

3-15-2016

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filson, christopher k. mr and Arthur, Paulina Afful Mrs, "Knowledge Management in Indigenous Medicine: the Expected Role of Ghanaian University Libraries" (2016). *Library Philosophy and Practice (e-journal)*. 1388.  
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# **Knowledge management in indigenous medicine: the expected role of Ghanaian university libraries**

**By**

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## ***Abstract***

***Purpose:*** The main objective of this study is to find out the current way of preserving and disseminating information on indigenous medicine in Ghanaian university libraries.

***Methodology:*** The authors adopted the descriptive survey design, with the combination of purposive and simple random sampling technique to select the respondents. Para-professional and professional librarians and indigenous medicine practitioners were the major respondents. Two data collection instruments were used; namely questionnaire and interview. Quantitative data collected were analysed using simple tables with frequencies and percentages, while qualitative data were analysed thematically.

***Findings:*** Some of the findings are that apart from the Library of Kwame Nkrumah University of Science and Technology the remaining university libraries have little information resources on indigenous medicine since most of them have never thought of gathering documents on indigenous medicine. In addition, the study also indicated that some indigenous medicine practitioners want to keep to what they know, for fear of losing their intellectual property right others.

***Originally:*** Although a great deal has been written about the importance of knowledge management relatively little attention has been paid to how knowledge creation process of

*indigenous healthcare can be managed, hence the need for the university library which serves as a repository of knowledge transmission to assist in the dissemination of knowledge on indigenous medicine.*

**Keywords:** *Indigenous medicine, University libraries, knowledge management, information dissemination*

## **Introduction**

Indigenous knowledge is considered to be the knowledge held in the minds of people which is less developed but keeps the sustenance of the community. It is the basis for self-sufficiency and self determination and provides alternatives to western technologies. It has been noted that loss of traditional, cultural and customary gap comes about as a result of lack of the right procedures of indigenous knowledge management. The risk of losing what is in the minds of individual is high; hence to ensure continuity of indigenous knowledge, proper knowledge management is required. According to Davenport (1994), knowledge management is “the process of capturing, developing, sharing, and effectively using organisational knowledge” on the other hand, it is the ways and means to notice, locate, disseminate or share an organisational or individual intellectual property. Indigenous medicine is an alternative medicine used in diagnosis, treatment and prevention of sicknesses in most societies. Specialists in this area include herbalists, traditional health attendants, and diviners amongst others. Unfortunately, some of the works of these practitioners are not documented.

Although a great deal has been written about the importance of knowledge management, relatively little attention has been paid to how knowledge creation process of indigenous healthcare can be managed, hence the need for the university libraries which serve as a

repositories of knowledge transmission to assist in the dissemination of knowledge on indigenous medicine. The library's interaction with the environment together with the means by which it creates and distributes information and knowledge should be critically looked at when it comes to indigenous medicine.

Indigenous medicine management activities are part of the culture and tradition of the community. Indigenous medicine is not static; the contemporary orthodox medicine has influence on it (Cajete, 2000, Abbot, 2014 and Ebijuwa and Mabawonku, 2015, pp 58-67) believe that the documentation of indigenous knowledge could reduce the incidence of indigenous knowledge loss. In Ghana, most people depend on the use of various plant species and other substances to treat diseases. According to the World Bank (1998), indigenous knowledge in general faces extinction if it is not properly documented. University libraries need to be proactive as far as the preservation and dissemination of scientific, indigenous and cultural information are concerned (IFLA, 2008).

### ***Problem statement***

In Ghana, indigenous healthcare play a major role in health delivery, where medicinal plants, animals and charms are used to cure diseases. This treatment is sometimes complimented with physical, psychological and spiritual aspects. There is no society without indigenous knowledge in medicine; hence this form of knowledge is essential for socio-economic development. International Federations of Library Associations (2008) stated that indigenous knowledge is the basis for decision making, and that Adeniyi et..al (2013), also buttressed this statement by asserting that a greater part of the world population depends on indigenous medicine for survival.

Unfortunately, as noted by Adeniyi et.al (2013), African indigenous knowledge is poorly managed as a result, some of the ideas vanish once the custodians die. It must be noted that in Ghana, culture is orally transmitted and that little is being done to preserve indigenous knowledge in traditional medicine. The main problems negatively affecting traditional medicine in Ghana are; lack of records on practitioners including their qualifications, registration, educational background, inappropriate premises for practice, inadequate record keeping by practitioners, inadequate facilities for diagnosis of diseases, and the use of sub-standard products.

