INFORMATION ACCESSIBILITY AND KNOWLEDGE ACQUISITION AS CORRELATES OF KNOWLEDGE TRANSFER SYSTEM AMONG TRADITIONAL HERBAL MEDICAL PRACTITIONERS IN SOUTH/WEST, NIGERIA

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Abstract

The research dealt with information accessibility and knowledge acquisition as correlates of knowledge transfer system among traditional herbal medical practitioners in South west, Nigeria. The objectives of this study were to determine the information access on herbal medical practitioners and identify the sources of knowledge acquisition by traditional herbal medical practitioners in South West Nigeria. The research questions which were raised on: how do traditional medical practitioners access information on herbal medical practitioners in South West Nigeria? what are the sources of acquiring knowledge by traditional herbal medical practitioners in South West Nigeria? The following null hypotheses were tested in the course of this research work: there was no significant relationship between information accessibility and knowledge transfer system among the traditional medical practitioners in South West Nigeria; there was no significant relationship between knowledge acquisition and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria. The population for this study comprises of 4,408 herbal medical practitioners in south-west geopolitical zone of Nigeria. The target population was restricted to all traditional herbal medical practitioners in the three randomly selected states. Ekiti, Osun and Oyo in South west geopolitical zone. A total of five hundred and thirty (530) respondents were selected using multistage sampling procedures. Findings showed that the traditional herbal medical practitioners in South west Nigeria accessed information on traditional herbal medicine through oral transfusion, attending association meeting and consulting community leaders and parents. Findings also indicated that there was a statistically significant relationship between information accessibility and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria. It was concluded that the traditional herbal medical practitioners in South West Nigeria accessed and sourced information on traditional herbal medicines through oral transfusion, attending association meetings and consulting community leaders and parents or extended relations. It was recommended that traditional herbal medical practitioners should make use of social media, internet and library to access, acquire and transfer information and knowledge on traditional herbal medical practice.

Keywords: Information, Accessibility, Knowledge, Acquisition, Transfer, 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 WHO (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 are the major constraints in the realm of herbal medical profession (Okwor, Ihekwoaba & Ugwuanyi, 2014). 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. Therefore, information is crucial to ensure continuity of herbal medical practice. Research have shown 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. 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 traditional medical practitioners in South West Nigeria are faced 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

Management is a way of utilizing resources at one's disposal to meet the needs of the present organisation in order to achieve the intended objectives as expected for positive gains. In the assertion of McNamara (2006), 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 Thus, ICT has awaited traditional herbal medical practitioners easy access to information on traditional medicine, series of herb and diseases they cure. After information is being accessed which metamorphosed into knowledge management, the next stage therefore, is knowledge transfers to the generations for continuity of herbal medical traditional practices.

Statement of the Problem

Access to relevant information, acquisition of adequate knowledge, and proper transfer of such knowledge are essential ingredients for the socio-economic development of a group, including traditional herbal medical practitioners. It has been observed, that despite the efficacy and potency of herbal medicine, the activities of the traditional herbal medical practitioners are mostly shrouded in secrecy. The knowledge that the traditional herbal medical practitioners acquired mostly perish with them when they die. This is due to the fact that they do not expose the knowledge to others. On some occasions, the knowledge they have secretly divulged to their children, such children might show little or no interest in the practice of the profession. In other words, there is a kind of restriction in knowledge. For instance, many people have died of cancer diseases, many are suffering from tuberculosis, high fever, some people have bone fracture and some have been amputated due to accident, some people are barren due to infertility and other reproductive system problems,

some have difficulties during child birth delivery which lead to still birth or caeserier section. All aforementioned can have solution and can be cured through traditional medicine but rear absent of transfer system of traditional herbal knowledge is a constraint.

However, studies had been carried out on health and traditional knowledge by different researchers. Ibrahim, Egbarevba, Jegede, Ugbabe, Muazzim, Kunle, and Gamaniel (2016) studied medicinal plants used and the perception of plant endangerment by the traditional herbal medical practitioners of Nassarawa State, Nigeria. The study revealed the urgent need for raising of awareness level of the traditional herbal medical practitioners on plant endangerment, training on good collection practice, sustainable collection, and as well as sensitisation on sustainable biodiversity conservation practice.

The above studies were related to the present study because they were carried out on traditional herbal medicine. However, the present research differed from the previous studies in the sense that it examined how information accessibility and knowledge acquisition were related to transfer system among traditional herbal medicine practitioners. Also, some of the above studies were conducted in or outside the country while the present study was carried out in South West Nigeria. These gaps identified had prompted the present study to investigate the relationship between information accessibility, knowledge acquisition and transfer system among traditional herbal medical practitioners in South West, Nigeria.

