had the highest number of years of experience, while 42.68(11%) of them had the least number of years of experience. Education is important in the proper management of IK. Majority of the respondents 180 (45%) had no formal education, 108(27%) had secondary education, 92(23%) had primary education while 20(5%) had other types of education. The distribution of the respondents by area of specialisation revealed that 316(79%) were into general health practice, 40(10%) were into maternal health, 20(5%) were into childcare, 20(5%) were into bone setting while 4(1%) were into family planning. Result of the study showed that the respondents are into all forms of alternative health practices.

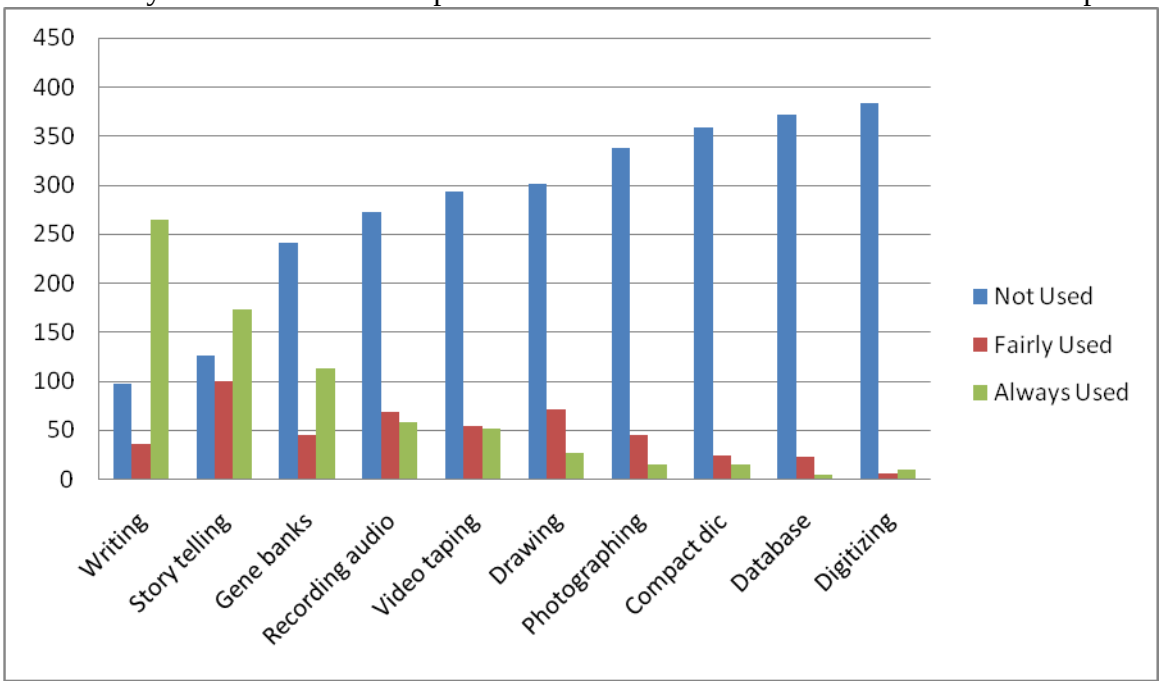

Figure 1: Forms of documentation of IK in primary healthcare by respondents (Ebijuwa and Mabawonku, 2015: 64).

Figure 1 shows that 265.2(66.3%) always document IK by writing. This was followed by storytelling 173.2(43.3%) while digitizing was the least 10(2.5%) form of documentation of IK used.

