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February 2018

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Issa, A. O. Dr.; Owoeye, Peter Olufemi Mr..; and Awoyemi, Olubunmi O. Barr., "ATTITUDES AND THE PRACTICE OF DOCUMENTATION OF INDIGENOUS KNOWLEDGE BY THE TRADITIONAL HEALTH PRACTITIONERS IN KWARA STATE, NIGERIA." (2018). *Library Philosophy and Practice (e-journal)*. 1678.
https://digitalcommons.unl.edu/libphilprac/1678

ATTITUDES AND THE PRACTICE OF DOCUMENTATION OF INDIGENOUS KNOWLEDGE BY THE TRADITIONAL HEALTH PRACTITIONERS IN KWARA STATE, NIGERIA.

BY

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Abstract

This paper examines the attitudes and the practice of documentation of indigenous knowledge by the traditional health practitioners (THP) in Kwara State, Nigeria. Indigenous knowledge has been playing significant roles most especially in the primary health of the people in rural areas. This important knowledge is prone to attrition due to non-documentation and the World Bank has warned that if the knowledge is not documented, it will be lost. The study adopted descriptive survey research design and utilized questionnaire to collect data for the study. 30 traditional health practitioners were purposively selected based on their experience for the study. Simple percentage and frequency count were used to analyse the biographic variables while the research questions were answered using means and standard deviation while the hypotheses were tested using Pearson Correlation. The result of the study shows that there were more male traditional health practitioners than female, the higher percentage of them were elderly and highly experienced in the practice. The practitioners had positive

attitudes to documentation of their IK and there is significant relationship between attitudes and documentation of IK. Writing and storytelling are the most prominent practice of documentation and that lock of formal education, fear of loss of ownership of the knowledge, misuse of the documented knowledge among others are challenges facing documentation of Ik in Kwara State, Nigeria. The study concludes that THP should be helped to overcome these challenges so that they will be encouraged to document their IK to prevent it from going into extinction.

Keywords: Attitudes; Documentation; Indigenous knowledge; Traditional Health Practitioners;

Introduction

Merriam-Webster's Online Dictionary (2008) defined attitude as a hypothetical construct that requires an individual's degree of like or dislike for an item. Attitudes are generally positive or negative views of a person, place, thing, or event; Wicker (2010) identified four components that have an impact on attitude. The first is the cognitive components, which refers to the knowledge or intellectual beliefs an individual might have about an object, a person, a thing, or a situation. The second is the feel or affective component, which refers to the emotional connection with an object or a task. The third is the behavioural component, which refers to how a person acts, cognitive, affective and behavioural aspects of attitudes are interrelated. A change in one of the components will set in motion a change in one or more of the others.

Finally we have cognitive dissonance, which is the situation in which the pieces of knowledge, information, attitudes, or beliefs held by an individual are contradictory. When a person experiences cognitive dissonance, the relationship between attitudes and behaviours is altered. Vaughan and Hogg (1995) defined attitude as, 'A relatively enduring organization of beliefs, feelings and behavioural tendencies towards socially significant objects, groups, events or symbols or A general feeling or evaluation (positive/ negative) about some person, object or issue.' Critical evaluation of these definitions revealed that attitudes are positive or negative evaluations or feelings that people have towards other people, objects, issues or events include the general way people feel towards socially significant objects and most attitudes are lasting.

Ngulube, Dube and Mhlongo (2015) defined indigenous knowledge as multifaceted, dynamic, and eclectic know-how that is spiritually, culturally, economically, socially and politically embedded in a unique local geographical context. It is the body of knowledge held by people who are not regarded as developed as far as modern science and civilization is concerned (Mposhi, Manuyeruke & 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. Indigenous knowledge can be expressed in the form of stories, songs, folklore, proverbs, dances, myths, cultural values, beliefs, rituals, community laws, local language and taxonomy, agricultural practices, equipment, materials, plant species and animal breeds (Ondari-Okemwa, 2014).