Aim and Objectives of the Study

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

(i) Determine the information access on herbal medical practices among traditional herbal medical practitioners in South West Nigeria.
(ii) Identify the sources of knowledge acquisition by traditional herbal medical practitioners in South West Nigeria.
(iii) Assess how information on knowledge acquired by the traditional herbal medical practitioners are transferred in South west Nigeria.

Research Questions

The following questions were raised to guide the study:

(i) How do traditional medical practitioners access information on herbal medical practitioners in South West Nigeria?
(ii) What are the sources of acquiring knowledge by traditional herbal medicine in South West Nigeria?
(iii) How is the knowledge acquired by traditional herbal medical practitioners transferred in South west Nigeria?

Research Hypotheses

The following null hypotheses were tested in the course of this research work:

Ho_1: There is no significant relationship between information accessibility and knowledge transfer system among the traditional medical practitioners in South West Nigeria.
Ho_2: There is no significant relationship between knowledge acquisition and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria.

Research Methodology

The study adopted correlation research design. The population for this study comprised of 4,408 herbal medical practitioners in the six states which constitute South West Geo-political Zone in Nigeria. The target population was 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 five hundred and thirty (530) respondents were selected using multi-stage sampling technique. An instrument tagged information accessibility, knowledge acquisition and transfer system among 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 Pearson's Product Moment Correlation coefficient (PPMC) was employed to test all hypotheses formulated at 0.05 level of significance.

Results

The results of the study were presented based on the research questions raised and corresponding hypotheses formulated.

Research Question One: How do traditional medical practitioners access information on herbal medicine in South West Nigeria?

Table 1: Information Access on Traditional Herbal Medical Practitioners in South West Nigeria

S/N	Items	VTM (%)	TM (%)	STM (%)	NTM (%)	Total
1	I do access information on herbal medicine through word of mouth (Oral transfusion)	311 (58.7%)	145 (27.4%)	25 (4.7%)	49 (9.2%)	530 (100%)
2	I do access information on herbal medicine through social media	86 (16.2%)	37 (7.0%)	267 (50.4%)	140 (26.4%)	530 (100%)
3	I do access information on herbal medicine through association meetings	190 (35.8%)	185 (34.9%)	85 (16.0%)	70 (13.2%)	530 (100%)
4	I do access information on herbal medicine through information (i.e computers, internet, world wide web)	53 (10.0%)	35 (6.6%)	244 (46.0%)	198 (37.4%)	530 (100%)
5	I do access information on herbal medicine through the use of library	89 (16.8%)	52 (9.8%)	201 (37.9%)	188 (35.5%)	530 (100%)
6.	I do access information on herbal medicine through consulting community leaders	149 (28.1%)	186 (35.1%)	87 (16.4%)	108 (20.4%)	530 (100%)

KEY:
VTM: Very True of Me
TM: True of Me
STM: Somewhat True of Me
NTM: Not True of Me

The result reveals that 311(58.7%) and 145(27.4%) traditional herbal medical practitioners accessed information on traditional medicine through oral transfusion. Majority of traditional

herbal medical practitioners 149(28.1%) and 186 (35.1%) accessed information on herbal medicine by consulting community leaders. Also, majority of the traditional herbal medicine 190 (35.8%) and 185 (34.9%) accessed information on herbal medicine through association meetings. However, the traditional herbal medical practitioners declined accessing information on herbal medicine through social media, library and internet respectively. Therefore, the traditional herbal medical practitioners in South West Nigeria accessed information from their profession by oral transfusion, association meetings and consulting community leaders and not through the use of social media, internet and library.

