RELATIONSHIP OF INFORMATION ACCESSIBILITY, KNOWLEDGE ACQUISITION, MANAGEMENT AND TRANSFER SYSTEM AMONG TRADITIONAL HERBAL MEDICAL PRACTITIONERS IN SOUTH - WEST, NIGERIA

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ABSTRACT

The study investigates the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-west, Nigeria. It was imperative to go into the study because the orthodox medicine has its limitations on human health, while traditional herbal medicine is gaining popularity as a result of the fact that its utilisation has little or no side-effects. The problem of accessing information, acquiring knowledge, managing such knowledge and transferring it has been hindering the universal acceptance and utilisation of such traditional herbal medicines. Among the specific objectives of the study is to determine the channels of information by traditional herbal medical practitioners, identify sources of knowledge acquisition by traditional herbal medical practitioners, find out how knowledge acquired by the traditional herbal medical practitioners is transferred and to ascertain the management strategies adopted by traditional herbal medical practitioners in South-West Nigeria. Hence, this study attempts to shed light on the interwoven nature of these variables for overall efficiency and effectiveness of the entire health care system in Nigeria. The study population was made up of 4,408 traditional herbal medical practitioners in the neighbouring states that constituted the south-west geo-political zone of Nigeria. Multi-stage procedure, random and stratified sampling techniques were used for the study. Firstly, random purposive sampling technique was employed to select the target population comprising Ekiti, Osun and Oyo states. Thereafter, by means of stratified sampling technique, 539 traditional herbal medical practitioners were selected from the target population as the sample for the study. Approximately equal proportion of the traditional herbal medical practitioners was selected from the three states. The research instruments are two: the first is a structured questionnaire titled: "Information accessibility, knowledge acquisition, and management transfer system among traditional herbal medical practitioners questionnaire". The second instrument is an unstructured interview that sought the respondent's answers to questions on traditional herbal medicine. The validity of the results was ensured through the supervisors and other experts in the field of library and information science / Technology, while the reliability was ascertained by means of spilt-half statistical method. The data were analysed by means of frequency counts, percentages, mean, standard deviation and Pearson product moment correlation coefficient. The results indicate that, there is significant relationship between: (a)information accessibility and knowledge transfer system (r = 0.503); (b) knowledge acquisition and knowledge transfer system (r =0.280); (c) information accessibility and knowledge system (r = 0. 722) among the traditional herbal medical practitioners in South-west, Nigeria. The study concluded that traditional herbal medical practitioners in South West Nigeria accessed and sourced information on traditional herbal medicines through oral transmission, by attending association meetings and consulting community leaders and parents or extended relations. It was recommended that the traditional herbal medical practitioners should make use of the Internet, social media, electronic media and library facilities to access information, acquire knowledge, as well as manage and transfer such information and knowledge.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Various countries of the world such as Japan, China and Korea have claimed that health care policies geared towards improvement of the health status of their people is through traditional herbal medical system. This is borne out of the fact that good health care is instrumental to the well-being of every citizen and subsequently the socio-economic development of their various societies. Information can be thought of as the intent of unpredictability, it answers the question of an entity and define both its essence and the nature of its character. It is knowledge obtained from investigation, study or instruction. However, Information accessibility refers to the extent to which one has access to the relevant information. In other words, the extent to which the relevant information gets to the individual who needs it. It is one thing for the resources to be available and it is another thing to be accessible. Whatsoever is available but not accessible is useless. Only what is accessible is usable information. It is usually highlighted that information resources and their creators and users constitute an intellectual influence. Library and information centers are not only receptacles of books and materials or organisation of knowledge, they are vital and influential centers of such intellectual communities (Nwachukwu 2008).

On the other hand , knowledge acquisition refers to the extent to which an individual receives the knowledge they need to solve a problem or use it within a specific framework. It is the process of extracting, structuring and organising knowledge from one source, usually human experts. Knowledge acquisition is an important and necessary process as everything is now based on knowledge-from oral to writing and

reading skills, to even use of technology. Knowledge acquisition process is the correct way by which you can get accurate knowledge. Knowledge is power. Therefore its acquisition is essential for individuals and organisations. Knowledge acquisition can be defined as the situation in which the organisation and individuals obtain the required knowledge that helps them accomplish their work efficiently, easily, and at the lowest possible cost (Ndagna, 2000).

Management is the process of administering and controlling the affairs of the organisation irrespective of its nature, type, structure and size. Management can be said to be the coordination and administration of tasks to achieve a goal. Such administration activities include setting the organisation's strategy and coordinating the efforts to accomplish these objectives through the application of available resources.It acts as a guide to a group of people working in the organisation and coordinating their efforts, towards the attainment of the common objectives. Moreover, knowledge management refers to the degree to which a person can utilise and store specific knowledge so that it can be made useful to others or oneself in future (Uriarte,2008).

Transfer system refers to a set of legal, technical and procedural arrangements for the transfer of knowledge or assets. It is the collection, preservation and transmission of knowledge from one organisation to another or among individuals. However, knowledge transfer refers o the degree to which information and knowledge can be mobilised to reach individuals who need such information and knowledge to solve specific problems or utilise them within a specific framework (Umah and Amah, 2013)

Traditional herbal medicine is described as the totality 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 verbally or in written form. Traditional medical practitioner according to WHO (2013) is a person who is recognised by the community as someone versatile and competent in providing health care by using animal, plant and mineral substances, and other methods based on social, cultural and religious practice.

However, there are strong indications that traditional health care systems are still in use by majority of the people not only in Africa but across the world (Cook, 2009). The traditional health care system has continued to thrive not only in the rural areas where over 70 per cent of the population depend on traditional treatment but also in the urban centres which have greater access to orthodox medical facilities. The stiff opposition to traditional medical practice from official quarters has not whittled down its level of patronage by the people simply because it was developed in response to the dictates of their environment. Examples of traditional medical practitioners are herbalists, diviners, faith healers, traditional surgeons. All these traditional medical practitioners need information to support their work.

Traditional medicine has played important roles in human society from past centuries to date. It illustrates the medical knowledge practices, which improved for several centuries ago in various societies before the era of modern Allopathic or Homopathic Medicine began (Alan, 2011). The author further adds that among non-industrialised societies, the use of herbal medicine to heal disease is almost universal. People from countries in Latin America, Asia, Africa and North America are still using herbal products to meet up their regular health related necessities. Adesina (2014), in line with Alan (2011) are of the opinion that nearly 75-80 percent of the population in Africa uses traditional medicine to heal diseases and some other forms of ailment like cancer,

HIV/AIDs, infertility, sickle cell, anaemia and so on. Owing to the fact that traditional medicine is relevant, accessible, affordable, culturally acceptable and easy to prepare with little or no side effects, most people prefer it to the exhorbitantly priced health care services. There are herbal remedies for problems like urinary tract infection, pubertal changes, post-menopausal syndrome, hot flushes, menopause, polycystic ovarian syndrome, bacterial vaginosis, yeast infections, infertility, delayed labour, low breast milk production, abortion and other female disorders. Women have handed down information from their mothers to daughters on how herbs can remedy some of the common maladies of life, women, like the moon, change in cycles (Ramasubramania,2015).

Subsequently, the knowledge on traditional health care system which is the panacea and first-front for all forms of health care system in the world gradually diminished as it became difficult to acquire and manage among traditional herbal medical practitioners. Hence, lack of information accessibility, knowledge acquisition, knowledge management and transfer system among traditional herbal medical practitioners is the major constraints in the realm of traditional herbal medical profession (Okwor *et al.*,2014).

Information is crucial but never sufficient unless it is adequately acquired and transferred. Information, according to Carstensil (2010), is the data that is accurate and timely, specific and organised for a purpose, presented within a context that gives it meaning and relevance, that can lead to an increase in understanding and decrease in uncertainty. Information is indispensable for effective management and development of traditional herbal medical practice therefore considered as an important operational asset or resource. The world is currently in the era of advanced Information and

Communication. It has become a global village; information, therefore makes what goes on in any part of the world known and accessible to the rest of the world. The relevance of information to the people in any community cannot be underestimated because it keeps people aware of what is going on in the society. For example, it helps an individual to have first-hand knowledge about certain health issues. In the 21st Century, traditional herbal medical practitioners cannot be very effective without information, since such information is handed down from one generation to another. Therefore, information is crucial to ensuring continuity of traditional herbal medical practice.

Information is concerned with passing of message, ideas, knowledge from one person to another. However, information changes the world we live in and the way we learn to live, cure and protect people's life. therefore according to Rai, (2015) information accessibility changes the face of traditional herbal medical practice through its potential as a source of knowledge acquisition. Information accessibility is a medium to have traditional herbal medical contents and management on transfer system. Thus, information is both a cause of change and a means of achieving change, especially in the realm of traditional herbal medical practice.

Research have shown that knowledge and information on traditional herbal medical practice is usually conveyed from one generation to another through documents, folktales, oral tradition, books or record keeping and brainstorming. Internet, tape recorder, television show and video records. The importance of information accessibility, knowledge acquisition, and management and transfer system among traditional herbal practitioners cannot be overemphasised. Ibegwam (2013) opined that the information need of traditional herbal medical practice has three components: These are: information that is needed for decision- making and that is readily known by the

health professional and is referred to as currently satisfied needs; The second component is the information that is known to the health professional but that he/she recognises as being applicable to the decision- making process and is referred to consciously recognised needs, The third component is the information that is important to the circumstances at hand but the health professional does not realise that it is applicable and is referred to as unrecognised needs.

The traditional medical practitioners need information on how to acquire raw materials for preparation of their traditional medicine and on how this knowledge will be transferred to their descendants. However, many of the indigenous traditional herbal medical practitioners in South-West Nigeria are faced with the problem of accessibility and acquisition of relevant knowledge of the traditional herbal medicine which they are to eventually transfer to their children. They need more knowledge on how to transfer the healing skills to succeeding generation. They are the practitioners who deal with the ancient and culture-based health care. They believe in treating series of diseases in traditional ways through the use of various herbs as passed down by their forefathers. This knowledge is transmitted mostly orally by the elders in the community from generation to generation.

Traditional herbal medical practitioners, according to Lemu, (2013) are the people who look at indigenous knowledge as the construction of reality and wish to lead the way of life and dwell in their environment. However, they lack access to knowledge acquisition and the management of their activities (Lemu, 2013). Aboyade *et al.* (2012) noted that factors which stimulated the acknowledgement of those involved in health care of patients have a set of right and responsibilities to be given a clear explanation of any treatment.

Information accessibility is ability to reach series of recorded information to solve problems. It could be accessed from a book, orally (words of mouth) or electronic resources, folklores, documents, files and through story- telling. Erik, (2011) observed in a study that the way the local television news operates in the media markets is making information accessible and structuring interactive experiences in industry transitions into generations. Moreover, (Oguntade and Ibegwan 2011) posited that all the information specialists on health are verifying, understanding and meeting the information needs of the health workforce. This is to ensure evidence based health care and ensure professional job satisfaction as part of a broader supportive environment of those values and motives of the health practitioners. Other ways of meeting the information needs of traditional herbal medical practitioners include the provision of training in information utilisation skills to the health care provider, including the retrieval, critical appraisal, synthesis and opportunities for personal and group study in the library to support learning from peers, continuing education and professional development.

Moreover, information accessibility enriches traditional herbal medical practitioners because it is through it that more information on traditional medicine, series of herb and diseases they cure are obtainable. More so, access to information on traditional herbal medical practitioners will promote the practice, motivate the practitioners and encourage more people to develop interest in the practice which will in turn lead to recognition of traditional medicine in curing series of disease in the community. The information is accessed through many means which include association meetings, notebooks, files, community leaders, brainstorming, story-telling, tape recorder, television and Information Communication Technology. It is only when information is accessible that knowledge acquisition can be enhanced for the practitioners. Acquisition

is defined as obtaining or getting one's own exertions or qualities (New Oxford Dictionary (2010).In this study, acquisition implies the process of obtaining information materials for knowledge. The Acquisition of knowledge by traditional herbal medical practitioners could be done by male, female, old and young practitioners. Knowledge acquisition to traditional herbal medical practitioners is a method of learning how to acquire traditional practices of the forefathers, so, that the longevity of the practice would continue and pass to the succeeding generations.

According to McNamara *et al.* (2006), knowledge acquisition is integrally tied to how the mind organised the fundamental properties of human knowledge, as well as by considering the function of the desired information. The activities in acquisition of knowledge include brainstorming through association meetings, reading and learning from association meetings, record books, checking files of information sources, storytelling, teaching and learning, tape records, television and oralcommunication. However, indigenous traditional knowledge resources are not like conventional resources that can easily be obtained because their acquisition is always defined by the practices and structures within the culture that produce them. Often, traditional knowledge is acquired from membership of the culture. Dei, *et al.* (2012) posited that the precondition usually attached to the acquisition of traditional knowledge is often respect and recognition of the value of the practices in the culture. Traditional knowledge is handed down from one generation to another through symbols, art, oral narratives, story telling, wise sayings, riddles and dances. It has been observed that this pattern operates among traditional herbal medical practitioners.

In accessing information, traditional knowledge sources are mostly not intact and this makes their acquisition by libraries and traditional practitioners difficult. They are

different from modern sources of information which are readily available. Some local people may hardly give out their knowledge while others may entrust them to a trustee. It is on the basis of this that El-miskin (2007) suggested that the process of acquiring such items should incorporate confidence building measures and ethical conduct that will establish mutual trust. Similarly, the American Library Association (2010) core values recognised librarians as professionals with a social responsibility to provide and promote public access to information. Therefore, they should embrace and respect the diversity of cultures, develop sensitivity and care for the advancement of culture as fundamental of librarianship. This will serve as a reminder of core library values and provide access to materials without sacrificing individual liberty or respect for cultural differences.

These principles may advance the role of librarians as stewards of knowledge and cultural heritage. Consensus on these principles within the library community will establish the library voice advocating for reason and respect in national and international discussions concerning protection of access to unique creative works of traditional cultural expression. Therefore, if cultural information on traditional medicine is to be acquired by Nigerian libraries and traditional herbal medical practitioners, there is need to accord it the same value. Since the essence of knowledge acquisition is to have positive reflection of the knowledge being acquired and to impact knowledge on generations to come in accordance with need of the knowledge acquired to be properly managed.

Management is a way of utilising 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. According to Stephen *et al.* (2015), management is the process of working with people and resources to accomplish organisational goals. Good managers do those

things that are effective in order to achieve goals with minimum waste of resources, that is, to make the best possible use of money, time, materials and people to achieve a set goal.

Management can be said to be focused on the attainment of end result by means of the allocation and utilization of resources that is human, physical and fiscal by devising appropriate method of acquiring planning, organising, preserving, and guiding in accordance with the society's needs. In the assertion of McNamara *et al.* (2006), traditionally, the term management is described as the functions of planning, organising, leading and controlling (or coordinating) activities in an organisation. The tasks involve assembling 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 organisational goals. After information has been accessed, it metamorphosed into knowledge management, the next stage, therefore, is knowledge transfer to the generations for continuity of herbal medical traditional practices.

Successful knowledge management requires attention and engagement. This is why attention is needed for information at all to attain quality knowledge. Knowledge management is based on role playing on the use of knowledge. However, people including traditional herbal medical practitioners receive knowledge through: interaction with each others, sharing knowledge as it is received from their forefathers and association meetings,. Moreover, it is natural for people to either hide what they know or fail to put their knowledge to effective usage. The acts are better explained in the words of Daneshgar and Bosanquet (2010), in the following posers: 'if my knowledge is a valuable resource, why should I share it? if my job is to create knowledge, why should I put my job at risk by using yours instead of mine". Still

people share what they know as much as they freely adapt and use the knowledge of others. Management of the acquired knowledge by the traditional herbal medical practitioners will lead to the process of coordinating the total activities of the organisation.

Transfer system is a process of sending messages containing useful information from one practitioner to another. Transfer system in this context involves inculcation of incantation, enchantment, ritual, sacrifice through association meeting and record-keeping. The knowledge on how an individual can be healed is mainly learnt or transferred from old herbalists to their offsprings for sustenance and continuity of traditional herbal medical practice. Incantation on how certain illnesses can be cured is taught and is one of the major procedures or measures for remediation. Therefore, a better transfer system will improve the knowledge of herbal medical practitioners because series of information is recorded in the audio and visual materials such as computer disk, radio, television cassette. Notably, Madu and Ezeani in Ahmed (2014), stated that application of information technologies in the 1960s for a variety of purpose, gave birth to information revolution. Libraries could not afford to avoid the great touch of these technologies. The ability of the computer to carry out these library functions quickly, accurately and systematically makes it a useful tool for dissemination of information. Their applications in libraries, have provided timely access to, and transfer of information resources that are found round the globe.

1.2 Statement of the Research Problem

The utilisation of emerging technologies in recent times in libraries worldwide has proved beyond reasonable doubt that a library, whatever its services , can perform better when facilities are adequately provided (Abidoye, 2011). What will enhance access to

the content of the library and enable users access and download current information from the Internet; and can search for the same information at the same time using different terminals, which is impossible through the traditional services rendered in libraries. The library system therefore, plays significant role in knowledge transfer for traditional herbal medical practice in South-West Nigeria.

Access to relevant information, acquisition of adequate knowledge, proper management, and transfer of the 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 access 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 is secretly divulged to their children who might show little or no interest in the traditional herbal medical practice of their fathers. In other words, there is a kind of restriction in knowledge transfer. Moreover, there is little or no openness in the practices; other people could not pick up their materials and prescribe drugs for people and if they do, such drugs often lose their potency. If the acquired knowledge is well managed information, its transfer will be done without hindrance. Moreover, there are ailments, such as: cancer, fibroid, yellow fever, tuberculosis, infertility, hepatitis B and other ailments which majority of people in the society do not know if traditional medicine can cure.

All the aforementioned health challenges may have solution and may be cured through traditional medicine . Dangbin and Davou (2008) observed that there has been a great contention by the people of the society over the roles of traditional herbal medical practitioners. The contention was 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.

However, previous studies like Fagbola, (2013), Regassa, (2013) and Olatokun, (2008) were on indigenous knowledge of medicinal plants and many of the research were conducted in a region other than South-West Nigeria. To fill the research gap,, there is need to focus on this part of the country to extend existing knowledge. This study, therefore, examines the relationship of information accessibility, knowledge acquisition , management and transfer system among traditional herbal medical practitioners in South-West Nigeria.

1.3 Aim and Objectives of the Study

Aim

The aim of the study is to examine the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West, Nigeria.

Specifically, the study is designed to:

1. determine the channels of information by traditional herbal medical practitioners in South-West Nigeria.
2. identify sources of knowledge acquisition by traditional herbal medical practitioners in South-West Nigeria.
3. find out how knowledge acquired by the traditional herbal medical practitioners is transferred in South-West Nigeria.
4. ascertain the management strategies adopted by traditional herbal medical practitioners in South-West Nigeria.

5. identify the relationships between information accessibility and knowledge acquisition on the traditional herbal medical practices in South-West Nigeria.
6. find out the relationships between methods of knowledge acquisition and knowledge transfers system on traditional herbal medical practices in South-West Nigeria.
7. determine the knowledge management as correlate of knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.
8. ascertain the relationship between knowledge acquisition and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria.
9. determine the relationships between information accessibility and knowledge transfer system among young and aged traditional medical practitioners in South-West Nigeria.

1.4 Research Questions

The following questions guided the study:

1. How do traditional herbal medical practitioners access herbal information in South-West Nigeria?
2. What are the sources of knowledge acquisition by traditional herbal medical practitioners in South-West Nigeria?
3. How is the knowledge acquired by traditional herbal medical practitioners transferred in the South-West, Nigeria.
4. What are the strategies adopted by traditional herbal medical practitioners for managing the acquired knowledge in South-West Nigeria?