Indigenous knowledge (IK) of the traditional health practitioners has been playing significant roles in the primary health care in Nigeria. According to Ebijuwa (2015), several studies have affirmed that up to 80% of the world's population depends on traditional medicine for their primary health needs. Ik is the mainstay of primary healthcare for the majority of those in the rural areas in Africa (Jain, 2004; Omo, 2008; Sackey, 2008; Odukoya, 2012). Anyaoku, Nwafor-Orizu and Eneh (2015) observed that there is a general agreement on the gradual extinction of Indigenous Knowledge Systems (IKS) in African communities including traditional medical knowledge, which they attributed partly to colonization that was not positively disposed to anything African and the colonisation of the minds of Africans who were made to perceive everything about them as inferior including their knowledge. IKS has been so important for the survival of the people before western civilisation; it has been widely applied in the areas of health, agriculture, ecosystem, environmental management and entertainment.

There are increasing demands and recognition of indigenous knowledge and its importance in primary health care of people in local communities, little efforts are still being made to document the knowledge by practitioners. Many of them are not positively disposed to documentation of their knowledge and they are very secretive because they want to protect the source of their livelihood. (Galabuzi, 2010). Their lack of adequate mechanism in the form of patent laws for the protection of traditional medicinal knowledge has the potential to negate uncommon herbal plants leaves and roots used by herbalist and hence negate their documentation (Kasilo, 2003). The oral mode of transmission from generation to generation

makes it prone to distortion and the knowledge is in imminent danger of disappearance following that this knowledge is without written records and the old age healers are dying (Weldegerima, 2009). Some studies have been done on documentation of indigenous knowledge in Nigeria, among the recent studies is Ebijuwa, and Mabawonku, (2015), none of these studies have really investigated the attitudes of the traditional health practitioners in Nigeria to documentation of their indigenous knowledge hence this study wants to fill this gap.

Objective of the Study

The objectives of this study are to:

1. investigate the attitudes of traditional health practitioners to documentation of indigenous knowledge in Kwara-State, Nigeria
2. examine the practice of documentation of IK by the traditional health practitioners in Kwara State, Nigeria
3. find out the challenges confronting traditional health practitioners in documentation of IK

Research question

1. What are the attitudes of traditional health practitioners to documentation of indigenous knowledge in Southwest, Nigeria?
2. What is the practice of documentation of IK by traditional health practitioners in Kwara State, Nigeria?
3. What are the challenges facing traditional health practitioners in Kwara State in documentation of IK?

Research Hypothesis

The null hypothesis is tested at 0.05 level of significance.

There is no significant relationship between attitude and documentation of IK by the traditional health practitioners.

Review of Related Literature

Attitudes to documentation of Indigenous Knowledge (IK) are the positive or negative feeling and dispositions of the traditional health practitioners(THP) to recording their knowledge of traditional health care either in a written, audio, video, database and any other means. Traditional health practitioners are usually farmers, hunters, fishermen and timber workers predominantly males usually above 50 years of age. Transfer of knowledge and skills of the practice are mainly through family inheritance, only very few practitioners developed their skills through apprenticeship. Most of the THPs lack formal education or partially educated but in recent times, some educated persons are developing interest in the profession (Ibrahim, Muazzam, Jegede, Kunle and Okogun, 2007).

The oral nature together with the oral mode of transmission of IK is one of the reasons why some of the practitioners are still showing negative attitudes towards documentation of their knowledge. Some THPs when they document their knowledge, still deliberately skip out some things because of their belief that the knowledge should be preserved in the memories of elders and thus gradually disappearing due to memory lapses and death (Lwoga, Ngulube, & Stilwell, 2010). The knowledge in some cases belongs to individual, family and entire community. It is believed that when such is documented, they have lost their individual, family or community heritage thereby making them to be secretive about their IK. Some traditional healers will not even divulge their IK on healing to outsiders and even to some members of their family most especially their daughters to prevent their knowledge from being transmitted to other families after marriage (Tabuti & Damme, 2012).

