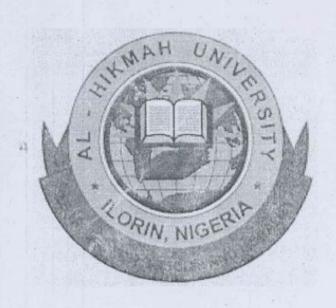
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RELATIONSHIP BETWEEN KNOWLEDGE ACQUISITION AND TRANSFER SYSTEM AMONG TRADITONAL HERBAL MEDICAL PRACTITIONERS IN SOUTH - WEST, NIGERIA

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Abstract

The main purpose of this study was to examine the relationship between knowledge acquisition and transfer system among traditional herbal medical practitioners in South West Nigeria. The population for the study comprises of 4,408. The sample is restricted to all traditional herbal medical practitioners in randomly selected state Ekiti, Osun, and Oyo in South West geopolitical zone. Five hundred and thirty (530) respondents were selected using multistage sampling techniques. Two research questions were raised. A structured questionnaire with reliability index of 0.83 was obtained. The study revealed that many traditional herbal medical practitioners prefer to share their discoveries and showcase their track records of healing so that people can believe them. It was recommended that traditional herbal medical practitioners should cultivate the habit of using internet and library to improve their profession since the world as become global village and we are in the age of technology. This will help them to share ideas globally.

Keywords: Knowledge acquisition, Transfer system, Herbal medical practitioners

Introduction

Various countries of the world have claimed that health care policies geared towards improvement of the health status of their populations is through traditional or herbal medical system traditional herbal medicine is the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance relying exclusively on practical experience and observation handed down from generation to generation whether verbally or written.

Traditional medical practitioner on the other hand according to World health organisation (2013) means a person who is recognized by the community as someone versatile and

competent to provide health care by using animal, plant and mineral substances and other methods based on social, cultural and religious practice. However, the knowledge on traditional health care system which is the panacea and first-front for all forms of health care system in the global gradually diminish as it became difficult to access, acquire and managed among herbal medical practitioners.

Hence, low information accessibility, knowledge acquisition, knowledge management and transfer system among traditional herbal medical practitioners is the major constraints in the realm of herbal medical profession. Information is indispensable for effective management and development of traditional herbal medical practice and therefore considered as an important operational asset or resources. In this 21st century, traditional medical practitioners cannot be adequately effective without information, because such information about herbal medical practice is step down from one generation to another generation. Therefore, information is crucial to ensure continuity of herbal medical practice. Research have shown by Lemu (2013) that knowledge and information on herbal medical practice is usually convey from one generation to another generation through documents, folktales, oral tradition, books or record keeping, brainstorming, internet, tape record, television show and video record (Erik, 2011).

Traditional medical practitioners need information on how to acquire raw materials to be used for preparation of their traditional medicine and on how this knowledge will be transferred to their descendants, however, many of the indigenous traditional medical practitioners in South West Nigeria are faced with problem of accessibility and acquisition of raw materials for the process of their traditional herbal medicine which they are to eventually transfer to their children. Management is a way of utilizing resources at ones disposal to meet the needs of the present organisation in order to achieve the intended objectives as expected for positive gains. Traditionally, the term management is described as the functions of planning, organising, leading and controlling (or coordinating) activities in an organization. It involves assembling forming logical units of works, defining their hierarchical structures, identifying staff requirements, assigning tasks and responsibilities, coordinating human, financial, physical, informational and other resources needed to achieve goals (McNamara, Daniell & Kintsch, 2006).

Thus, ICT information accessibility enriches traditional herbal medical practitioners because it is through it that more information on: traditional medicine, series and of herb and diseases it cures are obtainable, after information is being accessed which metamorphosed into knowledge management, the next stage therefore, is knowledge transfer to the generations for continuity of herbal medical traditional practices.

Statement of the Problem

Many of the indigenous traditional medical practitioners in Nigeria have been observed to face with problem of accessibility and acquisition of raw materials for the product of their traditional herbal medicine which they are to eventually transfer to their children.