The advent of information technology which should have facilitated the preservation process had rather negatively affected transmission of indigenous knowledge in traditional medicine. Also, academic libraries tagged with the role of managing and transmitting all forms of information and knowledge seem not to be bothered about indigenous medicine. As a result, the development of indigenous medication is not as fast as orthodox medicine and this serves as a major setback to the necessary ingredients of socio-economic development. Thus, the key problem the study seeks to address is to ascertain and examine which management and dissemination practices should be carried out by academic libraries so that indigenous knowledge of traditional medicine could be preserved and transmitted as noted by IFLA (2008).

### ***Objective***

The main objective of this study is to find out the current way of preserving and disseminating indigenous medicine if any and the expected role Ghanaian university libraries can play to preserve and disseminate the knowledge involved generated so that this kind of healthcare will be sustained.

### ***Brief background of Government's involvement in indigenous medicine in Ghana***

It has been the policy of the Government of Ghana to encourage the continued development and research in traditional medicine so in 1961 the Ghana Psychic and Traditional Healers Association was formed. In 1975 the government established the Centre for Scientific Research into Plant Medicine in Mampong Akuapem, and charged with the responsibility of carrying out research and development activities in herbal medicine . Again, in 1991 the government established a Unit within the ministry of health to coordinate the activities of traditional; this was followed by the setting up of the Food and the Drugs Board in 1992. In 2000, the then government enacted the Traditional Medical Practitioners Council Act 575 for the establishment of Traditional Medicine Council. In 2001, a Bachelor of Science in Herbal Medicine was introduced at the Faculty of Pharmacy, Kwame Nkrumah University of Science and Technology (Asare, 2015).

In 2012, Clinical Herbal Medicine Practice was integrated into the main healthcare delivery system in Ghana, through the effort of the Ghana Association of Medical Herbalists (GAMH). Currently, GAMH is advocating for the National Health Insurance Scheme to cover herbal treatments. Since there is high patronage of the indigenous medicine for many reasons as trust, proximity, cost and mode of payment

Currently, the Centre for Scientific Research into Plant Medicine in Mampong Akuapem, produces its own herbal medicines and runs an out-patient clinic which treats more than 16,000 patients a month (Owusu-Ansah, 2014). Despite the role played by indigenous medicine in Ghana, studies have shown that inadequate knowledge among a section of the general public

about the benefits, efficacies and capabilities of indigenous medicine could negatively affect that sector of medicine.

### *Review of related literature*

#### *Creation and management of Knowledge*

Information and knowledge are used interchangeably and this is so because knowledge is created and organised by the flow of information. This means that information is a necessary medium or material for initiating and formalising knowledge. Knowledge can be analysed based on syntactic and semantic perspectives. The syntactic aspect does not really capture the meaning of the information unlike the semantic aspect hence in knowledge creation the semantic aspect is mostly considered (Nonaka, 1994, p.14). The key difference between information and knowledge is that knowledge points out the action that should be taken whilst information is the processed data.

There are basically, two main forms of knowledge and are explicit and tacit knowledge. The explicit knowledge is the form that can be transferred to another person. It includes things that can easily be passed on to someone by teaching it or putting it into a database or a book, whilst tacit knowledge is personal and very difficult to pass on to others. Tacit knowledge is gained through experience and through continuous activities. It is less quantifiable and it is often learned by experience. It is a stuff you know, but do not necessary know that you know. Due to this characteristic of tacit knowledge most organizations or societies sees it as the hurdle for development (Durham, 2004).

Knowledge management is the practice of organizing, storing and sharing vital information so that everyone can benefit from its use. It increases innovation and creates more powerful

workforce and enhances productivity. According to Davenport (1994), knowledge management is a discipline that enhances an integrated approach to identifying, capturing, evaluating, retrieving and sharing all of an organisation's information assets. These assets may include databases, documents, policies, procedures and experiences of individual workers

The emergence of information and communication technology has repositioned the frontiers of university library resources, operations, and services as well as expectations of user groups. The concept of knowledge management were started and popularised in the business world during the later part of the 20<sup>th</sup> century, however the preservation of information and knowledge have been regarded as the task of librarians and libraries (Hwa-Wei, 2005).