IK holders may be because they have experienced the pain of losing valuable knowledge inherited from their fore fathers are now clamouring for establishment of databases to document their IK (World Indigenous Peoples' Conference on Education, 1999). In Australia, some aboriginal communities have expressed the view that one of the main reasons for their support of a database is to ensure the transmission of their knowledge to future generations. As elders pass away and the younger generations lack an interest in learning and transmitting IK, databases are viewed as a tool that could be used to perpetuate their ancestors' knowledge (Christie, 2004). Some indigenous women have called upon the Parties to the Convention on Biological Diversity held in Spain to provide adequate structural, technical and financial support to document and preserve women's knowledge of biological diversity. This request revealed the willingness of some indigenous peoples to

document their knowledge for preservation purposes (Indigenous Women's Biodiversity Network, 2000).

Documentation of indigenous knowledge can be done using both traditional method of writing to employing technology. Tagle (n.d.) opined that indigenous peoples are interested in using digital technologies in their cultures. The call for documentation by them as a response to the disappearance of their knowledge expresses their desire to use technology as a way to meet their own needs and solve their internal/cultural problems. Some indigenous are increasingly employing technology to document and protect their intellectual property rights, for example, the Subanen community in the south of the Philippines used encryption tools, differential levels of access rights and copyright in the documentation project of their IK (UNEP, 2005).

Indigenous knowledge could be documented in different ways ranging from writing in books, to using both simple and complex technologies for the documentation. International Institute of Rural Reconstruction (IIRR) reported that Agricultural Indigenous Knowledge (AIK) could be documented in form of descriptive texts such as reports, inventories, maps, matrices and decision trees; audiovisuals such as photos, films, videos or audio cassettes as well as dramas, stories, songs, drawings, seasonal pattern charts, daily calendars and so on. It could also be stored in local communities, databases, card catalogues, books, journals and other written documents, audiovisuals and museums (Abioye, Zaid and Egberongbe, 2011). Makinde and Shorunke (2013) were of the opinion that IK of Nigerian needs to be codified into print and electronic formats both audio and video to make it widely accessible through the global information infrastructure. Ebijuwa and Mabawonku (2015) in a study conducted in Oyo-State Nigeria found that THPs were documenting their indigenous knowledge by writing in a book, audio recording, videotaping, drawing, photographing and storytelling.

There are challenges facing documentation of IK most especially in developing countries. Lwoga, Ngulube, and Benson (2008) identified poor attitudes, knowledge culture and personal characteristics (age, gender, status, wealth, political influence). Lack of former education and poor technological know-how (Msuya, 2007); fear of misuse (World Intellectual Property Organization, n.d.); lack of proper coordination of the documentation (Sithole, 2006); structure of libraries and documentation centers in Africa as one of the barriers to documentation and effective management of indigenous knowledge (Nyana, 2009). Validation of the knowledge and The inadequacies of many property rights

instrument to appreciate the communal nature of IK, and their focus on the economic value of information have failed to protect IK.

Research Methodology

The study adopts a descriptive research of the survey type, Purposive sampling techniques was used to select traditional health practitioners based on their age, length of practice and their competence in practice which was attested to by the people in their communities. 30 traditional health practitioners were selected in Kwara State, Nigeria for this study, the instrument used for the study is a self-constructed questionnaire tagged "Attitudes, and the Practice of Documentation of Indigenous Knowledge" (APDIK), the instrument was divide into four sections , Section A deals with the biographic variables of the respondents, Section B is on attitudes to documentation of IK and it contains 14 items. Section C is on the practice of documentation of IK by the practitioners with 10 items while Section D is on the challenges of documentation of indigenous knowledge. Demographic variables of the respondents were analysed using simple percentage; the research questions were answered using descriptive statistics such as means and standard deviation while the hypothesis was tested using inferential statistics (Pearson Correlation).

