

PRESERVATION AND USE OF INDIGENOUS KNOWLEDGE IN PRIMARY HEALTHCARE AMONG THE ALTERNATIVE HEALTHCARE PRACTITIONERS IN OYO STATE, NIGERIA

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ABSTRACT

The preservation of indigenous knowledge among the alternative healthcare practitioners is significant in primary healthcare where the use of traditional medicine is widely embraced by the society. Alternative healthcare practitioners play major roles in primary healthcare delivery in some societies like Nigeria and their roles in traditional medicine healthcare system are acknowledged. However, the volumes of existing studies were largely concentrated on examining the use of modern traditional medicinal plants, thus ignoring such valuable aspect concerning its preservation by alternative healthcare practitioners in primary healthcare. This study, therefore, investigated the preservation of indigenous knowledge among the alternative healthcare practitioners in Nigeria.

This paper employed the descriptive survey research design to examining related issues that many scholars are wont to ignore. Stratified random sampling technique was employed to select twenty (20) of the thirty-three (33) local government areas of Oyo State. Twenty(20) respondents were purposively selected from each of the twenty (20) local government areas making a total of four hundred (400) questionnaire, which was administered to them. Data collected was analysed using percentages and Pearson Product Moment Correlation and Multiple Regression statistics. The study covered only Oyo State to represent other parts of Nigeria.

The study argued that alternative healthcare practitioners need to adequately preserve indigenous knowledge in various formats that can make it accessible for future generations. It also established the fact that library and information professionals have not been actively involved in the preservation of indigenous knowledge in primary healthcare.

Keywords: Preservation, Indigenous Knowledge, Primary Healthcare, Alternative Healthcare Practitioners, Nigeria.

1. Introduction

Indigenous knowledge (IK) is an elusive word and no single definition seems entirely satisfactory. Also, the various literatures on IK do not provide a consensus definition of the concept. Nevertheless, there are several traits broadly distinguishing Indigenous knowledge from other knowledge. Several authors have given their definitions on IK and a few of such definitions are given for the purpose of this paper. The term Indigenous or sometimes Traditional Knowledge (TK) refers to that body of knowledge held by people who are not regarded as "developed" as far as modern science and civilization is concerned (Mposhi, Manuyeruke and Hamauswa, 2013). World Health Organisation (2002) define IK as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singly or in combination to treat, diagnose and prevent illnesses or maintain well-being. Similarly, IK is a way of knowing, seeing, thinking and doing things by a community of people over time which has become a part of them and is being orally transmitted from one generation to another. However, these definitions emphasizes the notion that IK is what people hold to be true.

IK is the basis for local decision-making in agriculture, healthcare, food preparation, education, natural resource management and a host of other socio-cultural activities in rural communities (Mabawonku, 2002). Indigenous Knowledge is a set of experiences generated by people living in those communities and it provides problem-solving strategies for local communities, especially for the poor (World Bank, 1998). Undoubtedly, IK has a lot to offer in the quest for sustainable development. Indigenous knowledge is mostly stored in people's minds and passed on through generations by word of mouth rather than in written form and it is vulnerable to rapid change (Sithole, 2006). Indigenous knowledge faces extinction unless it is properly documented and disseminated (World Bank, 1998).

2. Primary Healthcare and Indigenous Knowledge

The holistic conception of health by the World Health Organization (WHO), led to the development of the Primary Health Care (PHC) approach to solving healthcare problems in the world including third World. Furthermore, primary healthcare represents "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full involvement. This approach to healthcare emphasizes the cooperation and involvement of the community as contributors and customers in the healthcare systems (Nigerian Health Review, 2006). This view is reinforced by WHO (2008) that the main component of primary healthcare is community health, which incorporated indigenous knowledge into the scheme of primary healthcare. The primary healthcare approach takes into consideration the belief system of the people and the preference for therapeutic alternatives. The primary healthcare is a most optimistic declaration made by the international community. It is premised on varying cultural background and the belief systems of the people. If care must be provided at a socially acceptable method and technology made universally accessible, it is also likely to be the use of herbs and plants extracted through an ancestral procedure, which constitutes its technology over time. The point is that, traditional medicine has evolved from indigenous knowledge and according to the World Development Report (1998) herbal medicine is a good example of indigenous knowledge, which has affected the lives of people around the globe.