Knowledge is essential to enhance development, so at a higher level the university library may offer specialised information that has been consolidated and repackaged as currently performed by the Ghana Standard Authority and the Council for Scientific & Industrial Research and Noguchi Memorial Institute for Medical Research. Libraries of these institutions can partner with the university libraries in the creation, preservation and dissemination of indigenous knowledge in medicine (Policy Guideline on Traditional Medicine Development in Ghana, 2005).

Africa produces a lot of indigenous information and knowledge relevant to development so Chisenga (2002, p. 16) opines that it is high time such information and knowledge are harnessed, repackaged and added to the global information infrastructure. Lwoga (2011, p. 409) also believes that lack of cohesive approach for managing knowledge suppresses the effort of the less privileged.

### *The role of academic libraries in this modern era*

University libraries are established essentially to be custodians of information in the academic setting; they are expected to provide standard information resources. However, the global economic crisis coupled with advanced technology has served as a challenge to the smooth operations of these libraries.

To Eisenberg (1990), a library is essential for any university because it acts as a focal point for teaching, learning, and research; it is expected to provide standard information resources. Today, university libraries are struggling to keep their place as the major source of inquiry in the face of emerging digital technology (Aina, 2004). University libraries no longer restrict themselves to their traditional services such as collection development and management, cataloguing and classification, circulation and reference services, current awareness and other bibliographic services, but have extended their efforts to interdisciplinary concepts (Lombardi, 2000).

As observed by Campbell (2006, p.17), numerous creative and useful services have evolved within academic libraries: providing quality learning spaces, creating information, choosing resources and managing them, collecting and digitizing archival materials, and maintaining digital repositories. Academic libraries presently are faced with not only the decision on what books and journals to acquire to satisfy users, but also on how to remain relevant. The consequence is repositioning of their resources, operations, services and the skills of the professionals manning them. Resources today occur in hybridized form: print and electronic, and therefore services provided and skills possessed by professionals in these libraries should reflect that trend (Crow, 2002: (Cisse 2004).

Users of university libraries are now looking for librarians who can help them identify the resources they would use for their academic work, and that librarians of university libraries can be true friends of library patrons by assisting them to go through their academics, businesses, project work, etc. It is with this reason that, the collection management practices of every university library is crucial (Dilevko, 2013, pp. 4-6). This is one of the activities that are undertaken by all university libraries to ensure that the right information resources are made available for library users (Kumar, 2012).

According to Alemna (2005), if care should be taken to promote and make indigenous medicine acceptable then, libraries need to play a leading role in harnessing knowledge on indigenous medicine. The mode of operations of traditional healthcare should be exposed through documentation and readiness to make information available since in the view of the World Health Organisation (2008) the main component of primary healthcare is community health, which incorporates indigenous knowledge into the scheme of primary healthcare. Greyling (2010) noted that while libraries in some developed countries preserve indigenous knowledge, the situation is different in Africa. That is why in the opinion of Alemna (2005), theories developed by librarians for collection; organisation, preservation and dissemination of other information resources can be applied to the collection and management of indigenous knowledge in all fields of endeavour.

Though indigenous knowledge is an emerging field in library science, Joel (2005) believes that libraries have a pivotal role to play since they constitute one of the significant agents of formal education. In Africa most herbal practitioners are illiterates and they communicate orally in this respect librarians could just record and store the conversation for future documentation (Human

Language Technology, 201). This is buttressed by the statement of Addy (1970, p. 4), who noted that the dearth of traditional knowledge in medicine in Ashanti exists as oral literature and should be preserved through a society's socio-economic growth and development.

Among the information professionals selective dissemination of information (SDI) is the act of knowing the profile or the interest of users of the library and then directing relevant materials to them as and when the documents are available (Prytherch, 2005, p. 625). Dissemination of information in indigenous medicine to individual users of the libraries or those with special needs could be carried out through SDI service.

### ***Methodology***

This paper adopted the descriptive survey design and the targeted population for the study was fifty-eight para-professional and professional librarians of four well established (old) public universities in Ghana and traditional medical practitioners. The researchers used the purposive sampling technique for library staff and simple random sampling technique to select thirty alternative healthcare practitioners. Questionnaires were distributed to the para-professional and professional librarians whilst the traditional medical practitioners were interviewed. The alternative healthcare practitioners included herbalists, birth attendants, spiritualists, traditional psychiatrists and bonesetters.