Result

Table 1: Demographic variables of traditional health practitioners

Demographic variables	***Frequency***	***Percentage***
Gender		
Male	18	60.0
Female	12	40.0
Age		
21- 30	03	10.0
31- 40	03	10.0
41- 50	03	10.0
51- 60	03	10.0
61 and above	18	60.0
Marital status		
Single	03	10.0
Married	27	90.0

Years of experience		
5- 14	03	10.0
15- 24	03	10.0
25- 34	06	20.0
Above 34	18	60.0
Highest educational qualification		
Primary	12	40.0
Secondary	09	30.0
Tertiary	03	10.0
No formal education	06	20.0
Occupation		
Herbalists	06	20.0
Midwives	12	40.0
Bone- setters	09	30.0
Traditional Psychiatrists	03	10.0
Religion		
Islam	09	30.0
Christian	15	50.0
Traditional	06	20.0
Area of specialization		
Bone- setting	03	10.0
Maternal health	09	30.0
Child care	09	30.0
Family planning	06	20.0
General health	03	10.0

Source: Field Survey, 2017

Table 1 shows that 60% of the total respondents were male while 40% were female. Distribution of the respondents according to age reveals that 10% of the respondents were between age 21-30years, 10% were between 31- 40years age range, 10% within 41- 50years bracket, 10% were between 51- 60years while 60% of the sample, which constitutes the majority, were 61years and above. The table also affirms that 10% of the respondents were single while 90% were married. 10% had 5- 14 years of experience, 10% had 15- 24 years of experience, 20% had 25- 34 years of experience and 60% had 34 years and above years of experience. Educational distribution of the respondents shows that 40% were holders of primary school certificate, 30% had secondary education, 10% had tertiary education while 20% had no formal education. 20% of the respondents were herbalists, 40% were midwives, 30% were bone-setters and 10% traditional psychiatrists. From the respondents, 30% were Muslims, 50% were Christians and 20% were traditionalists. The table also reveals that 10% of the respondents specialized in bone- setting, 30% specialized in maternal health, 30% specialize in child care, 20% specialized in family planning and 10% specialized in general health.

Research Question 1

What are the attitudes of traditional health practitioners to documentation of indigenous knowledge in Kwara State, Nigeria?

Table 2: Attitudes of traditional health practitioners to documentation of indigenous knowledge in Kwara State, Nigeria.

S/N	***ITEMS***	***SA***	***A***	***N***	***SD***	***D***	**Mean**	**Std. Dev.**
1	I have a record of my indigenous practice	15 50%	-	03 10%	12 40%	-	3.60	1.453
2	The knowledge is from our fathers and must not be written down	15 50%	03 10%	-	12 40%	-	3.70	1.442
3	Writing our indigenous health practices will make other people to have access to it	25 83.3%	-	01 3.3%	04 13.3%	-	4.53	1.074
4	Documenting alternative health care knowledge will make us lose our customers	09 30%	-	-	20 66.7%	1 3.3%	2.87	1.432
5	Alternative health care knowledge was transferred to me by my forefathers and other people must not know about it	2 6.7%	-	04 13.3%	24 80%	-	2.33	.802
6	It is a taboo to document the knowledge I am using to alternative healthcare	-	-	1 3.3%	29 96.7%	-	2.03	.183
7	The medicine will not work if people are exposed to the knowledge	06 20%	-	-	24 80%	-	2.60	1.221
8	It is important to document alternative healthcare knowledge	23 76.7%	-	1 3.3%	06 20%	-	4.33	1.241
9	Lack of documentation has led to loss of practices use by our fore fathers to cure illness	27 90%	-	3 10%	-	-	4.80	.610
10	I feel comfortable writing down my alternative healthcare knowledge	30 100%	-	-	-	-	5.00	.000
11	I always want others to know the knowledge I am using for my practice	25 83.3%	-	01 3.3%	04 13.3%	-	4.53	1.074
12	The knowledge was handed over to me orally and that is how I will hand it over to my children	09 30%	-	03 10%	18 60%	-	3.00	1.365
13	There is an urgent need to document indigenous knowledge to prevent it from extinction	24 80%	03 10%	-	03 10%	-	4.60	.932
14	Indigenous knowledge is not relevant today and there is no need for documentation	15 50%	-	03 10%	12 40%	-	3.60	1.453