Moreover, there is little or no openness in their practices, other people could not pick up their materials and prescribe drugs for people, if they do, such drugs might not work. If the acquired knowledge is well managed with proper relevant information, the transfer of this knowledge will be done without hindrance. The discontentment borne out of the fact that there has been inadequate information on knowledge acquisition, management and transfer system among traditional herbal medical practitioners in Nigeria which form the basis for the researcher's interest to examine the relationship between, knowledge acquisition and transfer system among traditional herbal medical practitioners in South West Nigeria

Several studies have been carried out on health and traditional knowledge by different researchers. However, most of the previous studies like Fagbola (2013), Regassa (2013) and Olatokun (2008) carried out their study on indigenous knowledge of medicinal plants and many of these were conducted in a region other than South West Region. To this end, there is need to fill the gap neglected. This study therefore will examine the Relationship between Knowledge Acquisition and Transfer System among Traditional Herbal Medical Practitioners in South West Nigeria.

Objectives of the Study

This study aimed at examining the relationship between information knowledge acquisition and transfer system among traditional herbal medical practitioners in South West, Nigeria. Specifically, the study was designed to:

1. identify the sources of knowledge acquisition by traditional herbal medical practitioners

in South West Nigeria.

2. assess how information on knowledge acquired by the traditional herbal medical practitioners was transferred in South West Nigeria.

Research Questions

1. What are the sources of knowledge acquisition by traditional herbal medical practitioners in South West Nigeria?

2. How is the knowledge acquired by traditional medical practitioners transferred?

Research Hypothesis

Ho2: There is significant relationship between knowledge acquisition and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria.

Methodology

The study adopts correlation research design. The population for this study comprises of 4,408 herbal medical practitioners in the six states which constitute South West geo political Zone in Nigeria. The target population is restricted to all traditional herbal medical practitioners in the three randomly selected states: Ekiti, Osun and Oyo States in South West geo-political zone. A total of 530 respondents were selected using multi-stage sampling technique. An instrument tagged, knowledge acquisition and transfer system among Traditional Herbal Medical Practitioners Questionnaire (FAKATSHMPQ). In order

to determine the reliability of the instrument, it was administered simultaneously on 100 samples that were not part of the final respondents. A reliability index of 0.83 was obtained, and the instrument was adjudged to be reliable. Frequency counts, percentages and mean rating were used to provide answers to the research questions raised, while Pearsons Product Moment Correlation coefficient (PPMC) was employed to test all hypotheses formulated at 0.05 level of significance.

Results

Research Question 1: What are the sources of knowledge acquisition by traditional herbal medical practitioners in South West Nigeria?

Table 1: Sources of Knowledge acquisition by Traditional herbal medical practitioners in South West Nigeria

S/N	Items	VTM (%)	TM (%)	STM (%)	NTM (%)	Total
1	I inherited the indigenous traditional herbal medicine expertise from my parents. "mo je ogun imo tewe tegbo lati owo awon obi mi"	222 (41.9%)	209 (39.4%)	53 (10%)	46 (8.7%)	530 (100%)
2	I received traditional herbal medicine knowledge from friends and acquaintances informally. "mo gba imo tewe tegbo lati awo ore ati lati owo oga ibi	93 (17.5%)	151 (28.5%)	90 (17.0%)	196 (37.0%)	530 (100%)
3	ise tewe-tegbo" The electronic mass media such as radio and TV helped me to acquire traditional herbal medicine skills. "ero amohun mu aworan fun apere; ero asoro mogba esi, amohun mu aworan ran mi lowo lati ni imo to daju lori tewo tegbe	180 (34.0%)	120 (22.0%)	90 (17.0%)	140 (26.4%)	530 (100%)
4		192 (36.2%)	261 (49.2%)	28 (5.3%)	49 (9.2%)	530 (100%)