5. What is the relationship between information accessibility and knowledge transfer on traditional herbal medical practices by traditional herbal medical practitioners in South-West Nigeria?
6. What is the relationship between method of knowledge acquisition and knowledge transfer system on traditional herbal medical practices in South-West Nigeria?
7. How does knowledge management correlate with knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria?
8. What is the relationship between knowledge acquisition and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria?
9. What is the relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria?

1.5 Research Hypotheses

The following null hypotheses were tested in the study at 0.05 level of significance..

H_{01}: There is no significant relationship between information accessibility and knowledge transfer system among the traditional medical practitioners in South-West Nigeria.

H_{02}: There is no significant relationship between knowledge acquisition and knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.

H_{03}: There is no significant relationship between knowledge management and Knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.

H_{04}: There is no significant relationship between knowledge acquisition and Knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria.

H_{05}: There is no significant relationship between information accessibility and knowledge transfer system among young and aged traditional medical practitioners in South-West Nigeria.

1.6 Justification for the Study

This study on the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria can be justified in the following ways:

1. this study will help to give an insight on the importance of herbal medical practice with respect to their inevitable contributions to the life of people in the community, thus, will give more recognition to the traditional herbal medical practitioners..
2. findings from the study will assist the traditional herbal medical practitioners in preventing and curing some sicknesses, which demand indigenous medical health care. There will be a sustainable emphasis by the government to have local authority or even an organisation in the state to cater for the needs of traditional herbal medical practitioners in South-West Nigeria. This will be of great advantage to the people of the affected states.
3. government will recognise the efforts of traditional herbal medical practitioners and incorporate them into the plan and implementation of the health programmes of the studied states in Nigeria.
4. furthermore, it will enable the people to be aware of the sicknesses which orthodox medical practitioners cannot handle.

5. it will enable the government to intervene in deforestation control so as to reduce depletion of medicinal plants.
6. the study will assist traditional herbal medical practitioners in preservation through mode of transmission to enable them transmit knowledge to their apprentices as well as their children.
7. It will also enable government to use traditional herbal medical practitioners in primary health care of rural areas since they depend partly on traditional medicine
8. It will encourage the librarians to store and make available to the traditional herbal medical practitioners, information that they require in the practice of their health care services.
9. It will serve as a source of reference to future researchers.

1.7 Scope of the Study

The study covers the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria. The study comprised all the six states in South-West geo-political zone with population of 4,408 traditional herbal medical practitioners in this zone while target population restricted to all traditional herbal medical practitioners (539) in the three randomly selected states: Ekiti, Osun and Oyo States in South-West geo political zone.

1.8 Operational Definition of Terms

The following terms are hereby defined in the context of the study:

Information Accessibility: This refers to the way of getting available information resources in both print and non print formats through personal experience, teaching and

learning; books, association meetings, storytelling and others on various herbal medicine and the diseases they can cure.

Knowledge Acquisition: Knowledge acquisition in this study means knowledge that can be obtained by traditional herbal medical practitioners from available information resources.

Knowledge Management: Refers to the way in which knowledge is captured, preserved and channeled by traditional herbal medical practitioners for effective utilisation in the present and future.

Knowledge Transfer System: This refers to all activities that generate utilisation, application or exploitation of knowledge and its movement from one individual to another.

Traditional Herbal Medical Practitioners: These are traditional healers who provide health care services with local herbs according to customs and beliefs of the community where they reside.

Traditional Knowledge: This refers to the local knowledge unique to a given culture or society. In this study, it would refer to local knowledge that is unique to traditional herbal medical practitioners in South-West Nigeria.

CHAPTER TWO

2.0 LITERATURE REVIEW

The literature review examines past works related to the study. Specific attention is paid to the theoretical framework; conceptual model; traditional herbal medicine; methods of acquiring information for traditional herbal medical practice; and the importance of preservation of traditional medicine. Others are as reviewed Information as indispensable tool for successful practice of traditional medical system: Methods of transferring information among traditional medical system; libraries and librarians' roles on information acquisition, management and transfer system among traditional herbal medical practitioners; related empirical studies; and the gaps the study will fill.

2.1 Theoretical Framework

The relevant theory to this study is Knowledge Management Theory. Researchers have come up with several theories to lay sound foundation for the practice of managing knowledge in organisations. A better understanding of how theories have been used to build a field of knowledge management is important because theories substantiate and legitimise the field as an area of scientific study. Theories harmonised research aims that satisfy methods used to justify the theories themselves.

The theory of knowledge economy as propounded by Slater (1998) adopted by Nnadozie, (2015) is basically concerned with the production and distribution of knowledge as a commodity for the consumption within the organisation value chain. This theory provides grounding for this study on knowledge transfer system of the traditional herbal medical practitioners. The acquisition of various information needed can lead to the production of tangible information that will be distributed among the various traditional herbal medical practitioners. The production could be through books, face-to-face discussion, group meetings, storytelling, teaching and learning, and

adoption of information communication technology such as video record, sound record files, internet and brainstorming.

In view of the foregoing, Knowledge Management Process model is a theoretical frame work that expresses the various connected activities and processes in line with management of knowledge in organisations, be it libraries or other professional organisations. Moreover, knowledge management refers to the ability to capture available knowledge and harness it to provide benefit for the operation of certain activity of a particular group or society. Knowledge management both as a concept and a reality has been around for many centuries. It was practised in the process of human activities. Man, in trying to adapt to his environment, has had the need to harness available knowledge in the most suitable way. This, in essence, forms the foundation of knowledge management. The founders of knowledge management include Alexander the Great, Caesar, Napoleon, Carnegie and Henry Ford. Polanyi (1958) started the idea of knowledge management as a new concept in business management and today, after many years of research, knowledge management has evolved into a distinct area of study that cuts across several disciplines including library and Information Science/ Technology (Obinyan and Aiyebelehin,2015).

The relevant knowledge management theories for this study are:

(1) Strategic Management Theory by Earl (1997) which regards knowledge as a fundamental resource that enables organisations to compete more effectively in markets. According to the theory, there are two key knowledge themes that propel knowledge management namely competitive and dynamic capability. Thus, proper acquisition of knowledge relevant to the need of the users would show the competence. Management of the knowledge by devising good method and using transfer system that would connect people's knowledge and idea to

create innovation is realised through capabilities like idea management, interaction, teaching, learning, and documentation.

(2) Theory of Core Competence was explored by Early (1997). It was viewed as a step ahead of the knowledge space theory to be considered later by adding a theoretical competent underlying the observable solution behaviour. This shows knowledge as competence and performance.

(3) Knowledge space theory: This theory was propounded by Dolagnon and Fulmagnes (1999). The theory can be applied to work integrated learning. The three basic scenarios for supporting work integrated learning are the worth of this theory that seeks to address knowledge management as an object in space that can be trapped and managed within organisations. Dolgnan and Fumagnes explored this theory while trying to build an efficient machine for the assessment of knowledge. This theory is related to this study because it can be used for individualised and adaptive knowledge diagnosis which can make the knowledge acquisition, management and transfer system easy for the indigenous traditional herbal medical practitioners as this would prove the effectiveness in the use of their products.

Knowledge management is a broad phenomenon. This motivated several organisations and professionals to adopt the knowledge management process models. The broad processes and activities involved in managing the knowledge assets follow almost the same procedure with little difference. Whenever differences exist, they merely reflect the unique operations and specialisation of various organisations. However, a model has been formulated to express the series of activities by information professionals and library scientists in their knowledge management course work.

Knowledge management is a systematic process of taking advantage of intellectual capital and knowledge asset in order to promote organisational success. The execution of an appropriate knowledge management programme in a business establishment or other organisations has the potential of improving customer services by continually improving business processes, quickly bringing new products to markets and fine tuning innovative new ideas and pushing them to commercialisation (Popoola and Fagbola 2014).Knowledge management helps to build the capacity of the organisation by developing, organising and utilising human and knowledge resources which contribute to its operations and profitability with the increased realisation of value of knowledge and the need to exploit it in operations.

Knowledge management is interdisciplinary in nature, it draws upon the theories and practices of many disciplines such as business management, library and information technology, computer science/economics, philosophy, sociology and management and many others.(Igwe and Olanipekun 2012)posited that branches of learning like business administration, public policy, public health, cognitive science and artificial intelligence have contributed ideas to knowledge management. It is very clear that the research activities of scholars from each of these areas of specialisation have contributed positively to literature that has expanded the frontiers of knowledge management.

Knowledge management practice describes how organisations track, measure, share and make use of intangible assets. The key to knowledge management practices are creating a knowledge management sharing culture, incentive policy, and alliances for acquiring knowledge. Such practices are becoming wide-spread as a result of the association between the practices, innovation and productivity, thereby stressing the importance of knowledge management to knowledge economy, organisational efficiency, and increased productivity.

2.1.2 Choo Management Model Process

Choo (1998) designed five steps knowledge management process model. This consists of five knowledge- based activities namely: identification of knowledge needs; acquisition of knowledge; organisation and storage of knowledge; knowledge distribution or sharing and application or use of knowledge. This model was also adopted by Oluic–Vukovic, 2001. The revision is made up of the following information activities: gathering, refining, organisation, dissemination and use of knowledge. Each type of the model covers the various activities taking place in the management of organisations. Bouthillier and Shearer (2012) adopted this theory and substituted knowledge sharing for knowledge dissemination; for taxonomy and sharing for disseminating. Alegbeleye, (2010) and Nnadozie, (2015) adapted knowledge management process model from Choo (1998).

The knowledge management process model by Nnadozie (2015), was adopted and modified because the model was limited to libraries, pictorially linked to the various aspects of librarianship in several ways and knowledge management in particular. It shows that knowledge aspects, as managed by libraries, is made up of various information sources. The knowledge management activities manifest in different ways, in various organsations, including university libraries and allied bibliography agencies. Nnadozie (2015), explained that the success of knowledge on management activities of the library is determined by a number of factors such as work experience, academic qualification, library and economics. Knowledge management of Nnadozie is a theoretical framework that connects various activities and processes associated with the traditional management of these knowledge assets in conventional information related institutions. All these are for library organisation. It does not extend its activities to other organisations in the society, if done, it can be extended to indigenous traditional

herbal medical practitioners. Hence Nnadozie's, (2015) Knowledge management process model is adopted and modified to suit this work.

From the foregoing theoretical framework, the knowledge economy adaptedby Nnadozie (2015) is relevant to this study and is applicable in the sense that, efficient traditional herbal medical practitioners need to devise how to obtain, mobilize and disseminate knowledge at the most cost-effective ways so that it will be mutually beneficial to both the sender and the receiver of the knowledge among Traditional Medical Herbal Practitioners (THMPs).The Strategic Management Theory of Early (1997) stands out to enable the Traditional Herbal Medical Practitioners (THMPs) compete effectively in virtually all areas of their occupational status. Similarly, the theory of core competence enables the THMPs to obtain and accumulate vital information and knowledge which undoubtedly assist the THMPs to be masters in their own field of specialisation.

Five step Knowledge Management Process Model

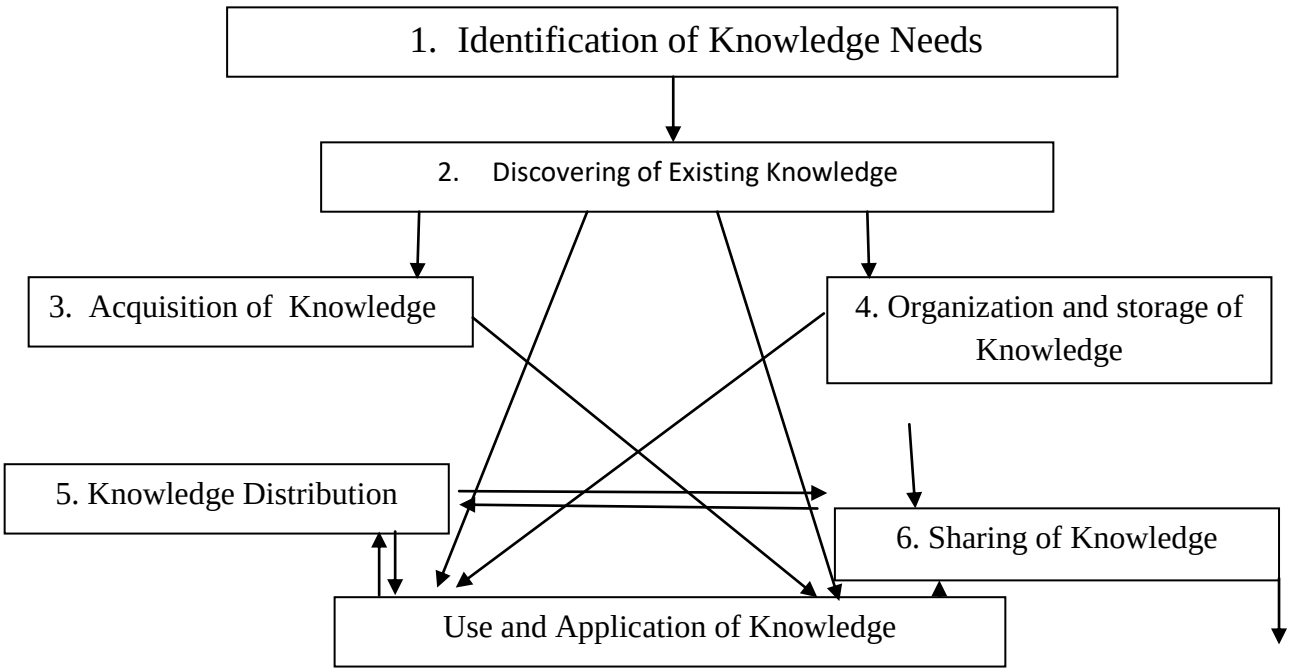

Figure 2.1: Five step Knowledge Management Process Model
Source: Adopted from Nnadozie, (2015).

2.2 Conceptual Model

The study adopted the five steps knowledge management process model to explain the knowledge transfer system. This model showed the knowledge needs, knowledge acquisition, knowledge organisation and storage which is equivalent to knowledge management, knowledge transfer/sharing and use which is relevant to the needs of indigenous traditional herbal medical practitioners. The model is shown in Figure II. The independent variables are information accessibility, knowledge acquisition and knowledge management. The dependent variable is knowledge transfer system.

Conceptual Model

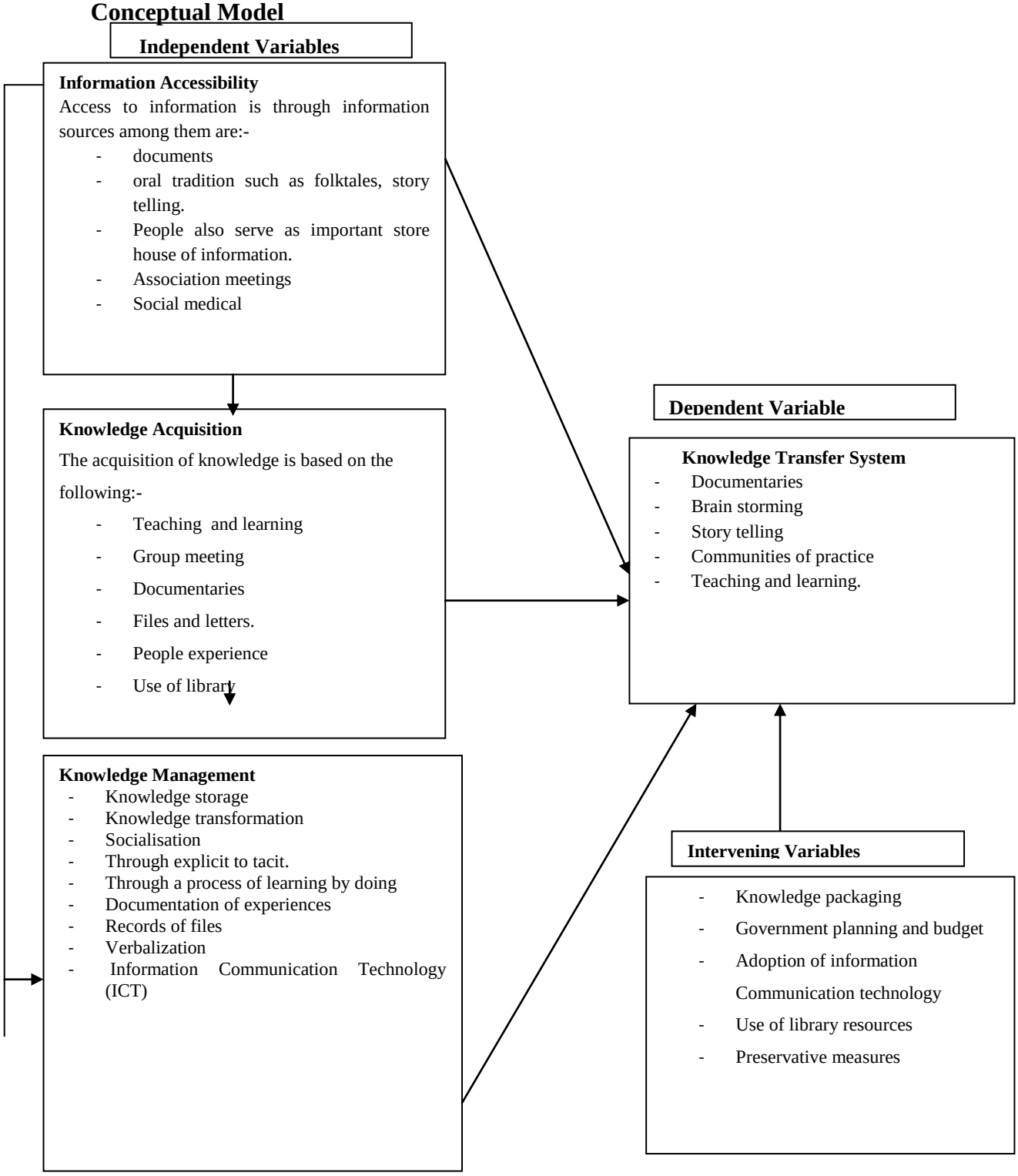

Figure 2.2: Model for the Study

The conceptual model explains the process of how the study was done. The study also shows that knowledge transfer system is influenced by variables such as information accessibility, knowledge acquisition and knowledge management.

Independent variables: The independent variables in this conceptual model are information accessibility, knowledge acquisition and knowledge management. The information accessibility here shows that proper accessibility of information source would make traditional herbal medical practitioners to be effective in their services.

Information accessibility: access to information by traditional herbal medical practitioners in South-West, Nigeria. are through information sources among them is documents such as, letters, books, tape recordings, video recordings, Information Communication (ICT). Technology. Through books records of past and present knowledge of numbers of herbs, its function, diseases it has cured and even number of patient it has cured and problems it has solved can be obtained, we may also have letters from forefathers to generation on what it takes on the practice of their professions. It should also include tape recordings and video recordings where teaching and learning take place; talking about herbs and efficacy; showing the herbs for people to see; showing different kind of people that have benefitted from the use of herbs and practice of herbal profession. Information and Communication Technology is very necessary for the access of information and acquisition of knowledge on herbs since the world has become global village and nobody can live in Isolation, Traditional herbal medical practitioners need to use internet, computer and also be involved in social media such as whatsapp, Instagram, Web page, E-mail and even Facebook and electronic media such as audio and video to give publicity to their product and services.

Moreover, Oral tradition such as folktales and story telling formed part of sources of information for indigenous practitioners. This is where story of people and their works would be told on their products and the type of services they render. In most cases elders in the community love gathering the young ones in the night to tell different stories on herbs, animals, human beings and the environments. Some like telling stories

during the daytime, all to make sure younger ones access necessary information to develop interest in the profession of their forefathers and develop more knowledge on new discoveries so that their profession will not perish. People can also serve as important store house of information as some are good in memory to recalled seen of the past from their forefather and pass them down to the new generation for cultural practice. Association meetings is another place of information accessibility, their association members can share their knowledge of new discoveries with other members and discuss on the improvement of their product and services.