15	Modern methods such as tape recording, video, databases among others should be used to document our indigenous knowledge.	21 70%	-	03 10%	03 10%	03 10%	4.10	1.470

Source: Field Survey, 2017

The table above shows that 50% of the respondents strongly agreed that they have a record of their indigenous practice, 10% were not sure while 40% strongly disagreed. Another 50% of the respondents also strongly agreed that the knowledge is from their fore-bearers and must not be written down, 10% agreed while 40% strongly disagreed, 83.3% strongly agreed that writing our indigenous health practices will make other people to have access to it, 3.3% were not sure while 13.3% strongly disagreed. About 30% strongly agreed that documenting alternative health care knowledge will make us lose our customers while 66.7% strongly disagreed and 3.3% disagreed. The total respondents that strongly agreed that the alternative health care knowledge was transferred to me by my forefathers and other people must not know about it were 6.7%, 13.3% were not sure while 80% strongly disagreed. 3.3% of the respondents were not sure if it is a taboo to document the knowledge use in alternative healthcare while 96.7% strongly disagree.

Respondents that strongly agree that the medicine will not work if people are exposed to the knowledge were 20% while 80% strongly disagreed, 76.7% strongly agree that it is important to document alternative healthcare knowledge, 3.3% were not sure while 20% strongly disagreed. Another 90% strongly agreed that lack of documentation has led to loss of practices use by our fore fathers to cure illness while 10% were not sure. The respondents that strongly agreed that they feel comfortable writing down their alternative knowledge were 100%, 83.3% strongly agreed that they always want others to know the knowledge I am using for my practice, 3.3% were not sure while 13.3% strongly disagreed. Another 30% strongly agree that the knowledge was handed over to them orally and that is how I will hand it over to my children, 10% were not sure while 60% strongly disagreed.

The highest proportion of respondent 80% strongly agreed that there is an urgent need to document indigenous knowledge to prevent it from extinction, 10% agree while 10% were not sure. Another 50% of the total respondents strongly agreed that indigenous knowledge is not relevant today and there is no need for documentation, 10% were not sure while 40% strongly disagreed. Modern methods such as tape recording, video, database among others should be used to document our indigenous knowledge 70% strongly agreed, 10% were not sure while 10% strongly disagreed and 10% disagreed.

With a cut off mean of 3.00 for the rating scale, Items 1, 2, 3, 8, 9, 10, 11, 12, 13, 14 and 15 had mean scores above 3.00. This implies that keeping record of indigenous practice, documentation of ancient knowledge, writing of indigenous health practices for easy accessibility by people, documentation of alternative healthcare knowledge, preventing loss of practice through documentation among others are attitudes of traditional health practitioners to documentation of indigenous knowledge in Kwara State, Nigeria.

Research Question 2

What are the practice and methods of documentation of indigenous knowledge by the traditional health practitioners in Kwara State, Nigeria?