						- 1
	lori imo tewe tegbo"					
5	Some extended relations			73	91	530 (100
	helped me to acquire	(32.6%)	(36.4%)	(13.8%)	(17.2%)	
	traditional herbal medical					
	knowledge.					
	"iran mi se iran lowo fun mi					
	lati ni imo lori tewe tegbo".					
6.	I got some traditional herbal		110	166	211	530 (100
	medicine skills through	(8.1%)	(20.8%)	(31.3%)	(39.8%)	
	dreams and visions.					
	"mo ri alekun imo gba lori	1. 2. 1.13				
	tewe-tegbo lati oju ala ati iriran si-eniyan"					
7	I do buy traditional herbal	12	69	100	200	500 (40)
	medicine audio tapes/ CD/			190	228	530 (100
	VCD/ DVD to learn herbal	(0.170)	(13.0%)	(35.8%)	(43.0%)	
1	names and the ailments they					
	cure.					
	Mo mon ra ate asoro mo gba					
	esi ati ate amo amohun mu					
	awo ran fun alekun imo lori ti					1
1	ewe ati egbo ati arun ti won le					
	wosan"					
3	I do acquire knowledge on	151	217	65	101	530 (100
1	traditional herbal medicine at	(28.5%)		(12.3%)		
,	the association meetings.					
	"mon gba imo lore tewe tegbo					
	ni ibi ipade egbe"					
)	I became competent in the			180	296	530 (100
	traditional herbal medicine	(3.8%)	(6.4%)	(34.0%)	(55.8%)	
	through reading relevant books in the library.					
	"mo di oni imo lori tewe					
	tegbo latari kika arisirisi iwe					
	ni ile ikawe"					
0	I got vital knowledge on	19	25	199	207	520 (100
	traditional herbal medicine		(4.7%)		287	530 (100
	from some text books I	(3.070)	(4.770)	(37.5%)	(54.2%)	
	bought at the bookshop.					
	"mo gba imo to daju lori tewe					
	tegbo lati ara rira iwe lori					
-	gbonbonse"				, •	
11	Some books I borrowed from	167	286	26	51	530 (100

	friends helped me in traditional herbal medicine	(31.5%)	(54.0%)	(4.9%)	(9.6%)	
	skills.					
	"di e ninu iwe ti moya lowo					
	awan ore mi se iran lowo fun mi lori imo tewe tegbo"					
12	I learnt a lot of things on	86	93	145	200	
	traditional herbal medicine from the Internet.	(16.2%)	(17.5%)	145 (27.4%)	206 (38.9%)	530 (100%)
M	"mo gba imo to pe iye lori ero eyelu jara won gbogbo agbaye lori tewe tegbo"					1
13	I acquired enormous skills	135	90	200	105	530 (100%)
	and knowledge on traditional herbal medicine by means of	(25.5%)	(17.0%)	(37.7%)	(19.8%)	
	apprenticeship I under-went					
	under a traditional herbal medicine expert.					
	"mo gba imo to peye lori					
	tewe tegbo lati enu iko ise					
	lodo awon agba ninu ise tewe tegbo"					

Key:

VTM = Very True of Me "otito gan ni"

TM = True of Me "otito ni"

STM = Somewhat True of Me "ofe jo mo otito"

NTM = Not True of Me "ki se otito"

The result in table 1 shows that majority of the traditional herbal medical practitioners 22(41.9%) on option very true of me (VTM) and 209(39.4%) acquired knowledge of traditional herbal medicine from parent, mass media 180(34.0%) on option very true of me (TM), print media 192(36.2%) are on option very true of me (VTM) and 261(49.2%) on option very true of me (VTM).

Research Question Two: How is the knowledge acquired by traditional herbal medical practitioners in South West Nigeria transferred?