Social media usage should be important to traditional herbal medical practitioners in accessing information. This include Whatsapp, facebook, Instagram and Twitter and electronic media such as listening to radio to get current information from the world at large. They can also watch television to combine hearing and seeing for a better understand of their profession, to get new knowledge on raw materials which they need for their products and also boost their knowledge and to improve services and project themselves.

The second independent variable in this study is knowledge acquisition. This is the obtaining of knowledge on different types of herbs and diseases which each cures through teaching, group meetings, documentation such as books, sound recordings, video recording files and letters, peoples' experience, adoption of Information Communication Technology and in-depth use of library. This will bring about effectiveness in the production of medicine by traditional herbal medical practitioners and the rendering of good quality services to the users. Knowledge acquisition is based on the following: teaching and learning, this can come through parents to their children; apprenticeship and acquaintances; seminars; conference; training and public enlightenment. It is from these that people will be able to receive knowledge from

experts on the indigenous knowledge of herbs. Group meetings are also sources knowledge can be acquired from through members who have access to more information than their counterparts. Old and new discoveries of knowledge are shared in group meetings, .People experience can also be where members of traditional herbal practitioners acquired knowledge, experienced people among them can be masters to the younger generation and impart knowledge on them.

The third independent variable is knowledge management. This describes how knowledge acquired by the traditional herbal medical practitioners can be properly managed to yield results of giving recognition to the herbal medicine .Effective management can lead to sharing of experiences and the flow of knowledge from one person to another or group to group is enhanced. Furthermore, the importance of Knowledge management to THMPs cannot be overemphasized.. This is because it is only when the knowledge acquired is adequately managed that transfer to another generation can be achieved. Knowledge can also be managed tacitly, that is natural knowledge which can still be refers to as intuitive knowledge is managed without being explicitly taught, with this, knowledge can be stored in the brain of such people that are endowed with retentive memories, but should be transferred to his children, family or even member of his association so that it will not perish. That is effective knowledge management. It is tacit knowledge management that can lead to the explicit where the knowledge can be properly documented in writing format; in computer; electronic database; webpage; group meeting and online. This can pave way to proper management of tacit knowledge which is personal knowledge embedded in individual experience, personal beliefs, perspectives, instinct, intuitions and values.

Verbalisation can also be in managing knowledge by traditional herbal medical practitioners because what one knows by oneself can be said to be one’s own idea but

idea need to be transferred to information for people to acquire .Therefore, such ideas could be transmitted from parent to children through apprenticeship; public enlightenment and association meetings. Through Information Communication Technology can help practitioners to properly manage their knowledge. This include storage of information in computer, using Instagram in receiving and passing information, personal and group chat through whatsapp, use of e-mail and post of useful information on the internet and facebook.

Dependent Variable: The dependent variable in this study is knowledge transfer system. Knowledge transfer system here has been explained to mean the methods adopted to transfer knowledge among traditional herbal medical practitioners. The methods include brainstorming mechanism to generate ideas and refine them, using the joint talent and experience of a group. Moreover, documentaries such as books, video records, sound recordings and record files provide a good basis for sharing of ideas and building confidence among the traditional herbal medical practitioners. Storytelling is also held for conveying messages, ideas, promoting values and good morals among traditional herbal medical practitioners. Adoption of Information Communication Technology can also facilitate transfer of knowledge. Communities of practitioners understand what they are doing, what it means in their lives and lives of the users. Teaching and learning contribute greatly to the ways in which knowledge transfer. Intervening variables in this study are the variables that can have effects on the independent and dependent variables. They are as follows:

(1) **Knowledge packaging**: This refers to the process of putting knowledge acquired in the format necessary for easy transfer and usage. These include proper methods, tools and techniques, experiences and technical know- how.

Traditional herbal medical practitioners also have an organisation in which they meet and discuss matters that concern them

However, traditional herbal medical practitioners differ in their specialisation in which all of them want to be the best. Knowledge packaging could be the tool in gaining more recognition. Knowledge packaging includes: Strategic planning with information on other practitioners in order to make more informed decision in the long term to be superior over any other moves initiated by competitors. We also have merger and acquisition through which they can get information and knowledge on how to improve their product and properly package it to gain more value and recognition than their counterparts. There is research and development whereby practitioners that use intelligence to access information and acquire knowledge are more successful in the products and services. Then there is pricing which have influence on the patients confidence and demand or encourage brand switching. It is therefore necessary for traditional herbal medical practitioners to know what the rivals or counterparts doing regarding pricing and then change price that are in favour of the patients while still making profit, next is advertising which practitioners need to be aware of the media that can help in advertising their products. Sale representative can also be used where a microphone or even a vehicle can be dedicated for advertisement by sale representative. Information technology can also be in projecting herbal medical practitioners products and services by showing their brand and how it works

(2) **Government planning and budget**: This refers to the action of government to recognize traditional herbal medical practitioners, involve them in government meetings in order to be carried along in planning and budgeting at the local, state and federal government levels.

Since the concept of sustainable development has been widely discussed since the middle of 20th Century, it has became fashionable for experts to use it. Governments also have to use it as a way of responding to global economic realities and areas of human life including the profession of traditional herbal medical practice. Governments' intervention is necessary on the provision of infrastructure and social amenities which involves building of primary health care that can combine both arthodox and traditional herbal medical practitioners together in order to ensure healthy lives and promote well-being for all ages.

Including local authorities in planning for traditional herbal medical practitioners will enable them express their needs to the government and their challenges can also be discussed. In budgeting for Federal, State and Local governments in the country, traditional herbal medical practitioners should not be left out because health is regarded as wealth. Where there is no health there is no development, hence governments need to set money aside for traditional herbal medical practitioners. This money should be for the establishment of traditional hospitals; financing training for TMHPs, financing acquisition of information on raw materials for their products; and building of organisation headquarters where they can improve on their products and services.

(3) **Adoption of Information Communication Technology**: This implies the adoption of information communication technology by all organisations, be they indigenous or modern, to be effective and efficient in their services, for instance, the use of computer internet service, e- mail and web page.

Modern technologies are part of the tools that can help to provide effective and efficient service delivery. For herbal medical practice to perform their service effectively, they have to fully utilise modern technologies. However, to meet up

with unsatisfied need for information, modern technology becomes an essential tool needed to do the services of information accessibility, knowledge acquisition, knowledge management and transfer system. Modern technologies combines both Information Technology (IT) and Information Communication Technology (ICT). Information technology covers application of computers to store, retrieve, transmit and manipulate data. It also involves the use of any computer storage networking and other physical devices in infrastructure and process to create, process, store, secure and exchange all forms of data between individuals and groups of people. Traditional herbal medical practitioners need information communication technology for: proper accessibility of information, knowledge acquisition, knowledge management and transfer system in order to boost their products and services

(4) **Use of library resources**: The use of library in this model means the need to make use of the library to support herbal knowledge. This is because the library is a place where there is information on indigenous practices in both print and non print format properly organised and preserved for the purpose of the users.

The library is a place where information materials in various discipline are kept for the purpose of information retrieval whenever needed. Hence librarians in their roles must ensure proper use of library by traditional herbal medical practitioners through including collections on traditional medicine and traditional herbal medical practitioners in their stock ; giving training on the use of library by organising library user education for the practitioners ; organising seminars forindigenous practitioners ; and provision of training on the use of information communication technology for traditional herbal medical practitioners. Libraries are important sources of information to any society, so

traditional herbal medical practitioners need to feel its impact for them to be more effective and efficient.

(5) **Preservative measures:** This means that quality preservative measures need to be adopted for the effective and efficient protection of herbal medicine for future use, to ensurethe protection of plant, animals and minerals or any other combination for present and future purpose.

Traditional medicine is not what should be neglected if the development of the medical system is to be achieved .Therefore, the necessity to protect indigenous traditional herbal practitioners from extinction so that the vital knowledge that might contribute to the future survival of man and animal will not be lost. Moreover, the gradual extinction of indigenous knowledge system on traditional herbal medical knowledge may stem from the fact that individuals, usually elders, in the communities are the repository of traditional herbal medical knowledge. This knowledge is passed down by words of mouth to the trainee who might be a family member. However, in order to promote traditional herbal medical practice, this idea must include modern methods of preservation and also by impacting traditional herbal medical knowledge on the members of the society who may wish to have the knowledge.

In this study, knowledge transfer system could be affected by intervening variables such as knowledge packaging, government planning and budget, adoption of information communication technology, use of library resources and preservation measures. The study also shows that information accessibility, knowledge acquisition and knowledge .management will have a relationship with knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria.

Moreover, knowledge management process model is adapted for this study because of its relevance in the steps of identification of knowledge needs which can lead to easy accessibility of information, acquisition of knowledge; organisation and storage of knowledge; and knowledge transfer/ sharing and use of knowledge that can result from effective transfer of knowledge.

2.3 Traditional Herbal Medicine

Traditional medicine, according to Word health Organisation (2002) refers to health practices, approaches, knowledge and beliefs incorporating plants, animals and minerals - based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat , diagnose and prevent illnesses or maintain well-being. The term 'complementary' and 'alternative' medicine are used to refer to a brand set of health care practices that are not part of country's own tradition or not integrated into the dominant healthcare system. Based on this broad definition, it may be hard to find a religion Country without some form of the Traditional Complementary and Alternative Medicine (TCAM) practice.

Traditional Medicine is called in various ways, such as traditional medicine, alternative medicine, complementary medicine, natural medicine, herbal medicine, phytomedicine, non-conventional medicine, indigenous medicine, folk medicine and ethno medicine. Citing the Africa Traditional Medicine situation, Van der Geet *et al.* (1997) points out some of the key unifying features of any traditional medical knowledge relating to self help: a social character; religion dimension; orientation to prevention; and comprehensive concepts of health and illness than in the western tradition.

Traditional herbal medicine (THM) involves the preparation of biologically active natural products which are made up of herbs or herbal materials such as leaves, barks

and roots of trees . Some recipes may contain materials such as fungal and bee products, and these are used for the maintenance of human health and management of different types of ailment.

Fukunaga, (2016) investigated factors associated with local herbs used during pregnancy and labour among women in Kigoma region, Tanzania. The study examine the factors and characteristics of women using local herbal during pregnancy and or labour and the association between local herb use and post trial complications in lagoma, Tanzania. The authors adopted survey method to analyses data from the 2016 Kigoma Tanzania reproductive health survey (RHS), a regionally representative population-based survey of reproductive age women (15-49 years). They include information on each woman's most recent pregnancy resulting in a live birth during January 2014 to September 2016. Multivariable logistic regression was used to calculate and 95% confidence internals (ci) for factors associated with use of local herbs during pregnancy or labor, as well as factors associated with postnatal complications. Results of the study showed that women, 10.9% (ci:90-13.1) used local herbs during their last pregnancy and/labor resulting on live birth. The most common reasons for taking local herbs included stomach pain (42.9%) and for the health of the child (25.5%) adjusted adds of local herbs use was higher for women reporting a home versus facility based delivery (a %, 1.6, Ci:11-12), having one versus the highest wealth terrible (a or:14 cl:11-19). Adjusted adds of pastnatal complication were higher among women who used local herbs versus those who did not (9 or:1.5, cl: 12-19) had four or more antenatal care visits versus fever (a or:1.4, cl:12-12) and were aged 25-34 (a or: 11, cl: 10-13) and 35-49 (a or: 13 cl: 10-16) versus C25 years Obstacles identified showed that about one in ten women in Kigoma used local herbs during their most recent pregnancy or labor and had a high risk of postnatal complications. Since the study involved health

providers to consider screening pregnant women for herb use during antenatal and delivery care as well as provide information about any know risks f complication from herbs use, it is therefore, related to the study on information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria.

Peter *et al.,* (2012) carried out study on herbal medicine in Nigeria (Ezekiel:47:12): towards a synergy between traditional medicine and western medicine in Urhobo land The authors use the methodology of inculturation hermeneutics for the study seek to call on the church and government to find ways o advantage the Urhobo traditional medicine technologically in line with modern best medical practices in the world so as to bridge the gap between the arthodox medicine and that of Urhobo. The study showed that urhobo traditional medicine is effective author fetishism but the mentality of the missionaries against Urhobo traditional medicine which relegated it to the back ground on the ground of crudeness and fetishes is still prevalent in the contemporary church in Urhobo land and the government alike; thereby promoting orthodox medicine against that of Urhobo without any attempt to improving it. Since the study seeks to call on government to find ways to advance the Urhobo traditional medicine technologically in line with modern best medical practices in the world: it is related to the study on the information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in Southwest. Nigeria

The benefit of Traditional Herbal Medicine (THM) as a means of health care hinges largely on correct and adequate knowledge, and experiences; while misuse and misunderstanding have been traced to the knowledge gap in the herbal medicines particularly as it relates to the merits benefits and demerits by the primary health care professionals (Bodeker and Burford, 2007).

The attraction to traditional herbal medicine is very likely to continue to increase across the entire globe for various factors: the reasons for the upsurge in the use of Traditional Herbal Medicine (THM) include: Personal preference, perception of safety, easy accessibility, relatively low cost, perceived efficacy of treatment and the fact that the THM is utilized as the last resort in the management of certain ailments that defy the application of conventional (orthodox) drugs (Fasinu *et al.,* 2012).

To stress the place of THMs in health care system in Nigeria Osagie (2018) stated that " Nigeria has over 8,000 plant species with potential benefits in ethno-medicine or ethno-pharmacy, and that up to 70% of Nigerians use traditional medicine either wholly or in combination with modern drugs".

2.3.1 Importance of traditional knowledge in Nigerian Society

In the assertion of Erik (2011), the term traditional people is in itself a contested category of people. The former refers to "culturally distinct ethnic group with a different identity from the national society that draws existence from local resources and are politically non-dominant. Rural communities people and nations are those having historical continuity with pre-invasion and pre-colonial societies that developed on their sectors of the societies now prevailing in those territories, or parts of them.

Moreover, traditional peoples of the world possess an immense knowledge of their environment based on centuries of living close to nature. Living in the richness and variety of complex ecosystems, inhabitants have an understanding of the properties of plants, animals, the functioning of ecosystems and the techniques for using and managing them. That is, they particular and often detailed in rural communities in developing countries, locally occurring species are relied on for many, sometimes all foods, medicines, fuel, building materials and other products. Equally, proper

knowledge and perception of the environment and their relationships with it are often important elements of cultural identity. Furthermore, the traditional knowledge is more than simple compilation of facts drawn from local and remote environments. It is a sophisticated system of knowledge acquisition from centuries of wisdom and experience. It grows and changes with new information. Indigenous knowledge varies in its contents and style and contributes a great deal in sustaining the planet (Margara *et al.,* 2011).

The United Nations (UN) and its organs such as UNESCO, World Health Organisation (WHO) and the World Bank have since recognised the place and relevance of Indigenous Knowledge in development and have been advocating for its use in modern practices. Moreover, it was due to the recognition of the value and relevance of Indigenous Knowledge that the UN adopted Agenda 21 during the Rio Earth Summit to cover indigenous practices and knowledge in natural resources, environmental management and healthcare services (UN,1992). In this regard, Arowolo, (2012) maintained that the modern challenge to humanity is to adopt new ways of thinking, new ways of acting, new ways of organising itself in society, in short, new ways of living. According to him, the new way is in the use of traditional knowledge to promote the paths of development. To this end, documentation of traditional knowledge in Nigeria is important because it plays an important role in identifying traditional practices that are useful with the view to make knowledge accessible so that all can benefit.

The use of traditional medicine is independent in many countries of the world specifically among patients with chronic or long term illnesses (WHO 2003; WHO, 2002). In western societies , more and more people have been using traditional medicine

to treat their ailments as a implement of substitute to more bio-medicine treatment (Kofi-tsepo, 2004). This has been due to in part to the philosophical tradition of traditional medical practitioners who actively engage with patients as in their treatment which results in a more holistic approach to health. These assertions show that library and information center need to put more efforts in the document and preservation of indigenous knowledge.

In developed countries, the use of animal and plants products in the management of diseases is known as complimenting medicine and therefore many tend to refer to African traditional medicine as can elementary medicine (WHO, 2002). Apart from the social cultural features of traditional medicine, its accessibility, client/community information and low cost had made it popular among African (Agbor and Naidio 2011). In Africa traditional medicine, the curative training, promoting and rehabilitative services are referred to as clinical practices. These traditional health care services are provided through traditional and culture prescribed under a particular philosophy e.g norms taboos tradition and culture which are the cornerstones of clinical practice of traditional medicine are the major reason for the acceptability of traditional health practitioners in the community they serve the philosophical clinical care embedded in these traditional culture and taboos have contributed to making traditional medicine practice acceptable and hence highly demanded by the population (Muhammed, *et al.,* 2010).

All aspect of western perception of oral health like aesthetics comfort and function are applicable in African traditional medicine for example among the Fulani tribe of west African health beautiful teeth were attributes of beauty and elegance, enhanced by tatoos and craft crowns (Diouf, 2013). There health problems were generally managed by healers or traditional practitioners who based their practices on empirical and handed

down knowledge; for example socio-anthronological meaning, health care and the place of herbal medicine in dentistry which are highly linked to African traditional medicine are important in the formulation and implementation of health projects and programmes in most African countries (Diorf, 2013).

Further more, western religions, education urbanisation and globalization in Africa have not affected the use of traditional medicine. (Warren, 1979) reported that students and health care workers in hospitals in Ghana continue to believe in spiritual causation of certain illnesses and that these diseases an best treated by traditional priests/prestresses and spiritual churches (Feleman, 2002) also noted a passionate ambivalence towards African traditional medicine in some segments of the African population, especially among the educated elites.

Teshome-Bashiru, (2006) reported that the process of urbanization has greatly impacted on the use of tradition medicine in both moral and urban community of Addis Ababa Ethiopia, in both positive negative ways. Through the foregoing explanation the importance of traditional medicine in the health care system of the society cannot be over-emphasised. Hence the need for librarians to play role in recognition, documentation and preservation to enhance the knowledge of traditional medical practitioners.

In addition, traditional Knowledge in medical practices is gaining attention because it has value in solving health-related problems of many communities in the world. Tilburt and Kaptchuk, (2008) reported that in China, traditional herbal medicine played a prominent role in the efforts to contain and treat Severe Acute Respiratory Syndrome (SARS). They also noted that 80% of African populations use some forms of traditional herbal medicine. The worldwide annual market for these products approaches US $60

billion. There is a worldwide interest among countries and industries on investment in traditional medicines, and industries are investing millions of dollars on promising medicinal herbs and novel chemical compounds. This suggests the need to document and make accessible the knowledge with a view to enhancing its use in healthcare delivery services so as to improve the life and living standard of the people.

2.4 Methods of Accessing Information for Traditional Medical Practice

The concept of access of information and knowledge is at the heart of modern societies. Sen (2005), identified that basically, access depends on two types of factors, technological and cultural. The technological factors determine the physical requirements for disseminating information, these include communication, transportation, printing, and the technology of organizing information The cultural factors depend on the extent the people who possess the knowledge are willing to share it and place it in social domain. To this end Okwu (2004) noted that access to information in modern society is more challenging as it has gone beyond the scope of individual library or documentation center. It is compounded by so many barriers-natural and artificial but generally, access can be made easy by ensuring the availability of knowledge sources in the library or documentation center at all times.

Access to Indigenous knowledge can be provided through the use of appropriate means of sharing, distributing and transmitting the knowledge in learning. Partnership is also required with the people who own the knowledge to participate as both contributors and users of the knowledge. It is equally important that information specialist pay attention to learning about Indigenous knowledge with a view to understanding its bases in the society Documentation activity will result in development as it will increase the availability of information resources which can lead to access. More local resources including stories, creative works, texts and reports on Indigenous cultures will be made

available Other products of documentation may include more visible media such as film, documentary, radio, the performing arts and more recently, the internet.