Table 3: Practice and methods of documentation of indigenous knowledge by the traditional health practitioners in Kwara State, Nigeria

S/N	***ITEMS***	***SA***	***A***	***N***	***SD***	***D***	**Mean**	**Std. Dev.**
1	Writing in a book	21 70%	-	-	09 30%	-	4.10	1.398
2	Story telling	15 50%	-	-	15 50%	-	3.50	1.526
3	Gene bank	03 10%	-	-	27 90%	-	2.30	.915
4	Audio recording	-	-	-	30 100%	-	2.00	.000
5	Video taping	03 10%	-	-	27 90%	-	2.30	.915
6	Drawing	-	-	-	30 100%	-	2.00	.000
7	Photographing	-	-	-	30 100%	-	2.00	.000
8	Compact disc	03 10%	-	-	27 90%	-	2.30	.915
9	Database	-	-	-	30 100%	-	2.00	.000
10	Digitizing	09 30%	-	-	21 70%	-	2.90	1.398

Source: Field Survey, 2017

The table above shows that 70% of the total respondents strongly agree that writing in a book is a method used in documenting their indigenous knowledge while 30% strongly disagree. Another 50% of the respondents strongly agree that story telling is a method of documenting their indigenous knowledge while 50% strongly disagree. Respondents that strongly agree that Gene bank is a method of documenting their indigenous knowledge were

10% while 90% strongly disagreed. Another 100% of the respondents strongly disagreed that Audio recording is a method of documenting their indigenous knowledge. Lower proportion of the respondents 10% strongly agree that videotaping is a method of documenting their indigenous knowledge while 90% strongly disagreed.

All the respondents 100% strongly disagreed that drawing is a method of documenting their indigenous knowledge while another 100% of the respondents strongly disagreed that photographing is a method of documenting their indigenous knowledge. Few of the respondents 10% strongly agree that compact disc is a method of documenting their indigenous knowledge while 90% strongly disagreed. Another 100% of the respondents strongly disagreed that database is a method of documenting their indigenous knowledge. 30% strongly agree that digitizing is a method of documenting their indigenous knowledge while 70% strongly disagreed.

Using a cut off mean of 3.00 for the rating scale, writing in a book (mean =4.10) and storytelling (mean =3.50) are prominent practices and methods of documentation of indigenous knowledge by the traditional health practitioners in Kwara State, Nigeria.

Research Question 3

What are the challenges of documentation of indigenous knowledge among traditional health practitioners in Kwara State, Nigeria?

Table 4: Challenges of documentation of indigenous knowledge among traditional health practitioners in Kwara State, Nigeria

S/N	***ITEMS***	***SA***	***A***	***N***	***SD***	***D***	**Mean**	**Std. Dev.**
1	Lack of formal education	15 50%	-	-	15 50%	-	3.50	1.526
2	Traditional belief/ Taboo	-	-	-	30 100%	-	2.00	.000
3	Fear of loss of ownership of the knowledge	12 40%	-	-	18 60%	-	3.20	1.495
4	Misuse of the documented knowledge	15 50%	-	-	15 50%	-	3.50	1.526
5	Fear of loss of livelihood	9 30%	3 10%	-	18 60%	-	3.10	1.398
6	Computer illiteracy	21 70%	3 10%	3 10%	3 10%	-	4.40	1.037
7	Lack of finance for documentation	9 30%	-	3 10%	18 60%	-	3.00	1.365
8	Feelings that the knowledge is not relevant today and no need for documentation	12 40%	-	3 10%	15 50%	-	3.30	1.442

9	Lack of government support for indigenous knowledge	18 60%	-	-	12 40%	-	3.80	1.495
10	Lack of proper recognition for indigenous knowledge and the knowledge holders	18 60%	-	-	12 40%	-	3.80	1.495
11	Lack of experts to help in documentation	9 30%	6 20%	-	15 50%	-	3.30	1.368
12	Overdependence on oral method of transmission	18 60%	3 10%	-	9 30%	-	4.00	1.365
13	Younger generation is not showing interest in indigenous knowledge	24 80%	-	3 10%	3 10%	-	4.50	1.042
14	There is no agency to coordinate documentation of indigenous knowledge in Nigeria	21 70%	-	3 10%	6 20%	-	4.20	1.270
15	Individualistic nature of indigenous knowledge	18 60%	-	3 10%	9 30%	-	3.90	1.398

Source: Field Survey, 2017

From the table above, 50% strongly agreed that lack of formal education is a challenge facing documentation of indigenous knowledge while 50% strongly disagreed. 30% of the respondents strongly disagreed that traditional belief/ taboo is a challenge facing documentation of indigenous knowledge. Another 40% of the total respondents strongly agreed that fear of loss of ownership of the knowledge is a challenge facing documentation of indigenous knowledge while 60% strongly disagreed. Half of the respondents 50% strongly agreed that misuse of the documented knowledge is a challenge facing documentation of indigenous knowledge while 50% strongly disagreed.