According to Magga (2005) long before the development of modern science, indigenous peoples have developed their ways of knowing how to survive and also of ideas about meanings, purposes and values. IK is a form of knowledge that has always been with the people because it is developed and used by the original inhabitants of an area in their daily life. Historically, it is the root of all knowledge because it was obtained through generations of daily experience and testing over a long period of time-much longer than any of the Western ways of establishing and testing knowledge has existed. Indigenous knowledge systems present cheaper and more affordable solutions to most of the human healthcare problems currently being faced in Zimbabwe and Africa at large (Mposhi, Manyeruke and Hamauswa, 2013). Several studies has affirmed that up to 80% of the world's population depends on traditional medicine for its primary health needs which is the mainstay of primary healthcare for the majority of those in the rural areas in Africa (Jain (2004); Omo (2008); Sackey (2008); Chiota (2010); WHO (2011); The Nation Newspaper (2012) and Odukoya (2012)).

3. The role of libraries in the preservation of indigenous knowledge

One of the fundamental roles of the library is the preservation of information and knowledge for the library user. Traditionally, libraries and archives are custodian of knowledge and cultural heritage; they hold drawings, paintings and other documentary artifacts, including manuscripts, records, books, audiovisual items, etc. (Isah, Bashorun and Omopupa, 2012). Byrne (2008) viewed archives, libraries, and museums as treasuries of Indigenous experience, knowledge and history. Greyling (2010) opine that, as part of social services, public libraries are well positioned to insure free and equal access to information and knowledge. By virtue of their focus on preservation and dissemination of information, they are ideally situated to facilitate the management of knowledge (Snyman & Van Rooi, 2006) and to provide opportunities for individuals in local communities to

acquire the information necessary to make informed decisions. It has been observed that, in order for the contemporary library to meet the social obligation of the library today, it must provide access to information also from the oral, digital and any other media in which it is supplied. Greyling (2010) explained that, whilst libraries elsewhere in the world have been preserving indigenous knowledge for many years (e.g. Smithsonian Institution's Center for Folklife and Cultural Heritage; New York Public Library's Schomburg Center for research in Black Culture) the situation has been different with African libraries. Libraries in Africa were originally designed to serve colonial interests, stocking books of primarily foreign content (Omole, 2002). With the coming of independence to many African states, transformation did not reach the libraries (Sithole, 2006).

Different initiatives have been launched by both government and non-governmental organizations toward collection, preservation and dissemination of IK. Nakata and Langton (2005) maintain that the Library and Information profession has a great deal to learn if they are to effectively meet the information needs of indigenous people and manage indigenous knowledge in an appropriate way. Alemna (2005) corroborates this fact that, Librarians have developed theories, systems and techniques for collection, organizations, preservation and making available, recorded knowledge or documents. Furthermore, IFLA (2008) emphasized the need for libraries to collect, preserve, and disseminate IK, publicize the value, contribution, and importance of IK to both non-indigenous and indigenous people, involving elders and communities in the production of IK and encourage the recognition of intellectual property laws to ensure the proper protection and use of IK.

Although, Okore, et al., (2009) observe that libraries have made progress in the preservation of local culture in paper and digital format, and have promoted the exchange of information. World Commission on Environment and Development (1987:12) in Chisita (2011) echoed similar sentiments as it lamented the threats to traditional lifestyles and called for action to halt an impending catastrophe, "Some traditional lifestyles are threatened with virtual extinction by insensitive development over which the indigenous peoples' have no participation. Their traditional rights should be recognized and they should be given a more decisive voice in formulating policies.

IK is an emerging field in Library and Information Profession and has gained wider acceptance in the present global society which hitherto, has generated a lot of concern on the need for its preservation for posterity, access and use. Joel (2005) viewed that, there is need to strengthen institutions involved in researching into indigenous knowledge to do more work to preserve it. This calls for the motivation of library and information professionals to preserve our cultural values and heritage in the face of globalization, threat and death of the custodian and also, to work closely with Ik practitioners who are custodians of unpublished records and who are also within the purview of Library and Information Science (LIS) of unwritten information. It is in the light of this that this study intends to examine the preservation of Indigenous Knowledge in primary healthcare in Oyo State, Nigeria.