Table 2: Descriptive Statistics of How the Acquired Knowledge Transferred by Traditional Herbal Medical Practitioners in South West Nigeria

He	erbal Medical Practitioners in South West Nigeria		•	
S/N	Items	Mean	S.D.	Remark
1.	I do pass Traditional Herbal Medical skills to my children	3.41	1.29	Affirmed
	informally.			
	"mo fun awon omo mi ni eko lori tewe tegbo ko mon je			
	ajogunba won"			
2.	Anyone who wishes to have skills on the Traditional	3.27	1.31	Affirmed
	Herbal Medicine has to pay some money before I can give		100	
Y	the skills to them.			
	"gbobbo eni ti oba fe ko ise lati mo nipa tewe tegbo ni lati			
2.	san owo kin to ko won ni imo lori re"			
3.	I do conceal some vital information on Traditional Herbal	3.09	1.54	Affirmed
	Medicines so as to enjoy their monopoly.			
	"mo mon fi asiri imo lori tewe tegbo pa mo kin le je igba			
4. !	dun re fun arami ni kan"			
٠,٠	I have written a book (books) on the Traditional Herbal Medicine.	2.94	1.37	Affirmed
	"mo ti ko iwe lori tewe tegbo"			
5	I allow any interested person who visits are to be	2.05		
	I allow any interested person who visits me to have access to my Traditional Herbal Medicine records.	2.87	1.16	Affirmed
1	"mon gba alejo laye lati wo iwe ako sile lori tewe tegbo"		*	
6.	I do allow the mass media staff to have easy access to my	0.00	1.00	1.00
	Traditional Herbal Medicine.	2.82	1.29	Affirmed
	"mo mon gba osise amohun maworan laye lati gba oro	* . *		
	lori tewe tegbo mi"			
7.	I do allow friends / relations/ acquaintances to acquire	2.76	1 44	A ccionad
	Traditional Herbal Medical knowledge and skills freely.	2.70	1.44	Affirmed
	"mo man gba, ore; iran mi ati omo ikose laye lati gba imo			
	ofe lori tewe tegbo"			
8.	I do post some Traditional Herbal Medicines on the	2.41	1 33 · ·	Disaffirme
	internet for others to use.		1.55	2,000
	"mon gbe imo lori tewe tegbo si ori alye lu jara won"			
9.	I often reveal new discoveries on Traditional Herbal	2.37	1.62	Disaffirme
	Medicine to other colleagues during our association			d
1	meetings.			
	"mo mon so imo tantun ti mo bam on lori tewe tegbo fun			
	awon akegbe mi ni inu ipade egbe wa"			
10.	I do allow other Traditional Herbal Medical practitioners	2.32	1.71	Disaffirme
	to have access to my own.			d
1	Mo mon gba akegbe mi laye lati lo lara imo mi"			
11.	I run free apprenticeship programme in my Traditional	2.26	1.09	Disaffirme
	Herbal Medicine outfit.			d

"mo mon se idanileko ofe lori tewe tegbo"

12. I do embark on enlightenment campaigns to sensitize the general public and the government on the efficacy and necessity for Traditional Herbal Medicine in the society.

1.28 Disaffirme d

"mo mon se idanileko fun gbogbo eniyan agbegbe ati ijoba ibile tewe tegbo"

Source: Field work, 2018

As shown in Table 2, it was affirmed that indigenous Traditional Herbal Medical practitioners transferred skills to children informally; to anyone who wishes to have skills and make payment for it; indigenous Traditional Herbal Medical practitioners do conceal some vital information on indigenous Traditional Herbal Medicines so as to enjoy monopoly; have written a book (books) on the indigenous Traditional Herbal Medicine; allow any interested person who visits me to have access to indigenous Traditional Herbal Medicine; record and allow the mass media staff to have easy access to indigenous Traditional Herbal Medicine; do allow friends / relations/ acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely. However, indigenous Traditional Herbal Medical practitioners do not post some indigenous Traditional Herbal Medicines on the internet for others to use; do not reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during the association meetings; do not allow other indigenous Traditional Herbal Medical practitioners to have access to their own; do not run free apprenticeship programme on indigenous Traditional Herbal Medicine outfit; do not embark on enlightenment campaigns to sensitize the general public and the government on the efficacy and necessity.

Hypothesis One: There is no significant relationship between knowledge acquisition and knowledge transfer system among the traditional medical practitioners in South West Nigeria.