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

Table 2: 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.	222 (41.9%)	209 (39.4%)	53 (10.0%)	46 (8.7%)	530 (100%)
2	I received indigenous traditional herbal medicine knowledge from friends and acquaintances informally.	93 (17.5%)	151 (28.5%)	90 (17.0%)	196 (37.0%)	530 (100%)
3	The electronic mass media such as radio and TV helped me to acquire indigenous traditional herbal medicine skills.	180 (34.0%)	120 (22.0%)	90 (17.0%)	140 (26.4%)	530 (100%)
4	The print media such as newspapers and magazines assisted in boosting my indigenous traditional herbal medicine skills.	192 (36.2%)	261 (49.2%)	28 (5.3%)	49 (9.2%)	530 (100%)
5	Some extended relations helped me to acquire indigenous traditional herbal medical knowledge.	173 (32.6%)	193 (36.4%)	73 (13.8%)	91 (17.2%)	530 (100%)
6.	I got some indigenous traditional herbal medicine skills through dreams and visions.	43 (8.1%)	110 (20.8%)	166 (31.3%)	211 (39.8%)	530 (100%)
7	I do buy indigenous traditional herbal medicine audio tapes/ CD/ VCD/ DVD to learn herbal names and the ailments they cure.	43 (8.1%)	69 (13.0%)	190 (35.8%)	228 (43.0%)	530 (100%)
8	I do acquire knowledge on indigenous traditional herbal medicine at the association meetings.	151 (28.5%)	217 (40.9%)	65 (12.3%)	101 (19.1%)	530 (100%)
9	I became competent in the indigenous traditional herbal medicine through reading relevant books in the library.	20 (3.8%)	34 (6.4%)	180 (34.0%)	296 (55.8%)	530 (100%)
10	I got vital knowledge on indigenous traditional herbal medicine from some text books I bought at the bookshop.	19 (3.6%)	25 (4.7%)	199 (37.5%)	287 (54.2%)	530 (100%)
11	Some books I borrowed from friends helped me in indigenous traditional herbal medicine skills.	167 (31.5%)	286 (54.0%)	26 (4.9%)	51 (9.6%)	530 (100%)
12	I learnt a lot of things on indigenous traditional herbal medicine from the Internet.	86 (16.2%)	93 (17.5%)	145 (27.4%)	206 (38.9%)	530 (100%)

13	I acquired enormous skills and knowledge on indigenous traditional herbal medicine by means of apprenticeship I under-went under a indigenous traditional herbal medicine expert.	135 (25.5%)	90 (17.0%)	200 (37.7%)	105 (19.8%)	530 (100%)

The result of the study shows that majority of the respondents 222 (41.9%) and 209 (39.4%) acquired knowledge of traditional herbal medicine from parents. While 180 (34.0%) and 120 (22.0%) respondents sourced information on traditional herbal medicine through the use of mass media, print media, extended relations and association meetings respectively. However, the respondents affirmed that they did not acquire their traditional medical knowledge or skills from friends and acquaintances 196 (37.0%) and 90 (17.0%), dreams and visions 211 (39.8%) and 166 (31.3%), through the purchase of traditional medicine audio tapes 4228 (43.0%) and 190 (35.8%), from internet 206 (38.9%) and 145 (27.4%), and apprenticeship.

Research Question Three: How is the knowledge acquired by traditional medical practitioners transferred?

Table 3: Mean Scores and Standard Deviation of the Ways of Transferring Acquired Knowledge by Traditional Herbal Medical Practitioners in South West Nigeria

S/N	Items	Mean	S.D	Remarks
1.	I do allow other indigenous Traditional Herbal Medical practitioners to have access to my own.	3.18	0.63	Affirmed
2.	I do pass indigenous Traditional Herbal Medical skills to my children informally.	3.20	0.72	Affirmed
3.	I do allow friends / relations/ acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely.	3.21	0.79	Affirmed
4.	Anyone who wishes to have skills on the indigenous Traditional Herbal Medicine has to pay some money before I can give the skills to them.	2.83	0.74	Affirmed
5.	I allow any interested person who visits me to have access to my indigenous Traditional Herbal Medicine records.	3.32	0.78	Affirmed
6.	I do allow the mass media staff to have easy access to my indigenous Traditional Herbal Medicine.	3.12	0.65	Affirmed
7.	I do post some indigenous Traditional Herbal Medicines on the internet for others to use.	1.67	0.66	Disaffirmed
8.	I have written a book (books) on the indigenous Traditional Herbal Medicine.	2.32	0.84	Disaffirmed
9.	I often reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during our association meetings.	3.30	0.77	Affirmed
10.	I do conceal some vital indigenous Traditional Herbal Medicines so as to enjoy their monopoly.	2.89	0.71	Affirmed
11.	I run free apprenticeship programme in my indigenous Traditional Herbal Medicine outfit.	2.90	0.86	Affirmed
12.	I do embark on enlightenment campaigns to sensitize the general public and the government on the efficacy and necessity for indigenous Traditional Herbal Medicine in the society.	3.03	0.63	Affirmed

All the items with mean scores above 2.5 were accepted ways of transferring acquired knowledge except items 7 and 8. This implies that traditional herbal medical practitioners in South West Nigeria generally transferred their acquired knowledge 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, the traditional herbal medical practitioners do not transfer knowledge acquired through the use of internet and written books.

Hypotheses Testing

The hypotheses postulated for this study were tested using inferential statistics of Pearson Product Moment Correlation Co-efficient (PPMC) at 0.05 level of significance.