Moreover, the inclusion of Indigenous knowledge will significantly increase the intellectual capacity of Indigenous communities. It will also bring development and change among the local communities in Nigeria.

Attempts by many libraries and documentation centers to provide access to Indigenous knowledge may face resistance because of what Nakata (2010) identified in his study: Indigenous people are suspicious or hesitant in allowing access to their knowledge due to the fact that all that they have with them is the knowledge. Pharmaceutical companies often make money from Indigenous knowledge without due acknowledgement or compensation. Western concepts of intellectual property are inadequate for responding to collective ownership of ideas and knowledge and Indigenous people are still discriminated against with few rights or little protection for their knowledge. In this sense disclosing their secrets arouse passion and fear of parting with their knowledge which may result in losing their cultural identity.

Access to Indigenous knowledge can be made possible by cataloguing the knowledge in libraries and documentation centers. This practice is what obtains in Sri Lanka where palm leaf manuscripts collection in all libraries, archives and documentation centers were catalogued or listed (Ranasinghe, 2008) However, these listings or catalogues do not provide sufficient access to the contents of the manuscripts other than showing their locations. This can also be applied to paper manuscripts collections too.

Cataloguing and living may not give the contents of the materials except the titles as given by the library Raseroka' (2008) reflected on the dimension of information and communication technology facilitates in capturing oral-based knowledge. The basis for

the consideration has been the World Summit on Information Society (WSIS) principles which provide the promise of equitable access to information as a base for creation of the knowledge society through ethically grounded information use and sharing mechanisms.

Information and Communication Technology facilitates exploitative approaches to information access and encourages the development of knowledge as a commodity for competitive advantage. Anyira *et al*. (2010), reported that Indigenous knowledge in Niger Delta libraries and documentation centers have been made accessible through television/radio broadcasting, exhibits and displays; film, mobile library services, lending of relevant Indigenous materials, and online access. Similarly, Okre, *et al.* (2009) noted that libraries and documentation centers can use the Internet to provide access to a wide range of Indigenous knowledge in Nigeria.

Acquisition in libraries and documentation centers may be handled by a unit designated to discharge that function. Basically, the activities in acquisition include coordination of selection, management of funds, collecting operational statistics and maintaining relationship with the sources of material. The conventional method by which knowledge is acquired in libraries and documentation centers comprises of purchase, gift and exchange. However, indigenous knowledge resources are not like conventional information resources that can easily be obtained from the market because their acquisition is always defined by the practices and structures within the culture that provides them. Often indigenous knowledge is acquired from membership of the culture. Dei *et al*. (2002) posited that the precondition usually attached to the acquisition of indigenous knowledge is often respect and recognition of the value of the practices of the culture. Indigenous knowledge is handed down from one generation to another through symbols, art, oral narratives, proverbs and performance such as song,

storytelling, wise sayings, riddles, and dances. It has been observed that this same pattern operates among traditional herbal medical practitioners.

Socialization of the child starts from immediate families to extended families and to the wider community. Tradition, custom, lifestyle, language, stories, songs, art, craft, work rituals and ceremonies are the subject of the indigenous knowledge resources. Indigenous knowledge sources are mostly in tacit form which makes their acquisition by libraries and documentation centers difficult. They are different from modern sources of information which are available in the market. Some local people may hardly part with their knowledge while others may entrust them to a trustee. It is because of this that El-miskin (2002), suggested that the process of acquiring such items should incorporate confidence building measures and ethical conduct that will establish mutual trust.

Similarly, the American Library Association, (2010) core values recognized librarians as professionals with a social responsibility to provide and promote public access to information. Due to this, they should embrace and respect the diversity of cultures and develop sensitivity and care to advancement of culture as fundamental tenets of librarianship. These will serve as a reminder of core library values and to provide access to materials without sacrificing individual liberty or respect for culture differences. These principles may advance the roles of librarians as stewards of knowledge and cultural heritage. Consensus on these principles within the library community will establish the library's voice advocating for reasons and respect in national and international discussions concerning protection of and access to unique creative works of traditional cultural expression. Therefore, if information on traditional herbal medical practice is to be acquired by Nigerian libraries and documentation center there is the need to accord it the same respect as given by the owner (practitioner).

Furthermore, Barrett and Sexton (1999) explained that most cultural practices are based on tacit knowledge which is intangible because of its oral form and rely mostly on experience, value, and personal beliefs. This form of knowledge is only known to knower as it resides only in his mind. The library can document oral knowledge to enhance its preservation and access. Nadal (1972), is of the view that traditional herbal practices success in Nigeria was dependent on a high degree of technical efficiency which gave regard to individual skills.

Information access presupposes that knowledge already exists and that there is a desire to capture that knowledge because of some perceived benefit for the acquirer. An organisation might, for example, want to capture the knowledge of another firm by acquiring the firm, hiring employers from that firm, request for engineering one of their products, or reconstructing information by examining papers and articles published by the firm because it is perceived that there is important information to be acquired (Umoh and Amah, 2013).

The major sources of professional knowledge in traditional medical practice are through fathers, masters, healers, relatives and mothers. Other sources are from friends and colleagues of traditional medicine. This implies that knowledge of traditional medicine is handed down through transmission from one generation to generation (Mafe,2015). Informal communications are also frequently used for obtaining information. This means that, people tend to use readily accessible sources more than other sources. Knowledge may not be acquired by naturalistic trial and error, but through direct revelation through conversation with the creator, spirits or ancestors.

Knowledge acquisition means the development or creation of skills, insight and relationships. Effective knowledge acquisition depends on user relationship

management. Information technology can be used in the context both as a means of collecting feedback and enhancing communication and cooperation between partners. It can also be used to gather data and information regarding discussion of new discoveries, patronage of customers and so on, which can be used to create new knowledge in organisation (Fris,2014; Zamjani,Rouzbehani,Dabbagh,2008).Knowledge acquisition can be said to be the obtaining of data and information which can be processed and used to create knowledge. For instance, data on new herbs, Their names and functions, can be learned and people trained on how to use it and the positive results could be analysed to create knowledge that could improve the use and practices. Knowledge acquisition can also include data and information which can be processed and used as building blocks for new knowledge creation (Frost 2014). This implies that in order to satisfy needs of users and to be properly sound it is high time for traditional herbal medical practitioners to add new method of knowledge acquisition to the existing ones.

2.5 The Importance of Preservation of Traditional Medicine

Preservation of traditional herbal medicine is very necessary because of its usefulness in the sustenance and development of the country. it aims to recognise, respect, protect and promote the practices and expressions of traditional medicine in all specialisations. The purpose of this law is promoting the use of traditional medicine based on derivations of plants, animals and minerals or any combination thereof, items of quality, safety, accessibility and accountability (Busari,2011). The traditional role of the library is to preserve knowledge from all fields of human endeavours. The library acquires various types of records of information that emanate as a result of various interactions in social, economic, educational, cultural and political sources; it also preserves the records that are already in existence. Going through this assertion, it can be deduced that the record of information by the indigenous traditional herbal medical practitioners, be it book or

non-book materials, can be given to the libraries for proper preservation to be referred to by the students and researchers for reference and transmission from generation to generation. Therefore, knowledge acquired would be transferred easily without a waste. Moreover there is growing appreciation of the value of indigenous knowledge. it has become valuable not only to those who depend on it in their daily lives but to modern industry and agriculture as well (Odeku, 2014). In the work of Maluleka and Ngulube (2017), it was reported that there is a consensus among healers that ancestors control knowledge of traditional healing and pass it down to the chosen healers through dreams and visions. However, even though ancestors are believed to be ones who preserve knowledge of traditional healing, there are healers who document their knowledge using different media chosen by them.

The educational sector in Nigeria is focusing on indigenous herbal medicine such that three (3) higher institutions (Universities) have floated a degree programmes in this area. The institutions are: University of Medical Sciences Ondo, Samuel Adegboyega University Ogwa Edo State and University of Ibadan. This initiative which has been described as historic and significant step towards boosting herbal medicine research and development in Nigeria was reported by Dapo Ojerinde in the Punch news paper (May 29th , 2018). Before this initiative, some institutions where certificate course in various aspects of indigenous herbal medicine are offered have been in existence one of such school is the College of Natural Medicine, Kofo Abayomi, Lagos and Federal College of Traditional Medicine Abuja. Same of the course offered include certificate in orthopedic medicine, certificate in traditional medicine and general medicine

It is obvious from the ongoing that, even though the knowledge of traditional healer is largely preserved orally, a paradigm shift has emerged. With the upcoming of programmes in indigenous herbal medicine, it is clear that one of the problems will be

access to information resource in this area of learning. While libraries have not traditionally focused on these areas; it can be inclusive in its service by providing information resources in the field and experts in collection organisation, preservation and retrieved of indigenous knowledge (Steven 2008) in a nutshell traditional medicine has been in the contemporary society.

Traditional knowledge is deemed important according to Johnson (1992) hence the call for proper documentation and digitilisation by information manager for posterity. Traditional medical knowledge is valuable not only to those who depend on it in their daily lives, but also to modern industry and agriculture (Nakata and longton , 2005).

The library and information profession has a lot to learn if they are to meet the information needs of indigenous people and appropriately management is the basis of this assertion that IFLA (2008). highlighted roles of libraries through information managers preserving traditional herbal medical knowledge and these are :

1. Collecting and disseminating indigenous medicinal knowledge
2. Publishing the value contribution and importance of indigenous knowledge to both non-indigenous and indigenous people

Preservation of herbal resources, protecting the planet's natural resources is essential for the long- term future of Chinese medicine. In ancient times, wild plants were widely used in Chinese medicine, and many herbs were primarily collected from wild sources. According to the World Health Organisation (WHO) "as many as 80% of the world's population depends on traditional medicine for their primary health care needs" (Fagbola, 2013). 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 and relying exclusively on practical experience and

observations handed down from generation to generation, whether verbally or in writing, (Chisenga,2012).

Records from information resources could easily be lost in case of disasters such as man-made and natural disaster; for example: fire, flood, war, mutilation, theft, insects, rodents attack and micro-organisms as well as deteriorate as a biological organism there by losing the information they contain (Alegbeleye, 2010). As a result of this, preservation programme is put in place to protect information resources. According to (Joan, 2010) Concise Dictionary of Library and Information Science, "preservation" means preservation or being preserved while conservation means the act of keeping free from depletion/decay or injury especially works of arts.

Traditional medicine is not what should be neglected if the developments of the traditional medical system are to be achieved. It is, therefore, necessary to protect the indigenous traditional herbal medical practitioners from fading away. (Nwokocha ,2008) noted that one of the most notable features of medicine in the latter part of the preceeding century were vigorous criticisms against traditional systems of healthcare delivery, almost to the point of suffocation. The consequences are that vital knowledge that might contribute to the future survival of man and animals are gradually being lost. Equally, the gradual extinction of indigenous knowledge systems in African communities may stem from the fact that individuals, usually elders, in the communities are the repository of traditional medical knowledge. This knowledge is passed down by words of mouth to the trainee who might be a family member.

Moreover, if this knowledge is not passed down, the knowledge will be lost with the death of the individual. Some solutions have been proffered to arrest this negative trend. One of such is the resolution by World Health Organisation Executive Board

held in January 2009 which emphasised the need for national policies to support integration of Traditional Medicine into health system (Economic and Social Council, 2009). The prevalent theme of the meeting was ensuring that traditional herbal medical knowledge is not lost (preservation) and that its originators are given credit and appropriate reward for their inventions (protection). Preservation of Traditional Medical knowledge involves developing systems that will ensure the continued existence and viability of traditional medical knowledge as well as passing them on to future generation. (Anyaoku, Nwafor and Eneh 2015).

2.6 Information as Indispensable Tool for Successful Practice of Traditional Medical System

Information is an indispensable tool for successful practice in any profession. It is on the basis of this that Ajayi and Adewale (2010) defined information as the record of idea which could be passed from one person to the other. Information could be through oral, written or printing formats. Information is said to be a sequence of symbols that can be interpreted as a message. Information can be recorded as signs, or transmitted as signals. It is any kind of event that affects the state of dynamic system that can interpret the information. Indigenous people have linkages and guidelines for social- equity relationship with non human beings, ecological responsibility and respect for the super-natural through "information" received by their forefathers. Alhassan (2012) investigated the traditional knowledge acquisition and transfer among members of the Nupe royal music band in Nigeria and found that traditional knowledge is clearly acquired and transferred mostly within family who are likely to protect their skills and knowledge as inherited sources of income. However, the shortcomings of information acquisition, management and transfer among the traditional herbal medical practitioners include the myths associated with the knowledge, lack of interest, and rural to urban

drift by the youth, poor remuneration of members and the negative influence of modernisation on traditional cultures. Moreover, human effort towards attaining goals has been captured in the assertion of Ijudigal (2015) who opined that attaining goals through human effort depends largely on effective communication of information and the major ingredients that make communication possible is provision of information.

In recent times, there has been increase of research interest in the concept of indigenous knowledge transfer especially among information managers Globally people developed unique indigenous healing traditions adapted and defined by their culture, beliefs and environment which satisfy the health needs of their communities over centuries (World Health Organisation,, 2011). This may be because indigenous knowledge has been described as a body of knowledge that embedded in the culture, oral belief and way of life which is enriched in make- belief or, better still, spiritism and the practices of its know-how and how it is developed and maintained by people from generation to generation. As mentioned earlier indigenous knowledge as a concept has lived with man as long as existence and even today it still competing with orthodox knowledge. Several rural communities of world, especially in African, still have much attachment and belief in the know-how and practice of their fore fathers which were translated to them. For most, this forms the basis of their decision making that cuts across all aspects of their lives, was including national languages, values and trading, farming skills, health and medicine.

Specifically in the area of health and medicine, several authorities have given various description of indigenous knowledge with regards to alternative medicine, but certain things are common to all. That is, the fact that indigenous knowledge is tacit in nature (World Bank Group 2015,. yet, it facilities communication and decision making (Thompson,, 1999); it is greatly affected by social stratification (Fernandex, 1994); it is

vulnerable to attrition of not recorded for storage and transmission (Sithole, 2007) and it is of great value to health and medicine (Kargbo, 2006) among Yorubas of the South-West Nigeria. The use of traditional medicine such as herbs, magic, charms animals waste and sacrifices rituals for healing and long life is a common phenomenon (Mbiti 1978) observed that African people generally believed that every inanimate objects, e.g. grove, river and cross road have demons or spirits which could be dangerous to mankind.

Furthermore, according to the World Health Organisation (2002), 80% of Africans use traditional medicine for primary healthcare. For instance, in Nigeria, Agbo which is the Yoruba name for herbs is a variety of herbs and concoction an alternative medicine are used most especially by the native Yoruba people. It's huge patronage reflects the importance of traditional medicine to Africans in general and Nigeria in particular, therefore, sustaining and passing it from generation to generation becomes vital. It is also recognised by the Worlds Health Organisation (WHO) that herbal medicines are the most popular form of traditional medicine and are highly lucrative in the International Medicine Market. The world should give to traditional medicine as an alternative medicine and that world should assist the orthodox medicine in its healthcare delivery (World Health Organisation, 2004). In a recent report, the WHO stated that eighty percent (80%) of the population if Africa and some two- third (2/3) of the countries depend on traditional medicine for primary health care. To sustain traditional medicine in the country the regulatory situation of traditional medicine in Nigeria as formal legislation promoting traditional medicine dated back to 1966 when the Ministry of Health authorised the University of Ibadan to conduct a research work into the medicinal properties of local herbs (WHO2001). Today herbal medicine has become more lucrative and attractive form of traditional medicine.

Moreover, development of traditional medical practice is deeply rooted in culture and therefore forms an integral part of the cultural and belief system. Hence, knowledge transfer of indigenous medicine is mostly tacit in nature and is passed orally from generation to generation (Osemene, Elujoba and Ilori 2011). Custodian of this tact knowledge are considered to be the legitimate curators which they claimed to have been handed down to them by their ancestors, and they are in turn expected to pass it on to others (Owuor, 2007). Following the focus on this study, traditional herbal medical practitioners are the people who are competent in health care system of using plants, animals and other mineral substance in prevention and curing of ailments in accordance to belief tradition, customs and practices of their societies.

The consequences of neglect resulted in rural dwellers lacking access to basic needs such as water, food, education, healthcare, sanitation, information and security, leading to low life expectancy and high infant mortality. As a result of this condition, majority of the rural dwellers tend to migrate to urban areas for better life. Furthermore, Cyprian (2008) examined the various ways in which mobile phone technology can be used to provide agricultural information to rural farmers in developing countries. Since the decision making process in agriculture now depends largely on information availability to farmers, mobile phone technology has been accepted as one of the efficient methods of information delivery to farmers. The paper identified five different ways in which this technology can be used to deliver agriculture information to farmers. They include: short message service (SMS); dedicated number with a voice activated menu option, internet access service; combined service with other technologies and one-to-one communication. This is also applicable to traditional herbal medical practitioners as mobile phone technology can be one of the efficient methods of information delivery to

the general society on the various information services of medicine and the diseases they cure thereby paving way for more recognition.

Information is vital in every society and the availability of efficient, reliable and affordable information system is an ingredient for rapid economic, political and social development of any nation. Internet has changed the way people receive information unlike in the past. The people of the world today are living in a global village because of the advancement of information technology. The information that usually takes many days or weeks to disseminate, now takes seconds or minutes. People can now make interpersonal communication with others to get desired information as quickly as possible from part of the countries of the world through the use of social media, without leaving their immediate environment (Kalu and Peace, 2016). Social media are interactive computer mediated technologies that facilitate the creation and sharing of information, ideas, career interest and other forms of expression through virtual communities and network (Kietzmann and Hermkens, 2011).

Social media refers to computer mediated technology facilitating the growth and sharing of ideas, awareness, career interest, information and other methods of expression through social networks and virtual communities (Abbas *et al.,* 2019). It is very clear from the above assertions that traditional herbal medical practitioners need the social media to be more effective and efficient in sharing ideas and discussion of new discoveries about their profession. As a result, learning the use of social media is paramount to the traditional herbal medical practitioners in South-West Nigeria.

2.7 Methods of Transferring Information among Traditional Medical System

Knowledge transfer is the deployment of knowledge, expertise, skills and capabilities from universities, as the academic knowledge, to companies or organisations such as

non- government organisations, commercial and industrial sectors, and various non academic beneficiaries in need of the knowledge (Hong Kong Baptist University, 2015). Knowledge transfer refers to the mutual interaction that can take place for knowledge to move from one point to the other. It occurs when an individual is willing to assist as well as to learn from others in the development of new competencies. The assistance referred to here, is in the area of collaboration either within or outside the organisation (Animashaun,2008). Proper method of knowledge transfer among organisational members has several benefits. It among others, it frees information, enhances social interaction, eliminates or reduces duplication of efforts and forms the basis for problem -solving and decision- making Nnadozie (2015).

Furthermore, free access to information facilitates knowledge acquisition and contributed to the development of the people in the society. (Udensi,2010) opined that, it is only when available information is easily accessible that information utilisation is possible. Therefore, Africa information resources, are available in different forms in the universities that have them in the language, and in the different formats that can easily be attracted. She further asserts that the poor and development rate of Africana literature is not without reasons. One of the reasons for poor recognition accorded to Africana could be the fact that in those colonial years, the educational systems did not emphasise the Africana culture. They were taught by English teacher and was given English books to read which had foreign culture at the background. These have affected the perceptions of library users, who in turn influence the choice of collections in the library. However, indigenous traditional herbal medical is not left out in this challenge.

Indigenous knowledge system is defined as the accumulation and dissemination of information in this form of shared environment knowledge, beliefs, rules and techniques

for productive activities (Olatokun, 2008). This means, it may be related to common practice seen in communities. Conventional approaches imply that development processes always require technology transfer from locations that are perceived as more advanced. This often has led to overlooking the potential in local experiences and practices. In this wise, one can deduct that integration of indigenous with foreign knowledge is what is needed for the success of a project.