The response rate for library staff was 90% and that of indigenous medicine practitioners was 100% due to the active involvement of the researchers. Quantitative data collected was analysed using simple tables with frequencies and percentages, while qualitative data was analysed thematically. Based on the findings and conclusion, recommendations were made.

## Data analysis

### Gender of respondents

In table 1, the study showed that most of the respondents were males, this is obvious with the indigenous medicinal practitioners; out of a total of thirty indigenous medicinal practitioners respondents, 63.3% of them were males, whilst the remaining were females. On the issue of age, the study showed that the majority of the respondents thus, 84.6% of librarian respondents and 76.7% of indigenous medicinal respondents were more than forty five years of age.

**Table 1 Biographic data of respondents**

Variables		Librarians (52)		Indigenous Medical Practitioners (30)	
Sex		Frequency	Percentage	Frequency	Percentage
	Male	36	69.2	19	63.3
	Female	16	30.8	11	36.7
Age					
	25-35	2	3.8	2	6.7
	36-45	5	9.6	5	16.7
	46-55	41	78.8	10	33.3
	Above 56	4	7.7	13	43.3

*Sources: field data 2016*

### Usage, efficacy and quality of indigenous medicine

Table 2 shows that the majority of the library respondents representing 96.00% of the respondents have been patronising indigenous medicine. In a follow up question, respondents who indicated that they have been using traditional medicine were asked to point out how efficacious indigenous medicine was. Eighty percent of the librarian respondents indicated that indigenous medicine was good. To ascertain the quality of alternative medicine, librarian respondents were asked to indicate their view, table 2 showed that 76.00% of them were of the view that the quality of indigenous medicine was good.

**Table 2 Distribution of the librarian respondents by usage, efficacy and quality of indigenous medicine**

<b>Variables</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentages %</b>
Have you been using indigenous medicine?	Yes	50	96.1
	No	2	3.9
Efficacy of indigenous medicine	Poor	2	4.0
	Fair	5	5.0
	Good	40	80.0
	Very Good	3	6.0
How do you rate the quality level of indigenous medicine ?	Poor	2	4.0
	Fair	7	14.0
	Good	38	76.0
	Very good	3	6.0

*Source: Field 2016*

### **Methods of acquiring and availability of indigenous informational resources**

Table 3 revealed the various methods used by the university libraries to acquire resources in indigenous medicine. To ensure anonymity alphabets were used to represent the various libraries. It can be seen that a greater number of librarian respondents in Library A indicated that indigenous knowledge was acquired through storytelling and writing representing (42.9% each). Whilst videotaping was 14.2%

In Library B, 28.6% indicated storytelling, 46.4% writing and 25.0 % videotaping. Whilst in Library C, 50% indicated storytelling, 25%, writing and another 25% videotaping. The result for Library D also indicated 33.3%, 50.0 % and 16.7% for storytelling, writing and videotaping respectively. In general, the study revealed that 44.2% of the librarian respondents indicated that writing was the mode of acquiring knowledge on indigenous medicine, followed by 34.6% of them indicating storytelling and 21.1% of them stating videotaping as the method of acquisition.

The researchers wanted to know if there were informational resources in indigenous medicine in the libraries of study. In response to this question, all the librarian respondents in Library A, C and D and 71.4 5% of Library B indicated that the information sources were not enough, whilst

only 28.6% respondents of Library B indicated that materials on indigenous medicine in their library was quite enough.

**Table 3 –Distribution of the librarian respondents by the degree of involvement of libraries in indigenous medicine resources**

<b>Variables</b>	<b>Library</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Method of acquiring indigenous resources in Medicine you know?	<b>A = 14</b>	Storytelling	6	42.9
		Writing	6	42.9
		videotaping	2	14.2
		others	-	-
	<b>B= 28</b>	Storytelling	8	28.6
		Writing	13	46.4
		videotaping	7	25.0
		others	-	-
	<b>C=4</b>	Storytelling	1	25.0
		Writing	2	50.0
		videotaping	1	25.0
		others	-	-
	<b>D=6</b>	Storytelling	2	33.3
		Writing	3	50.0
		videotaping	1	16.7
		others	-	-
How do you quantify information resources of indigenous medicine in your library?	<b>A= 14</b>	Not enough	14	100%
		Quite enough		
		Enough		
	<b>B= 28</b>	Not enough	20	71.4
		Quite enough	8	28.6
		Enough		
	<b>C= 4</b>	Not enough	4	100
		Quite enough		
		Enough		
	<b>D= 6</b>	Not enough	6	100
		Quite enough		
		Enough		