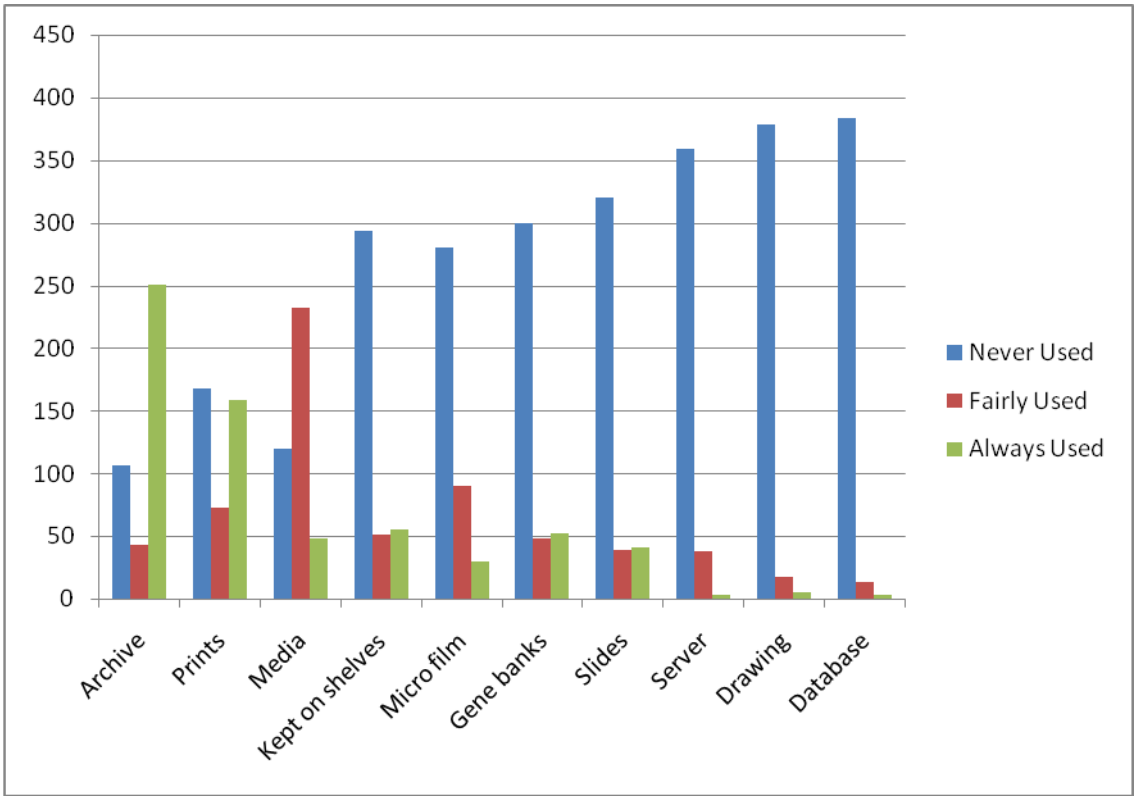

Figure 2: Processes of organizing IK in primary healthcare by respondents.

Figure 2 shows the highest process of organization archive 251.2 (62.8%) of IK used by the respondents in primary healthcare. This was followed by prints 159.2 (39.8%) while media 48(12%) was the least. The study also revealed that there is no classified system of organization used by the respondents in primary healthcare. This is in contrast to the view of Mabawonku (2002) that organisation of IK should include bibliographic description and subject classification of the content, just as done with printed documents in the libraries.

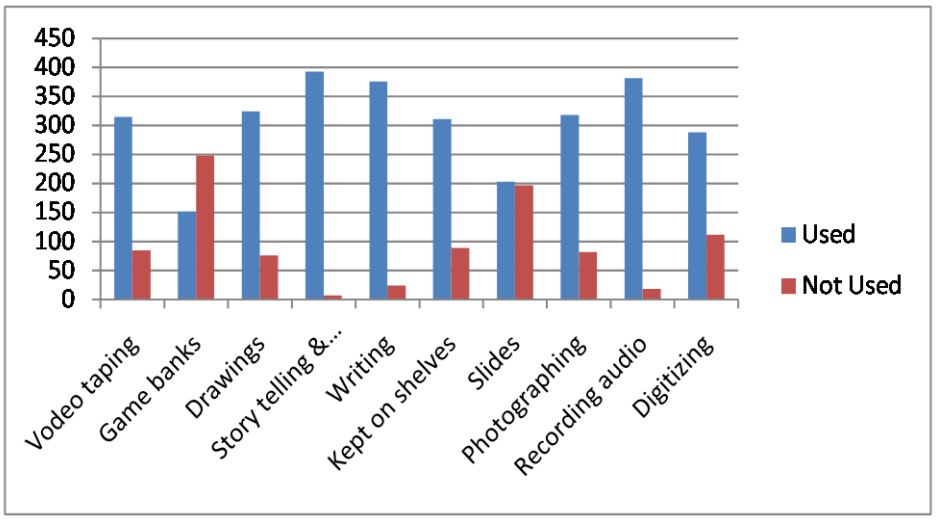

Figure 3: Methods of preserving IK in primary healthcare by respondents

Figure 3 shows that 397.2(99.3%) always preserved IK in form of storytelling and experiential instruction. This was followed by writing 376 (94%) while gene bank 152 (38%) was the least method of IK preservation used. The finding supports the assertion of Amanda (2008) to the effect that indigenous communities have their own methods for preserving and transmitting traditional knowledge: oral storytelling and experiential instruction.