Respondents that strongly agreed that fear of loss of livelihood is a challenge facing documentation of indigenous knowledge were 30%, 10% agreed while 60% strongly disagreed. Another 70% strongly agreed that computer illiteracy is a challenge facing documentation of indigenous knowledge, 10% agreed, 10% were not sure while 10% strongly disagreed, 30% strongly agreed that lacks of finance for documentation, 10% were not sure while 60% strongly disagreed. Another 40% strongly agreed that feelings that the feelings that the knowledge is not relevant today and no need for documentation, 10% were not sure while 50% strongly disagreed. Highest percentage of respondents 60% strongly agree that lack of government support for indigenous knowledge is a challenge facing documentation of indigenous knowledge while 40% strongly disagree. Lack of proper recognition for indigenous knowledge and knowledge holders is a challenge facing documentation of

indigenous knowledge were strongly agreed to by 60% of the respondents while 40% strongly disagree.

Another 30% strongly agreed that lack of experts to help in documentation is a challenge facing documentation of indigenous knowledge, 20% agreed while 50% strongly disagreed. Highest proportion of the respondents 60% strongly agreed that overdependence on oral method of transmission is a challenge facing documentation of indigenous knowledge, 10% agreed while 30% strongly disagreed. Another 80% of the total respondents strongly agreed that younger generation is not showing interest in indigenous knowledge, 10% were not sure while 10% strongly disagreed, 70% of the respondents strongly agreed that there is no agency to coordinate documentation of indigenous knowledge in Nigeria is a challenge facing documentation of indigenous knowledge, 10% were not sure while 20% strongly disagreed. Highest proportion of the respondents 60% strongly agreed that individualistic nature of indigenous knowledge is a challenge facing documentation of indigenous knowledge, 10% were not sure while 30% strongly disagreed.

Using a cut off mean of 3.00 for the rating scale, Items 1,3,4,5,6,7,8,9,10,11,12,13,14 and 15 had mean scores above the cut-off. This implies that lack of formal education (mean= 3.50), fear of loss of ownership of the knowledge (mean=3.20), misuse of the documented knowledge (mean=3.50), fear of loss of livelihood (mean=3.10), computer illiteracy (mean=4.40), lack of finance for documentation(mean=3.00), feelings that the knowledge is not relevant today and no need for documentation (mean=3.30), lack of government support for indigenous knowledge (mean=3.80), lack of proper recognition for indigenous knowledge and the knowledge holders (mean=3.80), lack of experts to help in documentation (mean=3.30), overdependence on oral method of transmission(mean=4.00), lack of interest in indigenous knowledge by younger generation (mean=4.50), no agency to coordinate documentation of indigenous knowledge in Nigeria (mean=4.20) and Individualistic nature of indigenous knowledge (mean=3.90) are challenges of documentation of indigenous knowledge among traditional health practitioners in Kwara-State, Nigeria.

Research Hypothesis

There is no significant relationship between attitude and documentation of IK by the traditional health practitioners.

Table 5: Pearson Correlation showing Relationship between Attitude and Documentation of IK.