Traditional knowledge systems of indigenous people vary in their contents and styles, nonetheless, all have a great deal to offer in sustaining life on the planet. Most traditional knowledge systems assume that people are part of the land, not that they own the land, so they consider themselves as true guardians. The wisdom derived from this philosophy can be advanced when planning for sustainability (AIan, 2000).

Knowledge transfer in the past reffered to commercialisation, but the new term is knowledge transfer and know-how in the arts, education, humanities and the like. The ultimate goal of knowledge transfer is to implement impacts on organisation and aspects so as to generate strategic innovations. Apart from seminars and public enlightment, knowledge transfer is a very broad range of activities, including research work, collaborative research, consultancy services, facilities and testing, continuous professional development, training, work force development, social, cultural, and community engagement (Heng Kang Baptist University, 2015; Cambridge University, 2015).

Knowledge transfer and knowledge sharing are applied and used interchangeably to mean the same (John, 2008). In view of the foregoing, it is very clear that knowledge transfer is very important in all disciplines as stated above, including on the culture which is related to the profession. Proper training, public enlightment, research on new

discoveries and association of community need to be carried out by traditional herbal medical practitioners as part of modernization.

2.8 Libraries and Librarians Roles on Information Acquisition, Management and Transfer System among Traditional Herbal Medical Practitioners

It has been observed by (Udensi and Akor,2013) that in Nigeria, it is common to see in organisations, government ministries and parastatals a room set aside or hall cramped with some old chairs, tables, and cupboards, put together collection of books, magazines with a library inscribed at the door post. However, collections in the libraries need to include collections of indigenous traditional medical knowledge that can be useful in the area of medical herbal practices. Traditionally, information was available in print format as books or serials. Later, other formats like microforms and audio-visual materials carried information that are pertinent to research. Now with advances in information and communication technology (ICT), information that can be useful to traditional herbal medical practitioners is available online, on compact discs and internet. Therefore, efforts should be made by librarians to make them accessible and affordable to indigenous traditional herbal medical practitioners (Lawal, 2006)

In the view of (Obi, 2014), a library is an organised collection of information resources made accessible to a defined community for reference or borrowing. It provides physical or digital access to material, and may be a physical building or room, or a vital spare, or both. A library collection can include books, periodicals, newspapers manuscripts, films, maps, prints, documents, microforms, CDS cassettes, video tapes, DVDs, e-books, audio books, data bases and other formats. Obi continue that the functions and roles of library and information centre includes:

1. Libraries provide access to education by teaching information skills, by providing leadership and expertise in the use of information technologies and by

participating in networks that have access to resources outside the school or community.

2. Secondly, libraries help to ensure equality in education by (i) helping children start school ready to learn. (ii) addressing the needs of students most at risk; (iii) providing access to information and ideas unimpeded by social, cultural and economic constraints; (iv) ensuring free equal access to information and ideas without geographic constraints and (v) helping students stay free of drugs and violence in an environment conducive to learning.
3. A third role is that of impacting academic achievement for individuals and assisting them in lifelong learning, preparing individuals for productive employment, promoting functional literacy among adults , preparing individuals for responsible citizenship. However, looking critically at the definition of Obi; they are what is needed by the traditional herbal medical practitioners for practice and decision- making in order to clarify the efficient and effective use of herbal medicine.

Information is raw material for the development for both urban and rural dwellers. Posterity, progress and development of any nation depend upon the nation's ability to acquire, produce, access and use pertinent information (Harande in Obi, (2014). Moreover, Udensi and Akor (2014) revealed that the role of the library in any society is centred on information generation, information preservation and information dissemination according to the need of various sectors in the society. Its importance therefore, affects the individuals, groups, corporate bodies, institutions, and societies.

Thus, the library provides different types of information which in turn contributes a lot of the human and material development of any nation. However, traditional herbal medical practitioners are not left out in this stated role, since part of their activities is to

carry out their duties successfully through information generation, information preservation, information utilization and even information pass from generation to generation.

Evidence-based health care is an approach to clinical practice intended to optimize decision-making by emphasizing the use of evidence from well-designed and well-conducted research. It tries to assure that a clinician opinion, which may be limited by knowledge gaps or biase, is supplemented with all available knowledge from the scientific literature so that best practice can be determined and applied (Wikipedia, 2019). This shows that traditional herbal medical practitioners need to be involved in health care system of the community in conjunction with orthodox medical practitioners and librarian should not be left in stock of their collections in the libraries

Looking at definition and explanation of evidence-based health care, it is clear that information is an important requirement for evidence based health care because having correct information is important to ensuring successful patient outcomes. However, looking into the above assertion, it is very clear that medical librarians have to come up and give support to health professionals in determining the professionals information needed packaging the information and disseminating it to the healthcare professionals or health community with including traditional herbal medical practitioners. This is to enable the librarians in clinic libraries to be effective on information packaging and disseminating information on health care delivery. This means libraries must have in their collections information materials that can serve traditional herbal medical practitioners,

The concept of clinical/medical librarian accompanies a clinical team during its visiting hours in hospital wards, as well as in daily and weekly meetings in order to directly and

sometimes indirectly determine the information needs of the physician and other clinical team members (Zare-Farashbandi, *et al.,* 2014). With the knowledge of their needs, the librarian conducts a search in relevant databases and information sources to retrieve various documents and evidence and deliver the results to the clinical team in a timely fashion .In the same vein, librarians in medical libraries need to gather information sources and relevant databases on traditional medicine to the traditional herbal medical practitioners in South-West Nigeria and even the world at large so that they can improve their service delivery.

Internet is becoming one of the major sources of information available to scholars, students and researchers. It hosts a major part of the information required by these group in its domain. The internet has a lot of enormous amount of information with millions of web Pages and thousands of new groups. One can get a wide variety of information from the internet ranging from simple web pages to interactive discussion groups. In view of this traditional herbal medical practitioners in South West Nigeria need to be part of the world as a global village by making use of internet and boost their knowledge to become more efficient in the practice and gain more recognition in electronic mail (e-mail) which facilitates the exchange of messages between users who are located worldwide. It is the widest used mode of communication over the internet since it is fast and convenient and allow users to communicate with each other instantly.

As stated by Ossai-Ugba and Ogunronbi (2011) stated that e-mail has become one of the main methods of business communication world wide due to its flexibility and reliability and the academic librarians and other professionals are not left out of the use of the use of this global system. Corroborating this, Utor *et al.,* (2008), stated that the email is a fast and efficient way to exchange information amongst more than 40million users in the world. Other services provided include the current awareness services, list

servers, electronic discussion groups which bring people in the same profession together. Traditional herbal medical practitioners in South - West Nigeria need to be involved in world global system by utilizing all those services.

They need to make use of library, as it also serves as a place where user education is given as this kind of training will help the practitioners in gaining knowledge in the use of internet and other social media. Librarians should also ensure they render services to this group of people in rural arears

2.9 Related Empirical Studies

Several studies have been carried out on the information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners. Such studies include that of Anyaoku, *et al.* (2015) who researched on the role of medical libraries in the collection and preservation of traditional medical knowledge. The study recommended that as a duty to the people's collective indigenous knowledge heritage, medical libraries in Nigeria, as a matter of priority should develop inclusive polices that support collection, development of traditional medical knowledge information resources. If this is done, medical libraries will not just preserve the knowledge but increase the safe use of traditional medicine products. Survey research design was used and the data was collected by the use of questionnaire. The study identified some obstacles. Study found that there was consensus on the gradual extinction of traditional knowledge including traditional medical knowledge. The consequences are that, vital knowledge that might contribute to the future survival of man and animals are gradually being lost, since the collection and preservation of traditional medical knowledge necessary to increase the safe use of traditional medicine products was not effected. The findings are relevant to this study as it points to the importance of preservation of indigenous traditional medical knowledge in Nigeria.

Upadhya *et al.* (2014) research on non-codified traditional medicine practices from Belgaum Region in Southern India, the study found that traditional medicine in India can be classified into Codified (Ayurveda, Unani, Siddha, Homeopathy) and non-codified systems. The study aimed to understand the current scenario of medicinal practices of non-codified system of traditional medicine in Belgaum region, India. It was conducted as a basic survey of identified non-codified traditional medical practices with semi - structured, open ended interviews and discussion. One hundred and forty traditional practitioners were identified and interviewed for the study. These practitioners were locally known as "Vaidya". The study revealed that the non- codified healthcare tradition is practiced mainly by elderly persons in the age group of 61 years and above (40%), 73% of the practitioners learnt the tradition from their forefathers, and 19% of practitioners developed their own practices through experimentation, reading and learning, 20% of the practitioners followed distinctive "Nadi Pariksha" (pulse examination) for disease diagnosis, while others receive symptoms and complains, 29% of the traditional practitioners did not charge anything, while 59% practitioners received money as remuneration. Plant and animal materials were used as sources of medicines, with a variety of preparation methods.

The preference ranking test used in the study revealed higher education and migration from villages as the main reasons for decreasing interest amongst the younger generation, while deforestation emerged as the main cause of medicinal plants depletion. It was concluded that patrilineal transfer of the knowledge to younger generation was observed in Belgaum region. The observed resemblance in disease diagnosis, plant collection and processing between non- codified traditional system of

medicine and Ayurveda require further methodical studies to establish the relationship between the two on a more objective basis.

The study identified some obstacles to the non-inheritance of the knowledge, non-availability of medicinal plant and threat of extinction of the practice. The research is related to our study on the relationship of information accessibility, knowledge acquisition and management and transfer system among the traditional herbal medical practitioners in South-West Nigeria, since it is on the conservation strategies for both knowledge and resources in the society. The findings are very useful to this study and could be employed in the improvement of conservation strategies for both knowledge and resources in the society by traditional herbal medical practitioners.

In the same vein, a research titled Knowledge and practice of traditional healers in oral health in the Bui Division, Cameroon carried out by Agbor and Naidoo (2011) to determine the oral care knowledge and practices of Traditional Healers (TH) on oral health delivery in the urban and rural areas of Bui Division of Cameroon ,set out assess the cost of treatment and reasons why people visit traditional healers. Semi- structured questionnaires were used to collect data. The sample consisted of 21 traditional healers and 52 clients of traditional healers,. Sixty- two per cent of the traditional healers were above 40 years and 90% male. The mean age was 46 years (range 20-77 years). Twenty four percent (24%) of the traditional healers were herbalists while the rest combined divination and herbalism as profession. Sixty- seven (67%) percent of the people in the Bui Division, who patronised traditional healers for their oral health needs fell within the 20-40 year age group. There is little collaboration between the oral health workers and traditional healers and only 6% of all patients seen by traditional healers were referred to the dentist. The study identified some obstacles to the social,

cultural and economic factors affecting the oral health care such as seeking behaviour, poor accessibility, superstition and fear.

The study is in many ways related to this study since it has role to play in health care seeking attitude in community and barrier affecting the oral health seeking behaviour. This findings are very useful to our study and could be employed in increasing seeking behaviour of traditional herbal medical practitioners in South-West Nigeria. Since they have a vital role to play in health care seeking attitudes in this community, the barriers affecting the oral health seeking behaviours should be removed. Mutual cooperation, collaboration and integrating Traditional Healers into primary oral health care services need to be increased.

A study by Adekanbi *et al.* (2014) investigated the role which the mode of transmission plays in the preservation of traditional medical knowledge. Post-positivist methodology was adopted. A purposive sampling technique was used to select three communities from each of the six states in South-West Nigeria. The snowball technique was used in selecting 228 traditional herbal medical practitioners, while convenience sampling was adopted in selecting 529 apprentices and 120 children who were learning the profession. A five- point Likert scale questionnaire relevant with data key- informant interviews and focus- group discussions were used to collect the data. The quantitative data was analysed using descriptive statistics while qualitative data analysed mathematically. The Results indicated that the dominant mode of knowledge transmission was found to be oblique (66.5%) while vertical transmission (29.3%) and horizontal transmission (4.2%) occurred much less.

The study concluded that the traditional medical knowledge is at risk of being lost in the study area because most of the apprentices were children from other parents, whereas,

most traditional herbal medical practitioners preferred to transmit knowledge only to their children. The study revealed that in Nigeria, most rural communities lack access to orthodox medical facilities despite an expansion of orthodox health care facilities and an increase in the number of orthodox health care providers. Over 90% of Nigerians in rural areas thus depend partly on traditional medicine. This situation has led to a call for the utilisation of traditional herbal medical practitioners in primary healthcare delivery. Hence, the preservation of the knowledge of traditional medicine, especially in the rural communities where it is the only means of primary health care, has been a concern to information professionals.

The research is related to this study since it is on the preservation of traditional medical knowledge through modes of transmission. The findings of the study are also very useful to this study as it could be employed in the information accessibility, knowledge acquisition, knowledge management and knowledge transfer among traditional herbal medical practitioners in South-West Nigeria.

Ibrahim *et al.* (2016) studied medicinal plants and the perception of plant endangerment by the traditional herbal medical practitioners of Nassarawa State, Nigeria. A pilot study was conducted to document the medicinal plants used by traditional herbal medical practitioners (TMPS) and those they perceived to be scarce or endangered in Nasarawa State, Nigeria. Sixty traditional herbal medical practitioners were interviewed orally with the use of structured questionnaire. A total number of 120 medicinal plants species were identified from the 150 specimens surveyed for treatment of various ailments. Forty eight percent (48%) of the respondents did not agree that wild collection of medicinal plants without replacement can increase extinction risk of the medicinal plants mentioned by the traditional herbal medical practitioners to be scarce. Only 33% were identified taxonomically and 75% of them are trees, while 3%

are herbs. The study revealed the urgent need for raising awareness level of the traditional herbal medical practitioners on plant endangerment, training on good collection practice, sustainable collection, and as well as sensitization on sustainable biodiversity conservation practice.

The study revealed that the growing role of traditional medicine practice in the health care delivery system of most countries of the world cannot be overemphasized. Needless to say, more than 90% of the remedies used by the practitioners of traditional herbal medicine are medicinal plant based. The growing demand for these plants for medicinal use and the subsequent unsustainable harvesting, livestock browsing and infrastructural development has led to the endangerment of some of the species. The findings are also useful to this study since they deal with role of traditional medicine in the health care delivering system.

In an assessment carried out by Regassa (2013) on indigenous knowledge of medicinal plant practice and mode of service delivery in Hawassa Ethiopia, the research carried out on assessment of indigenous knowledge of medicinal plant to collect and document information on the use of traditional medicinal plants of local people of Hawassa city, Southern Ethiopia. Group discussion, semi- structure interviews, field observations, or guided field walks with informants to obtain indigenous knowledge of the local community on health, vegetation of the locality, use, conservation and threats to medicinal plants were carried out. A total of 83 medicinal plants and 11 medicinal animals were collected to treat 53 human and livestock ailments. Among the total traditional medicinal plants, 71 species (85.5%) were used against human ailments, 3 species (3.6%) were used to treat health problems of livestock and 9 (10.84%) species were used to treat both human and livestock ailments. Fabacaae was the most dominant medicinal plant family reported. Leaves were the dominant plant part used to prepare

remedies (31.9%), followed by seeds (19%). High degree of informant consensus factor (ICT) was observed among traditional healers in treating gonorrhea (ICF= 0.77), wound (ICF = 0.76) and stomach ache (0.76). The species with the highest level of fidelity (FL= 100%) in treatment of malaria through traditional remedies were processed mainly through crushing (28.2%), chewing (12.27%), squeezed (12.27%) and powdered (9.2%). The findings are useful, since they are on the use of traditional medicinal plants of local people.

There is also a study by Soewu and Ayodele (2009), which is on the use of Pangolin (Manis sps) in traditional Yoruba medicine in Ijebu Province, Ogun State of Nigeria. The study examined the use of commercialisation of pangolins for traditional medicinal purposes amongst the Ijebus, South-West Nigeria, and the implications of this utilization for the conservation of these specie. Traditional Yoruba Medical Practitioners (TYMPS) (16) and dealers in traditional medicinal ingredients (56) in public markets in Ijebu province, Nigeria, were interviewed using open ended questionnaires. The dynamic stock movement of pangolins in the stalls of dealers was also monitored to determine quantity of pangolis sold into traditional Yoruba medicinal practices. Specific conditions treated and the parts required were also documented. The study revealed that, the use of endangered and threatened species in traditional medicine escalated as populations of many species plummeted because of poaching for the medicinal trade. Nigeria is known for a long and valued tradition of using wild animals and plants for medicinal purposes. The studies identified some obstacle such as that medicinal animals are still scarce when compared to those focusing on medicinal plants, Utilisation of wild animals in traditional Yoruba medical practices was indiscriminate as it involved threatened species. By touting the medicinal properties of these species,

traditional medicine fuel continuing demand, thereby subjecting such species to further threats.

According to the results, a total of 178 whole pangolin carcasses were sold into traditional medical practices. Above 55% of respondents had just primary education, over 90% of respondents were not aware of either the conservation status of these species or the existence of any legal machinery regulating its trade and utilisation, while 14% admitted to giving contracts to hunters for deliberate search for this animal when needed. More than 98% of respondents have no other means of livelihood. The trade was female dominated while the healing practice had more male. Pangolins were used in various preparations to treat a total of 42 conditions. These include infertility- gastro-intestinal disorders, safe parturition, stomach ulcers, rheumatism and fibroid. Traditional Yoruba medicine also accommodated some situations that are not of the range of conventional medicine like boosting sales, conferring invisibility, removing bad luck, appeasing/ wading off witches cum evil forces and money rituals. Some of these situations specifically require juvenile, or even pregnant female animals.

It was concluded that the traditional Yoruba medical practices eats deep into the reproductive base of the species. The numerous medicinal values, folk culture and financial benefits of these activities are the main factors promoting the commercialisation and use of these species. Pharmacological studies on the various preparations are required to identify the bioactive compounds in them. There is a need for improved and urgent measures to conserve populations of these species in- situ. Massive education and enlightenment is urgently needed for the populace to have the necessary awareness and orientation about the conservation of this species. The findings are useful and could be employed in this study of relationship of information

accessibility, knowledge acquisitions, management and transfer system among traditional herbal medical practitioners in South-West Nigeria

There is also a study on school teachers' attitude to medicine by Jha *et al.* (2013). The study was done in selected schools of Lalitput District. Teachers were selected on a voluntary basis after obtaining written informed consent. Gender, ethnic or caste group, native place, age, educational qualifications, subject taught were noted. An educational intervention using a combination of methods like presentations, brainstorming sessions, interactive, discussions using posters and distribution of information leaflets about the use of medicines was conducted. The KAP and overall scores among subgroups according to gender, age, level of education, subject, ethnicity, type of school (primary vs secondary and government vs private school) were studied. KAP and overall scores before and after the intervention was compared using Wilcoxon signed ranks test as the scores were not normally distributed.

The results revealed that a total of 393 teachers participated before and after the intervention. The median (interquartile range) knowledge, attitude and practice scores before the intervention were 63(10), 23 (5) and 270(48) respectively while the overall score was 356. The median knowledge, attitude and practice scores after the intervention were 71 (10), 28 (5) and 270(48) respectively while the overall score increased to 369. Maximum possible score of knowledge, attitude and practice were 100, 40 and 320 respectively. Scores improved significantly for knowledge $p < 0.001$), attitude ($p < 0.001$) and total scores ($p< 0.001$) but not for practice ($p=0.528$). It was concluded that the intervention was effective in improving knowledge and attitude of the teachers. More studies among school teachers about their knowledge, attitude and practice about medicines are required in Nepal. The study identified some obstacles, so,

few studies regarding knowledge, attitude and practice (KAP) towards medicines among school teachers are carried out in Nepal. The study is related to this study since it is dealing with knowledge and attitudes of school teachers towards the use of indigenous traditional herbal medicine. Therefore, it can be employed to enrich in this study.