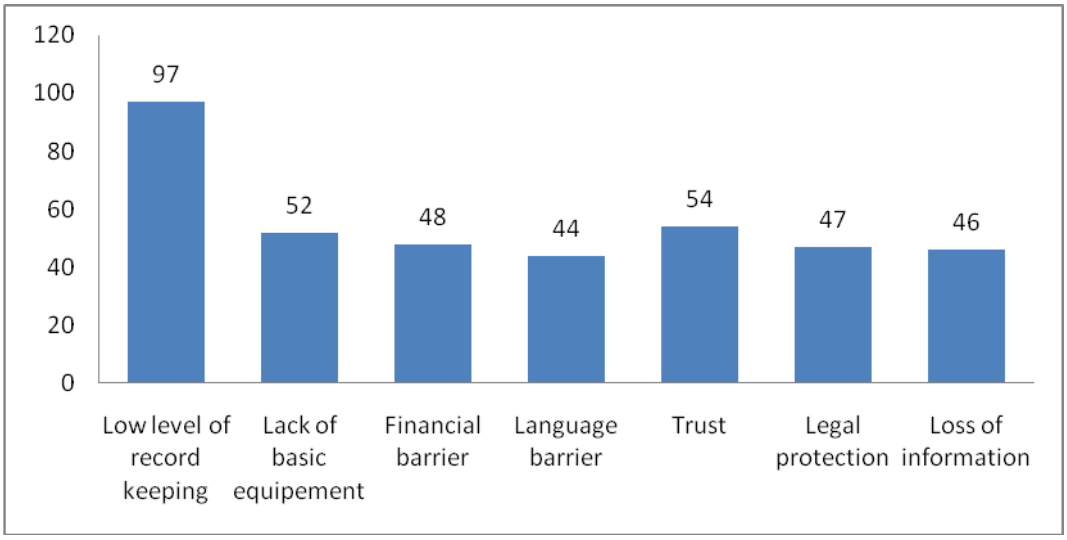

Figure 4: Constraints to the management of IK in primary healthcare by respondents.

Respondents in primary healthcare identified low level of record keeping (97%) as the highest constraint faced in IK management. This is followed by Trust (54%), lack of equipment (52), financial barrier (48%), legal protection (47%) and loss of information (46%) and language barriers (44%). This finding confirms existing studies of Okore, et al., (2009), Anand (2009) and Adigun (2014).

Gaps between alternative health practitioners and libraries

There are many challenges relating to the management of IK. Previous studies have shown that the Library and information science professionals are specialists who are trained to manage IK and have done this successfully or to an appreciable level (Mabawonku, 2002; Makara, 2002; Adigun, 2014; Ebijuwa and Mabawonku, 2015). A host of challenges confront management of IK among the alternative health practitioners from the study. These gap are caused by several factors such as the traditional means of managing IK by the alternative health practitioners. However, IK needs innovative methods of management in order to preserve its originality and authenticity. Among the challenges which the research revealed is the issue of illiteracy which can not be ignored because education is a key component in any management process. Another limitation of the AHPs is the reluctance to share knowledge with outsiders. This may be due to cultural reasons or mistrust regarding the way that this information will be used. Furthermore, IK is commonly held by communities and is to be used for its benefit. Therefore to document and use this knowledge, permission must be sought in a way that is reciprocal with and reflective of the will of the communities.

Bridging the gap

Libraries should look beyond collection development and show the need for a service which is more relevant to indigenous communities. Were (2015) avers that libraries who should take the lead in knowledge management are getting sidelined in the current open data revolution. She emphasised that exploring areas of collaboration between the AHPs and libraries will be

the key to bridging the gap. Therefore, libraries should encourage close collaboration with the AHPs to enhance the systematic management of IK. Literature suggests the new role of libraries is in the documentation, storage and dissemination of IK in their host communities and this is seen as requisite for development (Okorafor, 2010 and Mouahi, 2012).

AHPs have to be adequately trained and equipped with skill and competencies to be able to effectively manage IK. Some researchers have emphasized the roles of libraries in the management of IK (Mabawoku; 2002, Makara; 2002, Ngulube; 2002 and Chisenga; 2002) and IFLA (2003). However, Burtis (2009) observe that library, apart from collecting, preserving and providing access to scientific materials, should also provide access to IK resources.

Establishing a working relationship between the libraries, librarians and the AHPs is essential for proper management of IK. Roy (2007) avers that libraries have a social role within the community in facilitating and contributing to "a sense of individual and group pride and identity" for indigenous people.

Facilitating of reading and writing of the AHPs is essential for IK management. Kaniki and Mphahlele (2002) stated that lack of education has made "bibliographic" control in traditional sense almost impossible. The point is that education of the AHPs is very important in the proper management of IK.

Libraries can assist the AHPs to obtain patent. This will engender confidence and trust in AHPs. Libraries should ensure that researchers bring their research works on IK to the library. When the information has been collected, it must be properly catalogued and classified using international standards for easy retrieval. Exhibitions can then be held to sensitize the public on the knowledge that is available.

Conclusion and Recommendation

The alternative health practitioners in primary healthcare have their own methods for managing and transmitting their indigenous knowledge. However, they face some challenges, such as the need to adequately preserve indigenous knowledge in various formats that can make it accessible for use. The study recommends that libraries should look beyond collection development and show the need for a service that is more relevant to indigenous communities.

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