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

Table 4: Summary of Pearson Product Moment Correlation Co-efficient between Information Accessibility and Knowledge Transfer System among Traditional Herbal Medical Practitioners in South West Nigeria

Variables	N	Mean	SD	df	r-cal	Sig.	Remark
Information accessibility	530	30.49	5.90				*Not*
Knowledge transfer system	530	31.76	3.78	528	0.503	0.000	*Accepted*

*Significant at P<0.05

The result above shows that the calculated significant values of 0.000 with $r - cal._{df=}$ = 0.503 is less than the chosen 0.05 level of significance. Hence, the null hypothesis one is not accepted. Thus, there is a statistically significant relationship between information accessibility and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria. This implies that information accessibility is related to knowledge transfer system among traditional herbal medical practitioners i.e. the extent of access to information by traditional herbal medical practitioners determines the way such information will be handed down to the next generation.

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

Table 5: 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	530	32.39	3.91				*Not*
Knowledge transfer system	530	34.99	4.87	528	0.280	0.000	*Accepted*

*: Significant at P<0.05

The outcome of the study shows that the calculated significant values of 0.000 with $r - cal._{df=}$ = 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 the way knowledge is acquired directly influences the way it is being transferred.

Discussion

The findings of research question one revealed that the traditional herbal medical practitioners in South West Nigeria accessed information on traditional herbal medicines through oral transfusion, attending association meetings and consulting community leaders. However, they did not access information on traditional herbal medicines through the social media, internet and the use of library. This means that traditional herbal medical practitioners in South West Nigeria seek information on their profession by oral transfusion, association meetings and consulting community leaders and not through the use of social media, internet and library. This finding is against the assertion of Erik (2011) who posited that the way in which local television news operates in the media markets are making information accessible. The economic gain and means of livelihood that the traditional herbal medical practitioners are making from the profession may prevent them throwing it open on the social media or library in order to increase patronage, thereby reducing access to traditional herbal information and knowledge.

The outcome of research question two showed that the traditional herbal medical practitioners in South West Nigeria acquired knowledge and skills on traditional herbal medicine through the expertise of the parents, mass media, print media, extended relations and association meetings. However, it was discovered that the traditional herbal medical practitioners did not source knowledge through dreams and visions, the purchase of traditional medicine audio tapes, books in the library or from herbal medicine books purchased and apprenticeship. This implies that the sources of knowledge or skills acquired by traditional herbal medical practitioners in South West Nigeria include expertise of the parents, mass media, print media, extended relations and association meetings. This result is consistent with the view of Lemu (2013) who opined that knowledge on traditional herbal medicine is acquired from parents and relations. The likely reason for this result is because traditional herbal medical profession is primitive in nature with lack of proper documentations of diseases and curative drugs, and lack of specific duration for learning the profession. Somebody may prefer sourcing information from their parents and extended relations rather than enrolling themselves in apprenticeship due to unnecessary long time of training and non-formal nature of the institution. However, through the affirmation it is cleared that services of traditional herbal medical practitioners: Sickle cell (Elewe atun ejese), Psychiatricians (Awo arun opolo), Orthopaedicians (Topa tose), Gynaecologists (Olugbebi), Paediatricians (Baba ewe igaewe), General medical (Oni ogbogbo-nse) cannot be over emphasized in health sector.

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 enlightenment 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.

The result of hypothesis one showed that there was a significant relationship between information accessibility and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria. This implies that information accessibility is related to knowledge transfer system among traditional herbal medical practitioners i.e. the extent of access to information by traditional herbal medical practitioners determines the way such information is handed down to the next generation. This finding supports that of Magara, Burkinwa and Kayiki (2011) who found that relationship exists between information accessibility, knowledge acquisition and management and transfer system among traditional herbal medical practitioners. This finding may be true because information that one does not have access to cannot be transferred as one can only give what one has. Many information on traditional herbal medical practice are accessed through oral transfusion and association meetings and this is why such information will also be transferred or shared in such similar meeting.

The outcome of hypothesis two 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.

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, 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, and so on. There was a significant relationship between information accessibility and knowledge transfer system as well as between knowledge acquisition and knowledge transfer system among the traditional herbal medical practitioners in South West Nigeria.

Recommendations

Based on the findings of this study, it is recommended that traditional herbal medical practitioners should make use of social media, internet and library to access, acquire and transfer information and knowledge on traditional herbal medical practice. Also, regular seminars, workshops and symposiums should be organized for traditional herbal medical practitioners on information accessibility, knowledge acquisition and 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. Organization of seminars will also acquaint them of the current trends in traditional herbal medicine in terms of preparation, preservation and prescription.

Since there is a relationship between information accessibility and knowledge transfer system, as well as between knowledge acquisition and transfer system, traditional herbal medical practitioners should access and source for their information from a traceable and reliable source. This will enable them transfer such information appropriately to the next generation. Inadequate access to herbal information and improper acquisition of herbal knowledge affect the transferability of such knowledge and information.

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