Investigation was carried out by Lemu (2013), on documentation and access to information on Hausa Indigenous Medical Practices in Northern Nigeria. He adopted survey research method to collect the data used in researching the problem. Questionnaire, Interview and documentaries analysis were also used. The population of the study comprised traditional herbal medical practitioners (who generated information on Hausa traditional Knowledge in medical practices), documentation agencies, research institutes and departments or units of University teaching or researching on aspects of the subject in any State of Northern Nigeria.

The study discovered that the major type of knowledge generated by Hausa Indigenous Medical Practitioners was knowledge on medicinal plants and herbs as recorded in responses of 41 (14.2%) respondents. He also found that Hausa indigenous medical practitioners categorised the knowledge they generated by name of plant as recorded in the responses of 72(25.0%) respondents. He established that the agency vested by law with responsibility for documentation of information on Hausa Indigenous Knowledge in Medical Practices in Nigeria was the Nigerian Natural Medicine Development Agency (NNMDA) as revealed in the responses of 17 (31.5%) respondents. Ten of the respondents (18.5%) responded that the methods of providing access to information on Hausa Indigenous Knowledge in Medical Practices in States of Northern Nigeria was by publishing the information collected in books, journals, and newsletters.

The obstacles that were identified are lack of worthwhile libraries to assist the documentation centers to manage the resources; and larger chunk of the knowledge generated on indigenous knowledge in medical practices remained undocumented as a result of a lack of identified indigenous knowledge sources by the agencies documenting the knowledge. These findings are related to this study, since it will help in the area of identifying indigenous knowledge in medical practices that needs to be documented.

Another study in the same area by Fagbola (2013) described traditional medicine as an ancient and culturally based health care practice different from orthodox medicine often orally transmitted by communities from generation to generation. She codified the indigenous Africa needs into print and electronic formats for both audio and video to make it widely accessible through the global information infrastructure. According to Kasa (2013), the library system is affected by constant changing technologies, new subject areas and pressure to provide the knowledge base requirements in all learning, teaching, research and leisure purposes. The library system therefore plays significant role in information and knowledge acquisition, management and transfer system among indigenous traditional herbal medical practitioners. Over the years, there has been information dissemination of indigenous knowledge of traditional medicine in Nigeria newspapers, books and magazines. This is in addition to other media such as radio, television and internet.

The library is saddled with the responsibilities of storing, managing and transferring information contained in these media for easy retrieval by users among them traditional herbal medical practitioners. The medical science libraries serve as information resources, services, classes and tutorials to the medical practitioners. They provide

services to their clients including digital library services, books and videos. Medical libraries can help their clients to search for the latest literature (Ibegwan, 2013). Other services provided by the medical science libraries include document delivery; online standard, remote access to electronic journals; and alerting services such as table of contents alerts. Medical, libraries feed or customized search updates under the Selective Dissemination of Information (SDI) and provision of training in online searching skills or critical appraisal techniques are some of the other services. In view of the foregoing this study is carried out to examine the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West, Nigeria.

Adekannbi, (2018) conducted a study on the relationship between orthodox and traditional medical practitioners in the transmission of traditional medical knowledge in Nigeria. The purpose was to investigate the collaboration between orthodox and traditional medical practitioners as well as the implication of the collaboration for transmission of traditional medical knowledge in Nigeria. Eighteen communities were selected from six states in South-West Nigeria. Snow ball technique was used in selecting 110 traditional medical practitioners. Three key informant interviews and two focus group discussion sessions were conducted in each State. The results revealed that the existence of a low level of collaboration mainly in the form of patient referrals which were not performed officially and are mostly one sided. This was attributed to the negative perception of traditional medicine by orthodox practitioners and the failure of government to give traditional medicine its due recognition. The obstacle were: incomplete transmission of traditional medical knowledge to the younger generation; negative perception of traditional medicine by orthodox practitioners; failure of government to give traditional medicine its due recognition; and lack of interest by

children of traditional medical practitioners to acquire traditional medical knowledge. These findings is related to this study since it will help in the area of collaboration between orthodox and traditional herbal medical practitioners and the importance of government giving due recognition to traditional medicine and inclusion of traditional medicine in the health policy and educational curriculum from the basic level, Therefore it can be employed to enrich this study.

Still in this area, Odunlade and Okiki (2019), studied the role of information managers in knowledge transfer and preservation among the indigenous herbal medicine practitioners of the Yoruba. The study investigates how the custodian of indigenous herbal medicine (IHM) popularly called ‘‘elewe omo” among the Yoruba of South-West Nigeria transfer their acquired knowledge of herbal medicine from one generation to another. Qualitative method was used and data gathered through focus group discussion. Respondents were drawn from key practitioners from members of the National Association of Traditional Medicine Practitioners (NATMP). The study leveraged on the herbal fair organised by the NATMP. Thirty-eight (38) practitioners from the (six) 6 South-West States participated in the fair. The study employed a random sampling technique to select one (1) out of every six (6) practitioners. The result of the study revealed among others that indigenous herbal medicine knowledge is devoid of any form of secrecy . The obstacles identified are that Indigenous traditional medical practitioners method of knowledge transfer and retention remain secretive and largely informal. These findings is related to this study since it will help in the effective coordinated of the process of knowledge transfer by the information managers in preserving the age long knowledge of the African people for onward transmission to coming generation and for improved health care system.

Study carried out by Samuel, Olubukola and Sakiru (2018) on traditional alternative medicine: An investigation into identification knowledge and consumption practices of herbal medicine among students with hearing impairment in Ibadan South-West, Nigeria. The study investigated identification knowledge and consumption practice of herbal medicine among the hearing impaired. The study adopted survey research design. A total of 50 students with hearing impairment were selected from different location in Ibadan, Oyo state, Nigeria. Traditional medicine inventory was used to collect data with reliabilities of 0.72, , 0.80 and 0.67 respectively based on perception knowledge and consumption practices. Two research questions were answered and two hypotheses tested. The obstacles in the study revealed that there was wrong perception and low knowledge of traditional/ alternative therapy. Also there was no significant difference in the identification and consumption practice and no significant influence of religion consumption practice among the respondents. Therefore the study showed that proper education should be given to students with hearing-impairment about traditional medicine. The study is related to this study of relationship of information accessibility knowledge acquisition management and transfer system, among traditional herbal medicine practicing in South-West Nigeria

Moreover, Razieh *et al*. (2019 on carried out by was aim to review the universal progresses and challenges in traditional medicine using systematic researcher and review. The resources were retrieved through searching the key words related to the traditional medicine information system in the available data base including Science Directs WOS, PRO QUEST, PUBMED and IEEE. The finding were classified into two district categories of progresses and challenges relating to the traditional medicine information system. The results showed that as many as 28 studies conducted from 2000 to 2017 were included in the research. The majority of the studies were related to

2010 or after 2010 conducted in China. Progresses identified in his traditional medicine information system were categorized into four types including the development of the database, universal standardisation of traditional medicine, development of the clinical data ware house and application of information technology in the traditional medicine. The obstacles identified were classified into four district categories namely: the lack of treatment protocols in traditional medicine, the necessity of developing a universally unified technology, the necessity of creating a medical ontologies and the necessity of ensuring the data quality. The study showed that information technology forms a significant aspect of the traditional medicine modernisation. Therefore, it is related to this study on relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria

Furthermore, Samuel, Emmanuel, Erkki and Ilori (2019) studied knowledge based service for African traditional herbal medicine: A hybrid approach. The study proposed a hybrid-based computational knowledge framework for the preservation and retrieval of traditional herbal medicine. By the hybrid approach the framework proposes the use of machine learning and ontology-based technologies suited to approach them. The obstacles identified in the study showed that: the practice involving in preparation and administration has came into question. Even more doubting is the poor and inadequate documentation covering the preservation and retrieving of knowledge on African traditional herbal medicine for long term use resulting into inadequate healthcare knowledge being lost. Since the study results in a framework that embodies an ontology driven knowledge based system operating on a semantically annotated corpus that delivers a can textual search patterns geared towards a formalized explicitly preservation and retrieval mechanism for safeguarding African Traditional Herbal

medical knowledge. The study therefore, relates to the study on the relationship of information accessibility knowledge acquisition management and transfer system among traditional herbal medical practitioners in South-West Nigeria.

In addition, Paulina and Christopher (2016) carried out study a knowledge management on indigenous medicine: the expected rule of Ghanaian university libraries. The objective of the study was to find at the current way of persevering and disseminating information an indigenous medicine in Ghanaian university libraries. The authors adopted the descriptive survey design with the combination of purposes and simple random sampling techniques to select the respondents paraprofessional and professional libraries and indigenous medical practitioners were the major respondents. Two data collection instruments were used: namely questionnaire and interview. Quantitative data collected were analyzed using simple tables with frequencies and percentages. while qualitative data were analyzed thematically. Findings of the study showed 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 indicate that some indigenous medical practitioners want to keep to what they know for fear of losing their intellectual property right the others. Obstacle identified showed that 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 health care can be managed. Since the study has dealt with the need for the university library which serves as a repository of knowledge transmission to assist on the dissemination of knowledge on indigenous medicine.

Also, Pauuline and Berrard (2010) carried out a study on complementary and alternative medicine in the management of hypertension in an urban Nigeria community. The

study investigated the frequency and a factors associated with use of complementary and alternative medicine (CAM) among hypertensive subjects in an urban Nigeria community. The authors interviewed four hundred and forty hypertensive subjects in Idikan community, Ibadan using a semi-structured survey instrument. Association between categorical variables was tested using the chi-square test. Logistic regression analyses was done to identified independent predictor variable of CAM use, with CAM use as the outcome variable and the demographic and belief items as predictor valuable. In-depth interview were conducted with knows CAM with all know CAM practitioners in the community on issues relating to their beliefs knowledge practice and experience in managing patient with hypertension in the community. In the study sample 20% used CAM in the management of their hypertension. Among those using. CAM the most common forms used were herbs (63%) and garlic (21%). Logistic regression analysis revealed that four variables were independent predictors of CAM use being male (or 2.58 PCO.0001) belief in super natural causes of hypertension (or 2.11, P=0.012), lack of belief that hypertension is preventable (or 0.57, P =O 014) and having a family history of hypertension (or 1.78, p = 0.42). other factors such as age, educational level and occupation were not independent predictors of CAM use. The study revealed that CAM practitioners believe hypertension was caused by evils forces, stress , or two much blood in the body. They also thoughts they could care hypertension, that was one of the reason most of their clients consult them. The use of CAM is common among hypertension subjects in this urban Nigerian community. Men were more than twice as likely to use CAM and belief on supernatural causes of hypertension was the most notable belief predicting CAM use. I interviews with CAM practitioner yielded useful perspective about the role they play hypertension management in the community. The obstacles identified that hypertension awareness, treatment and control are quite poor, in

sub-saharan an African Multiple social, economic infrastructural and cultural factors contributed. Since this study adds to the small but growing literature about the use of complementary alternative medicine in hypertension in sub Saharan African. Further studies in hypertension and other communicable disease are needed. Therefore the study is related to the study on relationship of information accessibility knowledge acquisition management and herbal medicine practitioners in South-West, Nigeria.

In addition Sulaiman, (2013) carried out ethno botanical survey of medicinal plants used for traditional maternal health care in Kastina state Nigeria. The study aimed to document medicinal plants used for traditional health care in Kastina state Nigeria. The authors adopted semi structured questionnaire method to interview 300 respondents (50 from 2Llocal Government Area of each of the 3 senatorial districts) comprising of herbalist, traditional, birth attendants (TBAs), . traditional medical practitioners (TMPs), house wives farmers and other medical plants belong to the fabacease (22.52%) Asteracea (7.216) malvacease (5.51%) and Anacardiaceae (4.51%) families. aeacia nilotica delile and Gueira senegalensis J.F GMEL had the highest relative frequency of citation (RFC) and fidelity level (FL) of 093; 100% and 0.92; 100% respectively The obstacles identified in this study was the indiscriminate cutting of plants resources and this is passing great danger to the plant biodiversity in the state which is already facing threat from deforestation, desert, encroachment and global warning consequences. The results shows that among the 18 categories of ailments, headache, navel, pain, postpartum hermorhage and postpartum wound healing had the highest in formal consensus factor (ICT) of 1.00 each. Most of the reported plants (68.47%) were herbs and shrubs and about 84.68% of the surveyed plants were wild. Leaves were the most frequently used (32.14%) plants part. Most of the medication (32%) were prepared as decoctions and preparations are mostly administrated orally

(84.68%). Scientific validation of the biological properties of the surveyed plants is highly advocated and cultivation of medicinal plant to minimise the pressure of wild pieces. Since the study is on medicinal plants and it's use, it is related to the study on relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria.

Moreover, Adesiji and komolafe (2014) carried out a study on the sources of indigenous knowledge on healing practices among farmers in Kwara State Nigeria. The study aimed to examine healing practices among farmers in Kwara State, Nigeria. Authors used a representative sample (n=300) of farmers which was survey on health condition, knowledge on indigenous healing practices (HP) accessed means of acquiring the knowledge using structured questionnaire and in-depth interview. The authors adopted descriptive statistic technique such as frequency and percentages as well as Pearson product moment correlation (PPMC) analysis for empirical analysis .The results of the study revealed that 100% of respondent indicated malaria and that body pain was more frequent. Results also showed that majority (83.5%) had knowledge on IHp majority 62.3% accessed herbal medicine. Moreso, majority (18.1%) acquired knowledge from their parent while a handful acquired it through training from practitioners PPMC analysis revealed that body pain, injury, and snake bite were significant ($p< 0.05$) to the source of knowledge on IHP. The study discovered that verbal parents-child transfer of IHP was prevalent among farmers in the study area. This study recommends that agencies of information especially the agricultural extension and health officers should document and record the indigenous healing knowledge of common illness/diseases among farmers for the purpose of preserving the knowledge. It is therefore, useful to the traditional herbal medical practitioners in South-West, Nigeria. Hence it is related to the study on the relationship of information accessibility, knowledge acquisition,

management and transfer system among traditional herbal medical practitioners in South-West, Nigeria.

Also, Eghareuba *et al.* (2015) studied the assessment of training needs and practice of traditional medical practitioners towards integration into Nigeria healthcare system in Nasarawa State. The study survey focused on Nasarawa State of North- central Nigeria to identify the types and prevailing traditional medical practices, the nature of disease or ailments managed and training gaps that could assist in improving the services rendered towards a proper integration process. The study revealed that infertility (50%), infections, parasitic diseases like malaria and typhoid fever (50%), sexually transmitted disease (STD) like gonorrhoea (48%) and respiratory diseases such as pneumonia and asthma (40%) ranked among the highest treatment services rendered with bone setting (3%) and neurologic diseases like epilepsy (3%) ranked among the lowest. Herbal medicine (HM) (83%)., traditional birth attendant (TBA) (28%) and mental illness (28%) were the major areas of TM practice by the TMPS in Nasarawa State. Treatments of an ailment could cost as low as N50 and as high as N5,000 and about 30% of the TMPs did not charge specific amount but accept whatever gratification that was given. The obstacles identified included the fact that about 82% of the TMPs never had any form of training on GMP, GAP, GLP, GCP, and collection and sustainable harvest practices, sanitation and hygiene, record keeping/good record keeping practice, good packaging and labeling. The study on the relationship of information accessibility, knowledge acquisition, management and transfer system is related since the study would be useful in developing a training programme for the TMPs towards proper integration into the formal healthcare delivery system. In view of the foregoing therefore, this study is carried out to examine the relationship of information

accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West, Nigeria.

2.10 The Gaps the Study will Fill

Some studies have actually been carried out on information management on traditional herbal medical practices. However some gaps have been identified, the past studies have not delved into certain aspects such as access library on information accessibility, acquisition, management and transfer system on traditional herbal medical practices. This particular study includes this aspect; furthermore, most past studies did not stress the necessity of using the internet services and social media on, accessibility, acquisition transfer system and management of traditional herbal medical practices. This is also an aspect that this particular study worked considerably upon. Most importantly, most past researches on traditional herbal medical practices did not use several independent variables such as this research work has done. For instance, there are three independent variables being studied simultaneously in this research, most other past works used only one or two independent variables.

Willy *et al.* (2020) carried out investigation on the governance of traditional medicine and herbal remedies in the selected local markets of western Kenya. The study was carried out in selected market centers of Western Kenya where the identified traditional medical practitioner (TMPs) seal their traditional medicine. All consenting TMPs and professional experts were interviwe3d with the aid of a semi-structured questionnaire. Purposive sample design with elements of snowball techniques was employed in tracing competent Traditional Medicine (TM) experts and relevant professional experts. The data collected was processed in Microsoft excel and descriptive statistics performed.

Pearson's chi-square statistics was carried out to determine the significance of the traditional and modern governance data sets using the STATA Software. The result showed that modern governance practices were not significantly different in all the market centers surveyed (p = 0.080). equally, the traditional governance practices were also not significantly different in all the market centers (p = 10.00) obstacle identify showed that magnitude of trade in traditional medicine and the existing governance system are still not clear and remain largely un documented. Since the study showed traditional governance practices play an important role in the governance of traditional Medicine and shape by the socio-cultural beliefs of the local communities, it is therefore related to the study on information accessibility knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West Nigeria.

Hence, from the study, the role of the library, the importance of the internet, as well as the inter-relationship between the independent variables on one hand and the dependent variable on the other are particular gaps filled by this study.

2.11 Summary of Literature Reviewed

The literature reviewed in this study examined the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medicinal practitioners. In specific terms, the theoretical framework and conceptual examined. Thereafter, the conceptual framework was dealt with. These entail the relationship among the independent, dependent and intervening variables. In addition, methods of acquiring information for traditional medical practice, information as an important tool for successful practice in medical system, as well as the importance of preservation of traditional medicine were reviewed.

The roles of libraries and librarians in information acquisition and management was also reviewed. Empirical works were reviewed on the ways in which traditional herbal medical practitioners do transfer knowledge and skills to their own children as well as other relations. The practitioners manners of documentation and how information is passed to family members were also reviewed.

The literature review also dealt with the challenges faced by traditional herbal practitioners in the management of information. The challenges include, risk of losing vital information on traditional herbal medicine, relevance to pass useful herbal information to outsiders, keeping herbal information in mind (cramming), reading of recording sheet on paper or computer, dwindling interest on herbal medical practice, rural-urban migration by the youths who are supposed to continue the dissemination of information on traditional herbal medicines, and negative effects of so-called modernization on the traditional medicine. All these problems are responsible for the gradual loss of information on traditional herbal medicines.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

The chapter examines the research design, population of the study, sample size and sampling techniques. It also discusses research instruments, validity of the instruments, the data collection procedure and the method of data analysis.

3.1 Research Design

The study adopted correlation research design. The choice of the design was informed by Uyanne (2015) who stated that correlational study estimates the degree of relationship of variables under study and its cause-effect relationship. This enables the researcher to discover relationship among events with a view of explaining important human behavior, in some cases predicting and controlling likely outcomes. The appropriateness of this design stems from the fact that this study dealt with relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in six (6) South-West states, Nigeria.

3.2 Population of the Study

The population for this study comprised 4,408 herbal medical practitioners in six states in South-West Nigeria. As shown in Table 3.1

Table 3.1 Population of the Study

S/N	States	Number of traditional herbal medical practitioners (THMP(s))
1.	Ekiti State	356
2.	Lagos State	1880
3.	Ogun State	472
4.	Ondo State	440
5.	Osun State	624
6.	Oyo State	636
	Total	**4408**

Source :Author's Field work 2017

Key: THMP = Traditional Herbal Medical Practitioners

3.3 Sample Size and Sampling Techniques

The sample consisted of traditional herbal medical practitioners selected from the six (6) states in the South-West Nigeria.. The states are: Ekiti, Osun and Oyo. Five hundred and thirty were considered appropriate for this study because traditional herbal medical practitioners are few in number and sparsely located (Ajao, 2015).