Objectives of the Study:

The main objectives of the study are to:

- find out the demographic variables of the practitioners of alternative healthcare in primary healthcare;
- examine the use of indigenous knowledge in the provision of primary healthcare in Oyo State;
- investigate the methods of preserving indigenous knowledge in primary healthcare among practitioners of alternative healthcare;
- ascertain the direct involvement of library and information professionals in the preservation of indigenous knowledge in primary healthcare.

Methodology

This study adopted a descriptive survey research design. The total population of the alternative health practitioners in Oyo State, Nigeria was 27,000. The State has three Senatorial Districts: Oyo North, Oyo Central and Oyo South. The alternative health practitioners spread across the three Senatorial Districts in Oyo State

which consist of thirty-three Local Government Areas. 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. Purposive sampling technique was then used to select twenty (20) respondents each from the selected Local Government Areas (i.e equal allocation).

The data collected for this study was through the use of a structured questionnaire designed for the purpose. Four hundred copies of the questionnaire (400) were administered and all the four hundred (400) copies distributed were recovered in useable condition. The returned copies of the questionnaire were analysed and interpreted, using frequency count, percentages and the weighted mean.

Population

The population of the study is made up of the alternative health practitioners spread across the three Senatorial Districts in Oyo State which consist of thirty-three Local Government Areas. This includes, the herbalists, midwives, bonesetters, birth attendants, spiritualists and traditional psychiatrists.

Sample and sampling technique

The combination of purposive, stratified, quota and simple random sampling technique was used to select 400 alternative health practitioners from 20 out of the 33 local government areas. 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.

Results and Discussion

This section clarified the demographic features of the respondents (age, gender, number of years of experience, level of education, occupation, religion and area of specialization).

Table 1: Distribution of the respondents in primary healthcare

	Variables	Frequency	Percentage %
Age	21-30 years	35	8.8
	31-40 years	82	20.5
	41-50years	100	25.0
	51-60 years	97	24.2
	Above 60 years	86	21.5
Gender	Male	308	77.0
	Female	92	23.0
Years of experience	5-14 years	105	26.3
	15-24 years	141	35.3
	25-34 years	109	27.3
	Above 35 years	45	11.3
Educational level	Primary education	90	22.5
	Secondary education	109	27.3
	Tertiary education	19	4.8
	Others	1	.3
	No formal education	181	45.3

Occupation	Herbalist	282	70.5
	Midwife	29	7.3
	Bone setters	13	3.3
	Birth attendant	20	5.0
	Spiritualist	41	10.3
	Traditional psychiatrists	15	3.8
Religion	Islam	156	39.0
	Christian	74	18.5
	Traditional	169	42.3
	Others	1	.3
Area of Specialisation	Bone setting	19	4.8
	Maternal health	41	10.3
	Child care	20	5.0
	Family planning	4	1.0
	General health	316	79.0

N=400

The study showed that many of the respondents were old people. In fact, 100 (25.0%) were between ages 41 and 50 years, and not one of them was less than 20 years. The result of the present study is in tandem with those previous studies and it confirms the fact that unless interventions that facilitate preservation for long term access is guaranteed, indigenous knowledge will go into the limbo. Although there were both male and female alternative health practitioners, the result of this study showed that there were are more male alternative health practitioners than females. This shows a male dominated profession.

On the years of experience as alternative healthcare practitioners, majority of the respondents were very experienced in the profession. Also, some of the alternative health practitioners had formal education. The point is that education is important in the proper preservation of indigenous knowledge.

The study also revealed that there were more traditional worshippers as compared to other forms of religion. This study has shown that the alternative health practitioners were into all forms of health practices.

What use is indigenous knowledge in primary healthcare put for among alternative health practitioners?

The use of indigenous knowledge in primary healthcare among practitioners of alternative healthcare in Oyo State is defined by 30 components measured with a scale of 4 items (1=Never used, 2=Fairly used, 3=Used,4=Always used). Descriptive statistics was used to analyse the data collected and the results are presented in Table 2.