Table 3: Summary of Pearson Product Moment Correlation Co-efficient between Knowledge Acquisition and Knowledge Transfer System among Traditional Herbal Medical Practitioners in South West Nigeria

Variables	N	Mean	SD	df	r-cal	Sig.	Remark
Knowledge acquisition Knowledge transfer system	530 530	32.39 34.99	3.91 4.87	528	0.280	0.000	Not Accepted

^{*}Significant at p<0.05

The result above shows that the calculated significant values of 0.000 with $r - cal._{(af=528)} = 0.280$ is less than the chosen 0.05 level of significance. Hence, the null hypothesis is rejected. Thus, there is a significant relationship between knowledge acquisition and knowledge transfer system among traditional herbal medical practitioners in South West

Nigeria. This means that knowledge acquisition is related to knowledge transfer system i.e. the way knowledge is acquired directly influences the way it is being transferred.

Discussion of Findings

The outcome of hypothesis one indicated a significant relationship between knowledge acquisition and knowledge transfer system among traditional herbal medical practitioners in South West Nigeria. This means that the way knowledge is acquired directly influences the way it is being transferred. This result contradicts that of Regassa (2013) who found a significant relationship between knowledge acquisition and service delivery system among traditional herbal practitioners. The likely reason for this outcome is because knowledge on traditional herbal medicine is not acquired through audio tapes and use of library which may limit the quality and quantity of information that can be transferred.

The method of acquiring and transferring traditional herbal medical knowledge continue to wane due to limited information that can be transfused by someone which may account for loss of information. Also, the findings of the study showed that the traditional herbal medical practitioners in South West, Nigeria transferred the acquired knowledge on traditional herbal medicine by organizing training and free apprenticeship programmes, sharing their new discoveries, showcasing their track records, granting access to mass media, embarking on public enlightenment programmes and concealing vital traditional medical information. However, they did not make use of internet in the transfer of the acquired knowledge and skills on traditional herbal medicine. This outcome lends credence to the opinion of Mafe (2015) who affirmed that knowledge of traditional medicine is handed down through transmission from generation to generation. Many traditional herbal medical practitioners prefer to share their discoveries and showcase their track records of healings so that people can believe them and patronize them for medical solutions, and this may be the likely reason for indirect transfer of knowledge acquired through public enlighten and seminars. Also, social media may be granted audience to help project their work positively and dispel negative attitude of people to traditional herbal medicine which may likely account for the use of mass media.

Conclusion

From the findings of this study, it could be concluded that the traditional herbal medical practitioners in South West Nigeria accessed and sourced information on traditional herbal medicines through oral transfusion, by attending association meetings and consulting community leaders and parents or extended relations. It was also discovered that the traditional herbal medical practitioners in South West Nigeria transferred the acquired knowledge on traditional herbal medicine by organizing training and free apprenticeship programmes, sharing their new discoveries, showcasing their track records, granting access to mass media, embarking on public enlightenment programmes and concealing vital traditional medical information. Similarly, the findings of the study revealed that the traditional herbal medical practitioners in South West Nigeria adopted the strategies consulting colleagues or seniors, opening a file for herbs' names and their functions,

recording herbs' names and their functions, comparing different traditional indigenous medicines on a particular ailment, memorizing herbs' names and their functions, identifying curative function of a herb before using it and so on for managing the acquired knowledge.

Recommendations

- 1. Library should organised user education to enable the traditional herbal medical practitioners understand the use of library for effective and efficient practice of their profession. Moreso, librarian should endeavour to store and make available to the traditional herbal medical practitioner information required in the practice or their health care service.
- 2. Government should recognize the effort of traditional herbal medical practitioner and incorporate them into the plan and implementation of the health programmes of the states, so as to serve as ingredients in boasting their effort in making use of social media and all other modern facilities to improve the practice and service of their profession.
- 3. Also, Regular seminars, workshops and symposiums should be organised for traditional herbal medical practitioners on information accessibility, knowledge acquisition, transfer and management of such herbal knowledge. Adequate provision of such platform will afford traditional herbal medical practitioners to share and cross fertilize ideas on diseases and their preventions.

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