*Source: Field data 2016*

**What do you think university libraries should do to manage knowledge on indigenous medicine?**

Para professional and processional librarians were asked to state how knowledge on indigenous medicine could be managed. Most of them (27.0%) stated that indigenous practitioners should be encouraged to write books. This was followed by 21.3 % of the respondents who indicated that library and information professionals should contact indigenous medicinal practitioners for information and document such information as well. About 18.9 % of the respondents also revealed that scholars should be encouraged to research into indigenous medicine. In the same vain, 16.4 % of them also pointed out that libraries should acquire enough books on indigenous medicine. About 16.0% percent of respondents indicated that a section in the libraries should be created for indigenous information resources on indigenous medicine.

**Table 4 Distribution of library respondents on the expected role of university libraries**

<b>Response</b>	<b>Frequency</b>	<b>Percentage %</b>
Encourage scholars to research into indigenous medicine	23	18.9
Acquire books on indigenous medicine	20	16.4
Encourage indigenous medical practitioners to write books	33	27.0
Create a section for indigenous medicine in all libraries	20	16.4
Libraries should contact indigenous medicine practitioners for information and document them	26	21.3
<b>Total</b>	<b>122</b>	<b>100</b>

*Source: Field data 2016*

### **Interview with indigenous medical practitioners**

#### ***What are ways of preserving indigenous knowledge among indigenous medicine practitioners?***

In response to this question, 29.8% of the indigenous practitioner respondents were of the view that they preserve their knowledge through experiential instruction. This was followed by 25.5% of them who stated that preservation of information is done through storytelling. 20.0% of the indigenous practitioner respondents also indicated that preservation of indigenous knowledge is done through writing, whilst 10.6% of them stated that they preserve their knowledge in

indigenous medicine through audio recording. The least method used for preserving indigenous knowledge was digitalizing (4.3 %) as noted in Table 5.

**Table 5 Distribution by librarian respondents by ways of preserving indigenous knowledge in indigenous medicine**

<b>Methods of preserving indigenous knowledge</b>	<b>Frequency</b>	<b>Percentage ( %)</b>
Storytelling	24	25.5
Videotaping	9	9.6
Experiential instruction	28	29.8
Writing	19	20.2
Audio recording	10	10.6
Digitalizing	4	4.3

*Are librarians involved in the preservation of knowledge in indigenous medicine?*

In response to the above question about eighty percent of the indigenous practitioners respondents revealed that librarians do not take part in the preservation process, whilst the remaining twenty percent stated that “*I do not know*”. In a follow up question, indigenous practitioners were asked whether they have ever used the library before; on this note most of them stated “*I used the library when I was a student*”. Only 5% of them stated they still use the library for other purposes.

Alternative healthcare practitioner respondents were also asked whether they have some link with librarians as far as their job is concerned. In response to this question all the respondents revealed that they had no links at all with librarians.

*Which role should be played by indigenous medicine practitioners in the management of knowledge in indigenous medicine?*

Though about 50% agreed to release their work for publication, some discouraging responses were;

*“Librarians should be friends of indigenous medical practitioners, so that whatever information we have could be easily researched into and documented”*

*“Since librarians have been trained in how to acquire, process and disseminate information, they should come to us for what we have”*

*“Sometimes we are afraid that we may lose our job if we expose our secrets to people of other professions so librarians should be ready to pay us for the information we give them”*

*“As far as our job is concerned, if the issue of copyright law is not well handled, some of us will keep what we have to ourselves”*

About 3.00% of them do not know what a library is, but on the whole, the majority of the indigenous medicine respondents claimed that the government needs to create an environment that will entice them to allow their practices to be documented, else librarians cannot do much. So, librarians need to propagate the role of indigenous medicine in socio-economic development.