TABLE 2: Use of indigenous knowledge in primary healthcare

S\N	Health Challenges/ Diseases/ Illness	Never Used N(%)	Fairly Used N(%)	Used N (%)	Always Used N(%)	MEAN	S.D
1	Pile (Jedi Jedi)	85(21.3)	22(5.5)	137(34.3)	156(39.0)	2.91	1.14
2	Maternal health (itoju obirin)	74(18.5)	22(5.5)	187(46.8)	117(29.3)	2.87	1.04
3	Fever (iba)	83(20.8)	20(5.0)	189(47.3)	108(27.0)	2.80	1.06
4	Menstrual disorder (nkan osu segesege)	93(23.3)	38(9.5)	138(34.5)	131(32.8)	2.77	1.14
5	Oka ori	102(25.5)	18(4.5)	149(37.3)	131(32.8)	2.77	1.16
6	Headache (efori)	83(20.8)	30(7.5)	191(47.8)	96(24.0)	2.75	1.04
7	Stomach pain (inu)	86(21.5)	42(10.5)	182(45.5)	90(22.5)	2.69	1.05

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8	Jaundice (iba panju panto)	82(20.5)	64(16.0)	152(38.0)	102(25.5)	2.69	1.07
9	STD(s) (arun gbajumo)	96(24.0)	40(10.0)	159(39.8)	105(26.3)	2.68	1.11
10	Weak erection (akura)	96(24.0)	43(10.8)	153(38.3)	108(27.0)	2.68	1.11
11	Lakuegbe	111(27.8)	28(7.0)	146(36.5)	115(28.8)	2.66	1.16
12	Skin disease (arun ara)	98(24.5)	39(9.8)	169(42.3)	94(23.5)	2.65	1.09
13	Snake bite (ogbe ejo)	105(26.3)	46(11.5)	141(35.3)	108(27.0)	2.63	1.14
14	Low sperm count (aidape)	103(25.8)	48(12.0)	142(35.5)	107(26.8)	2.63	1.13
15	Yellow sperm	102(25.5)	54(13.5)	132(33.0)	112(28.0)	2.63	1.14
16	Diabetes (ito sugar)	101(25.3)	49(12.3)	177(44.3)	73(18.3)	2.55	1.06
17	Epilepsy (warapa)	120(30.0)	49(12.3)	120(30.0)	111(27.8)	2.55	1.19
18	Mental illness (arun opolo)	124(31.0)	43(10.8)	129(32.3)	104(26.0)	2.53	1.18
19	Asthma (iko ife)	105(26.3)	73(18.3)	147(36.8)	75(18.8)	2.48	1.07
20	Tuberculosis (iko jedo jedo)	104(26.0)	76(19.0)	143(35.8)	77(19.3)	2.48	1.08
21	Rheumatism (arunmolegun)	94(23.5)	83(20.8)	177(44.3)	46(11.5)	2.44	.97
22	Fibroid (oyun iju)	116(29.0)	71(17.8)	158(39.5)	55(13.8)	2.38	1.05
23	Stroke (ropa rose)	118(29.5)	93(23.3)	119(29.8)	70(17.5)	2.35	1.08
24	Hypertension (eje riru)	108(27.0)	92(23.0)	155(38.8)	45(11.3)	2.34	1.00
25	Unwanted pregnancy (oyun airotele)	140(35.0)	98(24.5)	115(28.8)	47(11.8)	2.17	1.04
26	Dislocation (egun yiye)	171(42.8)	67(16.8)	118(29.5)	44(11.0)	2.09	1.08
27	Child care (itoju omode)	185(46.3)	15(3.8)	197(49.3)	3(.8)	2.04	.99
28	Broken bones (egun dida)	181(45.3)	77(19.3)	93(23.3)	49(12.3)	2.03	1.09
29	Convulsion (didaku)	174(43.5)	88(22.0)	134(33.5)	4(1.0)	1.92	.90
30	HIV/AIDS (arun eedi)	219(54.8)	88(22.0)	74(18.5)	19	1.73	.92

N=400

Table 3. Shows what use to which indigenous knowledge is put for by the respondents in primary health care. Pile (Jedi Jedi) (Mean =2.91) ranked highest by the mean score rating and was followed by Maternal Health (itoju obirin) and lastly by HIV/AIDS (arun eedi) (Mean =1.73). The study has shown that indigenous knowledge is used in treating various health challenges in primary health care. This finding corroborates the

opinion of the World Health Organization (2002) that up to 80% of the world's population depend on and use traditional medicine for its primary health needs.