Multi-stage sampling procedure was adopted at different stages to select the subjects of the study from each of the geo-political zones. At the first stage, purposive sampling technique was used to select the subject of the study, at the second stage random sampling technique was used to select three states out of six states which constitute the South-West geo political zone. The states with highest concentration of herbal medical practitioners from the different ethnic groups were selected from information obtained from the chairman of traditional herbal medical practitioners. There are specializations such as Sickle cell anemia healer, Traditional Psychiatricians, Traditional Orthopaedician, Traditional Gynaecologists, Traditional Pediatricians and General traditional medicine practitioners among others. At the third stage, stratified sampling technique was used to select 530, traditional herbal medical practitioners from Ekiti, Osun and Oyo States in the South-West, Nigeria.

Table 3.2: Sample Size

S/N	States	No of LGAs	Population of THMPs	Sample Size	Percentage
1	Ekiti	17	356	111	31.18%
2	Osun	31	624	203	32.53%
3	Oyo	33	636	216	33.96%
Total			1616	530	Mean 32.80%

Source: Authors Field work, (2017)

As shown in Table 3.2, Ekiti, Osun and Oyo States have Traditional Herbal Medical Practitioners (THMP) populations of 356, 624 and 636 respectively. The sample of THMPs drawn by means of stratified random sampling techniques from Ekiti, Osun and Oyo States are 111, 203 and 203 respectively. The equitable percentages of sample drawn from the populations are 31.18%, 32.53% and 33.96%s respectively.

The total sample from the three states is 530, representing 32.80% of the target population as well as 12% of the entire 4408 THMP population in the whole of the South-West geo-political Zone.

3.4 Research Instruments

The two instruments used to collect relevant data for this study were questionnaire and interview. The questionnaire tagged Relationship of Information Accessibility, Knowledge Acquisition, Management and Transfer System among Traditional Herbal Medical Practitioners Questionnaire (FAKAMTSHMP) was used. This instrument contains 59 items and was achieved in two, sections A and B. Section A was used to select information on demographic backgrounds of the respondent and section B was designed to generate data on the independent variables. Section B contained four sub-sections i, ii, iii and iv which covered information on Information Accessibility, Knowledge Acquisition, Management and Transfer System respectively.

Items in section B constructed on the Likert-type, four-point scale of Very True of Me (VTM) =3, True of Me (TM) = 2 , Somewhat True of (STM) =1 and Not True of Me (NTM) = 0. Respondents were expected to tick the column from the alternative for their opinions.

3.5 Validity of the Research Instruments

The instruments were subjected to both face and contents validity, It was validated by the supervisors and other senior lecturers who are believed to be knowledgeable in the field of library and information science /technology department of Federal University of Technology, Minna, as well as Department Library and Information Science and Department of Evaluation and Measurement, University of Ilorin.. Details of validator's comments is shown in appendix B.

3.6 Reliability of the Research Instruments

To determine the reliability of the instrument, split - half method was used. This was carried out by dividing the items into two equal parts (odd – numbered and even-numbered items). Each half was given to the 100 respondents twice. Such respondents were randomly selected out of the population, but not the actual sample as follows: 40 from Oyo, 40 from Osun and 20 from Ekiti States , these were in proportion to their population. Each set of responses was collated and the two sets were subsequently subjected to the Pearson Product Moment Correlation Procedure. The reliability index obtained was 0.83, signifying that the instrument achieved very high split-half reliability index (see Appendix D).

3.7 Data Collection Procedure

The researcher obtained a letter of introduction from the Head of Library and Information Technology Department, Federal University of Technology, Minna to enable her receive co-operation from the audience of the respondents. Before the administration of the questionnaire and interview, the purpose of the study was explained to the respondents with promise that any information volunteered shall be treated with utmost confidentiality. This gave the researcher the opportunity to enjoy

full co-operation of the respondents. As part of ethical consideration and for convenience, interpreters were provided since many of the respondents were likely to be illiterate. Completed questionnaire were then collected from the respondents for analysis.

There was a research assistant who assisted in the administration of the questionnaire to the respondents.

The details on how the questionnaire and interview were conducted goes are discussed here under:

EKITI

The data was collected using questionnaire tagged "relationship of information accessibility, knowledge acquisition and management and transfer system among traditional herbal medical practitioners (FAKAMTSHMP)". The researcher started the administration of questionnaire in Ekiti state on 9th, November, 2017 in Ado-Ekiti, using structured questionnaire and unstructured interview. The researcher considered it fit to start from Ado-Ekiti because it has higher concentration of herbalists in the State and there was ease of access to the town. The researcher discovered that there are many traditional herbal medical practitioners in Ado-ekiti and from information given by the chairman of the Traditional Herbal Medical Practitioners, many were also young as a result of influence of modernisation on the profession. According to the chairman, their fathers are willing to transfer the knowledge to them. The questionnaire was administered between 10:00am to 12:10pm. Fifteen (15) questionnaires were distributed and the respondents asked the researcher to wait and collect it within 9 hours in which the researcher did.

The second day 10th November, 2017 the researcher proceeded to Oye-Ekiti, distributed the questionnaire at 9:00am to 10:30am in the morning. Six copies of the questionnaire were distributed to higher level educationists among the respondents and researcher was able to retrieve all copies of the questionnaire's. The researcher collecting at 11:00am and completed at 1:40pm. The researcher proceeded to IkoleEkiti on 11th November 2017 and distributed eleven(11) copies of the questionnaires to the respondents, completed them within 9:00am-11:30am and the researcher collected it within five hours.

On the fourth day, 12th November 2017 the researcher moved to Ekiti-East and distributed eight (8) copies of the questionnaires but most of them were reluctant to fill them but asked the researcher to come back the following day. On the following day, the researcher went back the to collect the questionnaires. Here the researcher learnt that Moba Local Government had aged traditional herbal medical practitioners who wouldlike to be interviewed.So, on the 13thNovember, 2017, the researcher moved to Moba-ekiti where she interviewed eight (8) aged traditional herbal medical practitioners spent 20 minutes with each of them.On the 14th November, the researcher went back to Ekiti-east and Ekiti-west to collect the filled questionnaire and was able to collect all of them. The same day, the researcher returned to Ilorin.

On the 21,st November, the researcher moved to Ido/Osi-Ekiti and left Ilorin at 6:00am and thus arrived Ido/Osi-Ekiti at 8:40am. The researcher gave five (5) copies of the questionnaire to aged traditional herbal medical practitioners and spent 20 minutes with each of them. After this, the researcher went back to Ilorin. On the 24th November, the researcher moved to Gboyin-Ekiti where she met five (5) traditional herbal medical practitioners, who filled the questionnaire and one (1) was interviewed

The researcher then moved to Ikare and met two (2) traditional herbal medical practitioners. The following day, 25th November, the researcher set out to collect all the questionnaires in Ikare and Egboyin. In Ikare, the researcher learnt of on-coming trade fair on traditional herbal medicine. This gave the researcher the opportunities to elicit data from the congregation of traditional herbal medical practitioners from all other local government areas in Ekiti State. The researcher used this opportunity to meet different traditional herbal medical practitioners from various localities at a time.

Furthermore, on the 5thJanuary,2018 the researcher travelled to Ado-ekiti trade fair on the traditional herbal medicine and distributed fifteen (18) questionnaires as well as interviewed two (2) traditional herbal medical practitioners because majority of them have higher education, making total number of three (3) practitioners that was interviewed.

OSUN

The researcher started with Osun State in Aiyedade on the 5th December 2017, and arrived at Aiyedade at 10:05am. and started distribution of questionnaire to the traditional herbal medical practitioners started at 10:15am., The researcher completed the distribution of fifteen (15) questionnaires to the traditional herbal medical practitioners in three hours. They all cooperated and returned the filled questionnaires with the help of research assistant..

The same day, the researcher proceeded to Boluwaduro, and on getting there thirteen (13) copies of questionnaire were distributed. Two (2) traditional herbal medical practitioners were interviewed and the researcher spent 20 minutes with each of them. On 6th December, 2017 eight (8) of them were given questionnaire in Ede West which were filled within four (4) hours. The researcher was able to collect all the filled

questionnaires on the same day with the support of research assistant. Moreover, from Aiyedaderesearch centre, Aiyedire, the researcher met only ten (10) traditional herbal medical practitioners, nine (9) of them were given questionnaire while one (1) was interviewed with the support of research assistant.

The researcher returned to Atakumosa East on the 7th, December, 2017 where she distributed ten (10) copies of questionnaire to traditional herbal medical practitioners. In Atakumosa west, the researcher distributed twelve copies (12) of the questionnaires to the traditional herbal medical practitioners. The researcher returned to Ilorin the same day. The research continued on the 15th December, 2017 to Bolude where fourteen (14) copies of the questionnaires were distributed. From there, the researcher moved to Egbedore where, thirteen (13) traditional herbal medical practitioners were given copies of questionnaire. On the same day, she was able to collect all the questionnaires with the support of research assistant before moving to Ejigbo, At Ejigbo, she met some aged herbal medical practitioners and gave eleven (11) copies of the questionnaires . On the 16th December 2017, researcher returned to Ilorin and on 20th December copies, came to Ila, in Ila eight (8) traditional herbal medical practitioners were given copies of questionnaire with the support of interpreter and research assistant.

The researcher proceeded to Ilesha-East on the 21st December 2017 where ten (10)copies of questionnaires were distributed. In Ilesha-West, five (5) respondents were given copies of questionnaires. On the 22nd December, 2017 all copies of questionnaire in Ilesha East and Ilesha-West were collected by the researcher. On the Same day, researcher returned to Ilorin. On 5th January 2018, the researcher was at Ifelodun gave nine (9) traditional herbal medical practitioners copies of the questionnaire. The copies of the questionnaire were collected and on 6thJanuary, 2018, the work continued in Ife-central where eight (8) copies of questionnaires were distributed . On the 5thFebruary,

2018, the work continued in Ife- south where seven (7) filled questionnaire copies. The filled questions were collected the same day with the support of research assistant. A total of five minutes spent with each person during. The administration of instrument continued in Ife on 6th February 2018,where eight (8) respondents were given questionnaires copies and all of them were filled and returned on the same day. A total of twenty minutes spent was spent on each respondent, and all the questionnaires were returned.

The researcher then resumed at Iwo on the 13thFebruary 2018 and gave twelve (12) questionnaires copies to traditional herbal medical practitioners. All the copies of the questionnaire were collected same day. In Iwo, the researcher learnt of an upcoming trade fair on traditional herbal medicine in Oshogbo. on the 2nd march 2018. Researcher travelled to Oshogbo trade fair arena where she distributed questionnaire to thirty (30) of them. All the questionnaires were answered and successfully collected.

OYO

On the 1stApril, 2018, the researcher started work in Oyo east, She distributed eleven (11) questionnaire, 40 minutes were spent on each respondent. In Oyo west, questionnaire was given to eight (8) (4) traditional herbal medica All the questionnaires were filled and returned same day. The researcher then proceeded to Saki- East where nine (9) traditional herbal medical practitioners were given questionnaire copies which were filled and returned to the researcher same day. In Saki-west, seven (7) copies of the questionnaire were given to traditional herbal medical practitioners.

On the 15thApril 2018, the researcher proceeded to Surulere, where s to ten (10) copies of questionnaire was given to them in a duration of 40 minutes on each of them. On April 16th 2018, the researcher proceeded to Orelope eight (8) respondents were

given copies of the questionnaire . A total of 20 minutes was spent with each respondent and all the questionnaires, were collected same day with the support of the research assistant. On 17thApril, the researched work commenced in Oriire, where eight (8) questionnaire were distributed . In Oriire, the researcher learnt about traditional herbal medical practitioners in Olorunsogo that were very good in Orthopedic, so she moved to Olorunsogo in Oyo on 18thApril, and distribute eleven (11) copies of questionnaire to them and interview was granted to one (1) of them. All was realised with the support of research assistant who also help in the interpretation of the quetitionnaire.

The researcher proceeded to Iseyin on 25th April, 2018 to where she interviewed eight(8) traditional gynaecologists 20 minutes was spent to interviewed each of them. In Iwajowa, five (5)respondents were given, and in Itesiwaju, four (4) psychatrists were given copies of the quetionnaire. On 26thApril 2018,the researcher continued to Irepo where six (6) respondents were given questionnaires within 20 minutes. In Ido, questionnaire administration with nine (9) respondents commenced at 10:00am and finished at 1:00pm. It was realised with the support of interpreter and research assistant

On 2ndMay,2018, at 6:30am the researcher set out to Ibarapa central at 10:40am and gave them four (4) copies of the questionnaire and also that ended at 12:10pm.In Ibarapa, east, six (6) respondents were given questionnaires; in Ibarapa west seven (7) respondents were given questionnaire All questionnaires were filled and returned on 3rd May 2018. The interpreter and research assistant contributed immensely to the success.

On 13th M ay 2018, ten (10) questionnaires were distributed to traditional herbal medical practitioners on their specialised areas forty minute,(20) minutes were spent with each of them. On 15thMay 2018, researcher proceeded to Ibadan North-West where she distributed questionnaire to eight (8) respondents,20 minutes were spent with each

of them .On 6th May 2018 she went to Ibadan South-West where five (5) respondents were interviewed and five (5) were given questionnaires, On 28thMay, 2018, researcher proceeded to Afijo. She administered seventeen (17) copies of questionnaire.

On the 2ndJune 2018, the work proceeded in Atiba, She administered questionnaires on five(5) respondents which were all returned after completing them the same day. In Atisbo, Sixteen (16) copies of the questionnaire administration of which were filled and returned. At Egbeda there were fifteen (15) respondents, each within 20 minutes. This took researcher two days with the support of interpreter and research assistant to complete administered questionnaires on them.

Moreover, the researcher learnt of the presence of orthopeadicians in Ogooluwa and proceeded there on 11thJune, 2018 while there, she administered questionnaires on twenty-one respondents . She spents two days in Ogooluwa . On 14thJune 2018, the researcher moved to Akinyele in Ibadan where questionnaires were administered to five (5) respondents which were filled and returned On 16thJune 2018, the researcher went back to Ilorin where she commenced the process of analyzing the data collected.

Perception of Traditional Herbal Medical Practitioners towards the Researcher in Receiving Information

Some traditional herbal medical practitioners were of the view that if researcher received the information she might use it to establish her own herbal medical outfit. Other were of the opinion that finding information on their profession by researchers might lead her to use the services free for people. Others felt she was just collecting the information for her own gain alone; without allowing others to benefits. Moreover, some thought that this kind research work would enable the researcher to project the profession to outside world' They added that some researchers had come to visit them

to collect series of information but did not yield any benefit for them;, so why bordering them if the researcher will not table their needs to the government to give them recognition or, put them in reconsideration or planning and establish the traditional hospital in where their services can well known so as to benefit the society.

Moreover, some traditional herbal medical practitioners were happy because they thought the researcher is important and might be valuable than in those days when people take them for granted; in return they realised the opportunity of making use of library and information materials regardless of their educational background. It was in their opinion that revealing names of herbs and disease they cure attracted a fee from the organisation but the researcher would be exempted from the payment due to the purpose of the researcher as gathered from her explanation. They believed there going to be opportunity for them in future when traditional herbal medical practitioners would be given needed recognition in the society.

Moreover, there is also the expectation of integrative of medicine by traditional herbal medical practitioners and orthodox medicine to improve increase health care system in Nigeria. However, they request that there should be an organisation by the government that will consist of both conventional health care professionals such as pharmacists physicians, nurses and dieticians and traditional practitioners. This will the conventional health care professionals to see the importance of traditional medicine not only in South-West Nigeria, but Nigeria as a whole Also, that government should focus on the effective management of diseases such as cancer, HIV/Aids, hepatitis, tuberculosis and many others to encourage mass literacy of the people and the indigenous practitioners as well as provide social support and found researches on different diseases.

Challenges of the data collection

The researcher was confronted with some challenges in an effort to collect data for the study. The challenges ranged from secrecy, communication, transportation to accomodation.

i. **Secrecy**: Some of the respondents were secretive, recording information from them was not an easy task as some of them were reluctant to answer interview questions. At times, the researcher had to implore the community members to help plead with the respondents for cooperation.

ii. **Communication**: Due to the fact that most of the respondents reside in rural areas, they find it difficult to speak the popular Yoruba Language and also find it difficult to complete the questionnaire. Therefore, it was stressful for the researcher to interpret the questionnaire and interview, questions before eliciting responses

iii. **Transportation**: Bad road network affected the researcher in administering the questionnaire and in carrying out interviews. It slows down the research process and it also increases fatigue and stress.

Accommodation: In a few cases of sleeping at the research location, Lack of conducive accommodation proved to be a hindrance to the researcher in carrying out the research work. Sometimes, the researcher spent many days of days roaming about the same location going back and forth constantly

3.8 Method of Data Analysis

The data generated for this study were subjected to appropriate statistical analysis. Frequency count and percentage were used to describe the demographic background of the respondents and to answer research questions 1 and 2 Mean and standard deviation were used to answer research questions 3 to 9.Five null hypotheses were tested in the

using Pearson's Product Moment Correlation Coefficient(PPMC) at 0.05 level of significance. The basis for this statistical tool is that hypothesis 1 to 5 had to do with relationship involving two variables.

The qualitative data were analysed by collating similar responses together and using frequency counts for them.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

In this Chapter, the results of the analysed data are presented in the tables with a brief explanation of each table. Thereafter, detailed discussion of the entire results takes place.

4.1 Results

The table gives data of the respondents from Ekiti, Osun and Oyo states.

Table 4.1:Demographic Profile of Respondents by State of Abode

State of Abode		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Osun	180	34.0	34.0	34.0
	Ekiti	119	22.5	22.5	56.4
	Oyo	231	43.6	43.6	100.0
	Total	530	100.0	100.0	

Source: Authors Field work, (2018)

The result of the demographic profile in Table 4.1 shows that 231 (43.6%) of the respondents were from Oyo state, 180 (34.0%) of the respondents were from Osun state and 119 (22.5%) respondents were from Ekiti state. This implies that majority of the traditional herbal medical practitioners sampled in this study resided in Oyo state and Osun state respectively.

Table 4.2: The table indicates the ethnic groups (such as Yoruba, Hausa, Fulani,,Nupe, Baruten and Igbo) of the respondents

Respondents' Demographic Profile by Ethnic Group

Ethnic Group		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yoruba	309	58.3	58.3	58.3
	Hausa	54	10.2	10.2	68.5
	Fulani	85	16.0	16.0	84.5
	Nupe	35	6.6	6.6	91.1
	Baruten	25	4.7	4.7	95.8
	Igbo	11	2.1	2.1	97.9
	Others	11	2.1	2.1	100.0
	Total	530	100.0	100.0	

Source: Authors Field work, (2018)

The respondents demographic profile by ethnic group on Table 4.2indicates that majority of the traditional herbal medical practitioners sampled were Yoruba with 309 (58.3%) respondents. This is followed by Fulani with 85 (16.0%) respondents and Hausa with 54 (10.2%) respondents respectively. However, Igbo, Baruten and Nupe traditional herbal medical practitioners were very few in the sampled states with 11 (2.1%), 25 (4.7%) and 35 (6.6%) respondents respectively. This may be attributed to the fact that the target population is dominated by Yoruba ethnic group.

Table 4.3. The table gives the educational level (such as primary, secondary and tertiary) of the respondents

Respondents' Demographic Profile by Educational Level

Educational Level		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	42	7.9	7.9	7.9
	Secondary	179	33.8	33.8	41.7
	Tertiary	309	58.3	58.3	100.0
	Total	530	100.0	100.0	

Source: Authors Field work (2018)

The result of Table 4.3 reveals that 309 (58.3%) of the respondents were literates, while 179 (33.8%) were semi-literate and 42 (7.9%) of the respondents were illiterate. This means that majority of the traditional herbal medical practitioners sampled in this study can read and write. The traditional herbal medical practitioners have many youths who have seen the need to modernise the professions and this may account for the presence of many literate individuals among them.