### **Discussion of findings**

The study revealed that there was low number of young practitioners and women in indigenous medicine, this finding is supported by a similar work conducted by Chuma (2013) and Ebijuwa and Mabawonka (2015) in Nigeria. The study revealed young adults and women consider indigenous medicine as a profession for the elderly men. This finding calls for documentation of

information on indigenous medicine as the death of the elderly practitioners will truncate the flow of indigenous knowledge in alternative medicine.

The study also revealed that the majority of the respondents used traditional medicine because of how efficacious it is. This is evident by the number of people who patronise alternative healthcare centres like the Centre for Scientific Research into Plant Medicine in Mampong Akuapem in Ghana (Owusu-Ansah, 2014). This finding is also supported by Ebijuwa, (2015, p. 44) that indigenous medicine is highly patronised by most people in Nigeria.

On the issue of methods of acquisition of indigenous knowledge in medicine, the study revealed that all the libraries acquire indigenous knowledge through writing; this means that the libraries under study acquire some books on indigenous medicine. This finding supports what Chisenga (2002, p. 16) said about African countries, according to him, Africans produce some amount of indigenous information and knowledge relevant to development. However, according to the librarian respondents, the indigenous medicine sources of information in their libraries were not enough. Alemna (2005) noted if care should be taken to promote and make indigenous medicine acceptable, libraries need to play a leading role in harnessing knowledge in indigenous medicine through documentation and readiness to make information available.

The finding on preservation of information revealed that a greater number of indigenous medicine practitioners preserve their knowledge through experiential instruction; this presupposes that they pass on whatever they have to only those around them. This confirms the fact that some amount of knowledge in indigenous medicine is tacit knowledge which is gained through experience and continuous practical activities (Durham, 2004). The explicit knowledge aspect of indigenous knowledge of indigenous medicine is also not well transmitted by

librarians, as noted by Hwa-Wei, (2005). Hwa-Wei, (2005) believes that the preservation of information and knowledge has been regarded as the task for librarians and libraries and that much needs to be done by information professionals.

The study again revealed that some indigenous medicine practitioners in Africa are not aware of the role of librarians in preserving the knowledge they produce that is why Greyling (2010) noted that while libraries in some developed countries preserve indigenous knowledge, the situation is different in Africa. Alemna (2005) also adds his voice by saying that theories developed by librarians for collection; organisation, preservation and dissemination of other information can be applied to the collection management of indigenous knowledge and it is high time university librarians became true friends of indigenous medicine practitioners (Ebijuwa, 2015).

## **Conclusion**

Libraries are regarded as agents of education and aid in the acquisition and advancement of knowledge in all spheres of life. Libraries are important intellectual resource of the academic community; they help to fulfill the curriculum requirements and promote studies and research. Management in librarianship is a combination of several activities which basically deal with the planning, maintenance, preservation, evaluation and dissemination of the library's collection.

Indigenous knowledge in alternative medicine has been in existence for years; however, the mode of management of this knowledge has been limited to the practitioners only. The tactic nature of some knowledge in indigenous medicine has also made it difficult to be documented. In librarianship, management of indigenous knowledge in all endeavors a recent development. The

study pointed out that librarians need to be proactive in order to avoid loss of knowledge on indigenous in medicine.

## **Recommendations**

The study recommended amongst others that;

Firstly, university libraries should intensify the advocacy role of acquiring books and non-book resources on indigenous medicine.

Secondly, libraries should organise seminars periodically on indigenous medicine and use indigenous medicine practitioners as resources persons; through this the gap between librarians and indigenous practitioners will be bridged.

Thirdly, librarians need to make known to alternative healthcare providers how secured their works are under their care

A section in the library should be created for the informational resources on indigenous medicine, and that such materials could be in both print and non print formats

The only Library school in Ghana at the University of Ghana, Legon should develop a core course in Indigenous Knowledge Management so that students who will go through the programme could be taught the managerial aspect of indigenous medicine.

Libraries of the following institutions; universities, Ghana Standard Authority, the Council for Scientific & Industrial Research and Noguchi Memorial Institute Medical Research should intensify their interlibrary lending services for information resources on indigenous medicine.

The Ghana Library Association should institute prize award for academic libraries that have well structured programmes of advocacy on indigenous medicine.

A gallery for indigenous medicine should be created in the libraries, where some of the products of indigenous medicine can be showcased; this will let alternative healthcare practitioners feel part of the library.

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