What are the methods of preserving indigenous knowledge in primary healthcare among alternative health practitioners?

Preservation of indigenous knowledge among alternative health practitioners was measured by 10 components with a scale of 2 items (1= Used, 2=Not used). Descriptive statistics was used to analyse the data collected and the results are presented in Table 3

Table 3: Methods of preserving indigenous knowledge among alternative health practitioners in primary healthcare

S/N	Methods of Preserving Indigenous Knowledge	Used N (%)	Not Used N (%)
1	Video taping	315 78.8	85 21.3
2	Gene banks	152 38.0	248 62.0
3	Drawings	324 81.0	76 19.0
4	Story telling and experiential instruction	393 98.3	7 1.8
5	Writing	376 94.0	24 6.0
6	Kept on shelves	311 77.8	89 22.3
7	Slides	203 50.8	197 49.3
8	Photographing	318 79.5	82 20.5
9	Recording audio	382 95.5	18 4.5
10	Digitizing	288 72.0	112 28.0

N=400

As indicated in Table 3, the response to the methods of preserving indigenous knowledge among alternative health practitioners in primary healthcare shows that the highest number of 98.3% preserved it in form of story telling and experiential instruction. This is followed closely by 38.0% respondents who preserved it in gene banks.

Finally, respondents were asked whether library and information professionals were involved in the preservation of indigenous knowledge in primary healthcare.

The involvement of library and information professionals in the preservation of indigenous knowledge in primary healthcare was measured with a scale of 3 items (1= Yes, 2=No, 3= Undecided). Descriptive statistics was used to analyse the data collected and the results are presented in Table 3

Table 4: Involvement of library and Information professionals in the preservation of indigenous knowledge in primary healthcare

Are Library and Information Professionals involved in the preservation of Indigenous Knowledge?	Respondents	Percentage (%)
Yes	0	0.0
No	390	97.5
Undecided	10	2.5

N=400

As indicated in Table 4, the response to the involvement of library and information professionals in the preservation of indigenous knowledge in primary healthcare shows that the highest number of 97.5% responded that information professionals were not involved in the preservation of indigenous knowledge in primary healthcare. This is followed closely by 2.5% who were undecided. From Table 4, it is clear that the library and information professionals have not been involved in the preservation of IK in primary healthcare. This corroborates the finding of Ngulube (2002) that libraries have not been particularly active in managing IK. This view is reinforced by Nakata and Langton (2005) that the library and information profession has much learning to do, to meet the information needs of indigenous people and appropriately manage IK in library and information centres.

Conclusion

Alternative healthcare practitioners used indigenous knowledge to treat health related challenges in primary healthcare. The study found that preservation methods among the alternative health practitioners took the form of story telling and experiential instruction. However, they face some difficulties, such as the need to adequately preserve indigenous knowledge in various formats that can make it accessible for use. This could be attributed to the fact that there is no relationship with the library and information professionals. The study also revealed that library and information professionals have not been particularly involved in the preservation of IK in primary healthcare, but have only emphasized the need to preserve IK in several studies such as (Ngulube, 2002; Anyira, 2010; Nnadozie, 2013).

From the foregoing, it is obvious that preservation of IK is yet to be given urgent attention among the library and information professionals. Unfortunately, lack of direct involvement by library and information professionals in primary healthcare have adversely affected the preservation of IK among the practitioners. This has made Mumba (2002) to describe today's information professionals as "so much of Gutenberg that we have tended to be passive actors, sitting in sterile buildings and whinning about the underutilisation of the treasure we play guardian to". The study concludes that, Library and Information Professionals in Library and Information Centres should cooperate and work closely with IK practitioners who are custodians of unpublished records, who are also within the purview of Library and Information Science of unwritten information to close the gap between the practice of information management by non-professionals who had concentrated mainly on unpublished information resources

The following recommendations are made from the study:

1. Provision of database management, training and support for preserving indigenous knowledge.
2. Library and information professionals through their training and skills can merge effort with the government and other supportive organizations to preserve indigenous knowledge used in the provision of primary healthcare.

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