Variables	N	Mean	SD	R	P
Attitude towards documentation	30	55.63	2.632	0.536*	0.002
Documentation of Indigenous knowledge	30	27.50	5.829		

***p<0.01**

The result in Table 5 reveals that there is significant relationship between attitude and documentation of Indigenous knowledge (r= 0.536; p<0.01). The null hypothesis is rejected. This implies that there is significant relationship between attitude and documentation of Indigenous knowledge. Attitudes of traditional health practitioners to documentation will determine whether such will document his/her traditional health knowledge. A practitioner with positive attitudes to documentation of his IK will document it while those with negative attitudes will never document their IK.

Discussion of the findings

There were more male and female traditional health practitioners, the result of this study showed that there were more male alternative healthcare practitioners than females in our sample. The study supports the submission of Kafaru (1998) (cited in Olatokun, 2010) who posited 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 the practice. This explains the dominance of the male gender in the practice and also corroborates earlier findings of Ebijuwa and Mabawonku (2015) with 77% male and 23% female. The age of the practitioners revealed that the highest numbers of practitioners were within the age bracket of 60 years and above while the younger ones were very few.

The elderly are the custodian of IK that is why it is being threaten; the younger generations are not really showing interest in IK that is one of the reasons why it is prone to attrition. With regard to the number of years of experience as traditional healthcare practitioners, majority of the respondents are very experienced in the profession which corroborate the earlier findings of Ebijuwa and Mabawonku (2015) where 73.9% had 15years experience and above. Indigenous knowledge has been described as unique to a given community, culture or society because it is borne out of experience carefully built over a long period of testing and experimentation (Das Gupta and Saha, 2009). The more experienced the practitioner, the more confidence the people will have in him.

The findings of the study revealed that traditional health practitioners in Kwara State have positive attitude to documentation of their indigenous knowledge. They believed that documentation of indigenous practice in form of writing and other methods will prevent the knowledge from going into extinction. The study also found that writing in books and storytelling are most prominent practices and methods of documentation of indigenous knowledge by the traditional health practitioners in Kwara State, Nigeria. This finding also corroborated the earlier finding of Ebijuwa and Mabawonku (2015) where writing in book was the most prominent method of documentation among practitioners in Oyo-State, Nigeria. The practitioners have not been taking the advantage of modern technology for the documentation of their knowledge which may be attributed to the level of their education and ICT competence. Librarians and other experts in documentation should take of the challenge of educating the IK practitioners of the need to employ technology most especially their mobile phones which can be used for audio recording and take photography of their IK to prevent it from going into extinction.

Documentation of IK is still being faced with some challenges as revealed by this study among which are lack of formal education, fear of loss of ownership of the knowledge, misuse of the documented knowledge, fear of loss of livelihood, computer illiteracy, lack of finance for documentation, feelings that the knowledge is not relevant today and no need for documentation, lack of government support for indigenous knowledge and lack of proper recognition for indigenous knowledge among others. Concerted efforts should be made tackle these challenges to prevent the traditional health knowledge from being lost. The finding of this study also reveal that there is significant relationship between attitude and documentation of indigenous knowledge, when a practitioner has a positive attitude to documentation of their knowledge that will propel him or her to document the knowledge even if such is not literate. It will be very easy for such individual to engage the service of literate people to document the knowledge while those with negative attitudes to documentation of their IK will not get them documented due to fear of misuse or for other parochial reasons.

Conclusion

Indigenous knowledge is important hence there is an urgent need to prevent it from going into extinction by making efforts to get the knowledge documented. From the study, it was clearly shown that the traditional health practitioners in Kwara State have positive attitude to documentation of their indigenous knowledge and the form of documentation prominent

among them are writing and storytelling. They have not been able to take full advantage of modern technology to perpetuate their knowledge and make it accessible to people. Practitioners are still facing a lot of challenges in documenting their knowledge as revealed by this study, therefore efforts should be made by government and information professionals to tackle these problems so that those who have been documenting can improve on it while those who are still sceptical can start to document. Efforts should be made to help the knowledge holders who are ready to document their knowledge to protect their intellectual property rights; through this, the fear of loss of ownership and loss of the means of their livelihood would have been resolved.

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