Table 4.4: The table gives the demographic profile of the respondents in terms of gender (male/female)

Respondents' Demographic Profile by Gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	388	73.2	73.2	73.2
	Female	142	26.8	26.8	100.0
	Total	**530**	**100.0**	**100.0**	

Source: Authors Field work (2018)

Majority of the traditional herbal medical practitioners sampled were male with 388 (73.2%) respondents and female with 142 (26.8%) respondents. This may be attributed to the perception of people (or women) about the traditional herbal medical

profession.The perception is that traditional herbal medical practitioners is majority a masculine job.

Table 4.5:The table indicates the demographic profile of the respondents on the basis of religion, i. e. Christianity, Islam and Traditional Religion

Respondents Demographic Profile by Religion

Religion		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christianity	48	9.1	9.1	9.1
	Islam	125	23.9	23.9	33.0
	Traditional	357	67.4	67.4	100.0
	Total	**530**	**100.0**	**100.0**	

Source: Authors Field work, (2018)

The result of Table 4shows that 357 (67.4%) of the sampled respondents practised traditional religion. This is followed by Islam and Christianity with 125 (23.9%) and 48 (9.1%) respondents respectively. This may be however due to the fact that Islam, and Christianity are so entrenched in the states that few traditional herbal medical practitioners can afford to practice either of the two religions. This is as a result of the fact that many uninformed persons attach herbal practices to idol worshipping.

Table 4.6: The table indicates the demographic profile by age grades(from"under 20 to over 70" years old)

Respondents' Demographic Profile by Age

	Age	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under20	41	7.7	7.7	7.7
	20-29yrs	23	4.3	4.3	12.1
	30-39yrs	52	9.8	9.8	21.9
	40-49yrs	135	25.5	25.5	47.4
	50-59yrs	118	22.3	22.3	69.6
	60-69yrs	31	5.8	5.8	75.5
	70yrs and above	130	24.5	24.5	100.0
	Total	**530**	**100.0**	**100.0**	

Source: Authors Field work, (2018)

Demographic profile in Table 4.6 shows 135 (25.5%) of the respondents were between the age range of 40-49 years. This is followed by 70 years and above with 130 (24.5%) respondents. Similarly, 118 (22.3%) and 52 (9.8%) respondents were in the age range of 50-59 years and 30-39 years respectively. This indicates that majority of the traditional herbal medical practitioners sampled in this study were youths. The reason for this may be because youths are developing interest in the traditional medical profession, especially as a means of livelihood.

Table 4.7: The table shows the demographic profile of the respondents on he basis of years of herbal practice (from less than 10 years to 59 years)

Respondents' Demographic Profile by Experience

Experience		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 10yrs	97	18.3	18.3	18.3
	10-19yrs	79	14.9	14.9	33.2
	20-29yrs	131	24.7	24.7	57.9
	30-39yrs	53	10.0	10.0	67.9
	40-49yrs	119	22.5	22.5	90.4
	50-59yrs	51	9.6	9.6	100.0
	Total	**530**	**100.0**	**100.0**	

Source: Authors Field work, (2018)

The outcome of Table 4.7 reveals that majority of the respondents 131 (24.7%) had been into the traditional medical profession for 20-29 years. This is followed by 119 (22.5%) respondents who had been into the profession for the past 40-49 years. Also, 97 (18.3%) and 79 (14.9%) of the respondents that had been in the traditional medical profession for 10-19 years as well as those for less than 10 years respectively. The reason for the low level of professional experience of the majority in traditional medical jobs is because the profession is dominated by the youths.

Table 4.8:The table gives the demographic profile of the respondents according to the areas of specialisation

Respondents Demographic Profile by Specialisation

Areas of Specialization		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sicklecell	67	12.6	12.6	12.6
	Psychiatricians	99	18.7	18.7	31.3
	Orthopaedician	31	5.8	5.8	37.2
	Gynaecologists	23	4.3	4.3	41.5
	Pediatricians	32	6.0	6.0	47.5
	Generalmedical	278	52.5	52.5	100.0
	Total	**530**	**100.0**	**100.0**	

Source: Authors Field work, (2018)

The result of Table 4.8shows that majority of the respondents 278 (52.5%) specialised in the general traditional medicine. However, 99 (18.7%) of the respondents specialised in psychiatrics, 67 (12.6%) respondents specialised in sickle cell management , 32 (6.0%) in pediatrics, 31 (5.8%) in orthopeadics and 23 (4.3%) in gyneacology. This implies that majority of traditional herbal medical practitioners sampled in this study specialises in treating all kinds of ailments. The reason for this may be because the traditional medical profession has not been formalised that will allow for specialization among the practitioners.

4.2 Answer to Research Questions

The research questions raised in the study were answered using descriptive statistics of frequency counts and percentages. Given that the questionnaire items were structured in a four-Likert-scale of Very True of Me; True of Me, Somewhat True of Me and Not

True of Me, items that were picked as Very True of Me and True of Me were classified as True of Me (TM) while such items picked as Somewhat True of Me and Not True of Me were grouped as Not True of Me (NTM).

Objective One

To determine the information access of traditional herbal medical practitioners in South-West Nigeria.This was realised through the questions raised in this study for objective number one

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

Answer to this research question is presented in Table 4.9.

Table 4.9: Information Access on Traditional Herbal Medical Practice 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 transmission)	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 of the study reveals that 311(58.7%) and 145(27.4%) traditional herbal medical practitioners accessed information on traditional medicine through oral transmission. Majority ofthe traditional herbal medical practitioners 149(28.1%) and 186 (35.1%) accessed information on herbal medicine by consulting community leaders. Majority of the traditional herbal medicine practitioners 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 platform respectively. Therefore, the traditional herbal medical practitioners in South-West Nigeria accessed information from their profession by oral transmission, association meetings and consulting community leaders and not through the use of social media, internet and the library.

Objective Two

To identify the sources of knowledge acquisition by traditional herbal medical practitioners in South-West Nigeria.

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

Answer to this question is presented in Table 4.10

Table 4.10: 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	135 (25.5%)	90 (17.0%)	200 (37.7%)	105 (19.8%)	530 (100%)

	traditional herbal medicine by means of apprenticeship I underwent under a indigenous traditional herbal medicine expert.	

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.

Objective Three: Assess how information on knowledge acquired by the traditional herbal medical practitioners is transferred in South-West Nigeria.

Answer to this question is presented in Table 4.11

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

Given the participants' responses since the questionnaire items were structured in a four-response-type, a cut-off score of 2.50 was, therefore, used as the baseline for determining how the acquired knowledge is transferred by the traditional medical practitioners. Thus, items found with mean scores equal or above 2.50 were affirmed while items with mean scores below 2.50 were unaccepted.

Table 4.11:Descriptive Statistics of How the Acquired Knowledge is Transferred by Traditional Herbal Medical Practitioners in South-West Nigeria

N	Items	Mean	S.D	Remark
1.	I do pass indigenous Traditional Herbal Medical skills to my children informally.	3.41	1.29	Affirmed
2.	Anyone who wishes to have skills on the indigenous Traditional Herbal Medicine has to pay some money before I can give the skills to him or her .	3.27	1.31	Affirmed
3	I do conceal some vital indigenous Traditional Herbal Medicines so as to enjoy the benefit alone.	3.09	1.54	Affirmed
4.	I have written a book (books) on the indigenous Traditional Herbal Medicine.	2.94	1.37	Affirmed
5.	I allow any interested person who visits me to have access to my indigenous Traditional Herbal Medicine records.	2.87	1.16	Affirmed
6.	I do allow the mass media practitioners to have easy access to my indigenous Traditional Herbal information.	2.82	1.29	Affirmed
7.	I do allow friends/relations/acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely me	2.76	1.44	Affirmed
8.	I do post some indigenous Traditional Herbal Medicines on the Internet for others to use.	2.41	1.33	Disaffirmed
9.	I often reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during our association meetings.	2.37	1.62	Disaffirmed
10	I do allow other indigenous traditional herbal medical practitioners to have access to my own herbs.	2.32	1.71	Disaffirmed
11	I run free apprenticeship programme in my indigenous traditional herbal medicine outfit.	2.26	1.09	Disaffirmed
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.	2.11	1.28	Disaffirmed

Source: Authors Field work (2018)

As shown in Table 4.11, 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 indigenous traditional herbal medicines so as to enjoy the monopoly; I have written a book (books) on the indigenous traditional herbal medicine .I 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.

Objective Four: Investigate the management strategies adopted by traditional herbal medical practitioners in South-West Nigeria.

Answer to this question four is presented in Table 4.12

Research Question Four: What are the strategies adopted by traditional herbal medical practitioners for managing acquired knowledge in South-West Nigeria?

Given the participants' responses since the questionnaire items were structured in a four-response-type, a cut-off score of 2.50 was therefore used as the baseline for determining the strategies adopted by traditional herbal medical practitioners for managing acquired knowledge in South-West Nigeria. Thus, items found with mean scores equal or above 2.50 were affirmed while items with mean scores below 2.50 were disaffirmed.

Table 4.12: Strategies Adopted for Managing the Acquired Knowledge by Traditional Herbal Medical Practitioners in South-West Nigeria

S/N	Items	Mean	S.D	Remark
1	I do use the indigenous Traditional Herbal Medicine as I learnt them.	3.29	1.71	Affirmed
2.	I do mix the indigenous Traditional Herbal Medicine with orthodox medicine so as to improve its effectiveness.	314	1.49	Affirmed
3.	How I use the indigenous Traditional Herbal Medicine depend on the specific ailments.	2.83	1.38	Affirmed
5.	I often try to identify the curative properties (efficacy) of a particular herb before using it.	2.74	1.31	Affirmed
4.	I compare two or more different indigenous Traditional Herbal Medicine on the same ailment before using them.	2.66	1.77	Affirmed
6.	I do consult colleagues or seniors on indigenous Traditional Herbal Medicine on the use of particular herbs.	2.61	1.91	Affirmed
7.	I normally cram (memorise) the name of any herb and its functions as preservation for future use.	2.58	1.35	Affirmed
8.	I do write herbs' names down on sheets of paper and then fold the papers and keep them.	2.43	1.18	Disaffirmed
9.	I do open a file where I write the names of herbs and their respective functions.	2.18	1.43	Disaffirmed
11	I have an exercise book in which I write herbs names and ailments they cure.	1.81	1.37	Disaffirmed
10	I do record the herbs' names with their functions orally on audio tape, for playing back when needed.	1.21	1.82	Disaffirmed

Source: Authors Field work (2018).

As shown in Table 4.12,indigenous traditional herbal medical practitioners use the indigenous traditional herbal medicine as they were taught; mix the indigenous traditional herbal medicine with orthodox medicine so as to improve its effectiveness; use the indigenous traditional herbal medicine depending on the specific ailments; identify the curative properties (efficacy) of a particular herb before using it; compare two or more different indigenous traditional herbal medicine on the same ailment before using them; consult colleagues or seniors on indigenous traditional herbal medicine on the use of particular herbs and normally cram (memorise) the name of any herb and its function as preservation for future use.

Objective Five: Identify the relationship between information accessibility, knowledge transfer system on the traditional herbal medical practices in South-West Nigeria.

Research Question Five: What is the relationship between information accessibility and knowledge transfer system on the traditional herbal medical practices in South-West Nigeria?

Answer to this question is presented in Table 4.13

Table 4.13: Relationship between Information Accessibility and Knowledge Transfer System on Traditional Herbal Medical Practices in South-West Nigeria

Variables	N	Mean	SD	r-cal	Remark
Information accessibility	530	30.49	5.90	0.503	*Moderate and Positive Relationship*
Knowledge transfer system	530	31.76	3.78		

Table 4.13: shows that r-cal = 0.503 was obtained. Thus, this shows that there is a positive relationship between information accessibility and knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.

To answer this question, responses on items in Table 4:9 (information accessibility) and Table 4:11(Knowledge transfer) were transformed for each variable. Then, the data

obtained were correlated using SPSS Statistical Package to determine the relationship between information accessibility and knowledge transfer system. The output is presented in table 4.13.

Objective Six: Relationship between methods of knowledge acquisition and knowledge transfers system on traditional herbal medical practices in South-West Nigeria

Research Question Six: What is the relationship between methods of knowledge acquisition and knowledge transfer system on traditional herbal medical practices in South-West Nigeria?

Answer to this question is presented in Table 4.14

Table 4.14: Relationship between methods of knowledge acquisition and knowledge transfer system on traditional herbal medical practices in South-West Nigeria

Variables	N	Mean	SD	r-cal.	Remark
Knowledge acquisition	530	32.39	3.91	0.280	*Low but Positive Relationship*
Knowledge transfer system	530	34.99	4.87		

Table 4.14 reveals that r-cal = 0.280was obtained. Thus, this shows that there is a positive 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.

To answer this question, responses on items in Table 4:10 (Knowledge acquisition) and Table 4:11(Knowledge transfer) were transformed for each variable. Then, the data

obtained were correlated using Statistical Package of Social Sciences (SPSS) to determine the relationship between knowledge acquisition and knowledge transfer system. The output is presented in Table 4.14

Objective seven: Determine knowledge management as correlate of knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.

Research Question Seven: How does knowledge management correlates with knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria

Answer to this question is presented in Table 4.15

Table 4.15: Relationship between Knowledge Management and Knowledge Transfer System among Traditional Herbal Medical Practitioners in South-West Nigeria

Variables	N	Mean	SD	r-cal	Remark
Knowledge management	530	36.78	3.66	-0.075	*Negative Relationship*
Knowledge transfer system	530	34.99	4.87		

Table 4.15 reveals that r-cal = – 0.075was obtained. Thus, this shows that there is a negative relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria. This indicates that knowledge management is negatively related to knowledge transfer system in traditional medicine practice.

To answer this question, responses on items in Table 4:12 (knowledge management) and Table 4:11 were transformed for each variable. Then, the data obtained were

correlated using Statistical Package of Social Science (SPSS) to determine the relationship between knowledge management and knowledge transfer system. The output is presented in Table 4.15

Objective Eight: Ascertain the relationship between knowledge acquisition and Knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria?

Research QuestionEight: What is the relationship between knowledge acquisition and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria?

Answer to this question is presented in Table 4,16

Table 4.16: Relationship between Knowledge acquisition and Knowledge Transfer System among Male and Female Traditional Herbal Medical Practitioners in South-West Nigeria

Variables	N	Mean	SD	r-cal	Remark
Male	388	17.29	2.17	0.423	*Positive Relationship*
Female	142	14.72	2.21		

Table 4.16 reveals that r-cal = 0.423 was obtained. Thus, this shows that there is a positive relationship between relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria. This indicates that knowledge management and knowledge transfer system of male and female traditional herbal medical practitioners are positively related

To answer this question, responses on the items of Knowledge acquisition and knowledge transfer system among male and female practitioners were transformed for each variable , Then, the data obtained were correlated using Statistical Package of Social Science (SPSS) to determine the relationship between knowledge acquisition

and knowledge transfer system among male and female traditional herbal medical practitioners . The output is presented in table 4.16.

Objective Nine: Determine the relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria?

Research Question Nine: What is the relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria

Answer to this question is presented in Table 4.17

Table 4.17: Relationship between Information Accessibility and Knowledge Transfer System among Young and Aged Traditional Herbal Medical Practitioners in South-West Nigeria

Variables	N	Mean	SD	r-cal	Remark
Young	251	15.42	2.39	0.722	*Positive Relationship*
Aged	279	18.13	2.62		

Table 4.12 above reveals that r-cal = 0.722 was obtained. Thus, this shows that there is a positive relationship between information accessibility and knowledge transfer system among young and aged traditional medical practitioners in South-West Nigeria. This indicates that information accessibility and knowledge transfer system of young and aged traditional herbal medical practitioners are positively related.

To answer this question, responses on items of relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners were transformed for each variable.. Then the data obtained were correlated using SPSS Statistical package to determined the relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners. The output is presented in table 4.17

Results of the Unstructured Interview

Unstructured interview was conducted with three (3) traditional herbal medical practitioners from each of the three States who participated in this study. Their respondents are given below:

EKITI STATE

First Respondent (male)

How did you get the information source on the knowledge of traditional herbal medical practice in South- west Nigeria?

"I sourced the knowledge to traditional medicine from my father as it was his only source of income".

How did you access the information on herbal medical practitioners in South- west Nigeria?

"I gained access on the information on herbal medicine from the elders in the community who were willing to share their knowledge with me".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transfer the knowledge I have on traditional medicine through the word of mouth (oral transmission) to my children".

What strategies do you adopt in the traditional herbal medical practice in managing the knowledge you acquired in South- west Nigeria?

"I managed the knowledge I acquired about traditional medicine by engaging its use often, because I realised that the more I engaged in it the more efficient I became".

Second Respondent (male)

How did you source the knowledge of traditional herbal medical practice in South West Nigeria?

"I sourced the knowledge of traditional medicine from watching indigenous movies where traditional medical practitioners operate".

How did you access information on Traditional herbal medical practice in South-West Nigeria?

"I gained access on the information on traditional medicine from my grandfather who enlightened me more on it".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transfer the knowledge I acquired about the traditional medicine by teaching the young ones in our community and explain to them how it works".

What are the strategies do you adopt in the traditional herbal medical practitioners in managing the knowledge acquired in South-West Nigeria?

"I manage the knowledge I acquired about traditional medicine by memorising the name and functions of herbs".

Third Respondent (female)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced the knowledge of traditional medicine by getting acquainted with other experts in the field since no one is an island of knowledge".

How did you access information on herbal medical practice in South-West Nigeria?

"I gained access on the information on herbal medicine from my grandfather who was the Bale (community leader) of our community. People who had family issues or sickness would always come to him and he would always take them to a particular place which he secluded for attending to people".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transfer the knowledge I have acquired by revealing new discoveries about herbal medicines to my other colleagues".

What strategies do you adopt as traditional herbal medical practitioner in managing the knowledge you acquired in South-West Nigeria?

"I have a book in which I write names of herbs and the ailment each cures so that i can pass it onto other generation who might develop interest".

OSUN STATE

First Respondent (male)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced the knowledge of traditional medicine from my family as it was passed on generationally".

How did you access information on traditional herbal medical practice in South-west Nigeria?

"I gained access on the information on herbal medicine from my father who would always call on me to get the necessary herbs needed whenever he had a patient".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transferred the knowledge I acquired by allowing anyone who wishes to have the skills though they pay a certain amount before I give them the skills".

What strategies do you adopt in the traditional herbal medical practitionersin managing the knowledge you acquired in South-West Nigeria?

"I managed the knowledge I acquired about traditional medicine by doing a record of names and functions of different herbs".

Second Respondent (male)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced the knowledge of traditional medicine from regular attendance at the association meetings".

How did you access information on traditional herbal medical practice in South-West Nigeria?

"I gained access on the information on herbal medicine from the community leaders who belonged to a group of the Herbal Medical Association".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transferred the knowledge I acquired by sharing my knowledge on what I know about the effectiveness of traditional medicine".

What strategies do you adopt as a traditional herbal medical practitioner in managing the knowledge you acquired in South-West Nigeria?

"I managed the knowledge I acquired about traditional medicine by often identifying the efficacy of a particular herb before using it".

Third Respondent (female)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced the knowledge of traditional medicine during my apprenticeship under an expertise in the field".

How did you access information on traditional herbal medical practice in South-west Nigeria?

"I accessed the information on herbal medicine from my grandmother who was the yeye Osun (mummy water) of our community".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transferred the information I acquired on traditional medicine by teaching my sons the names of all the necessary herbs and their functions".

What strategies do you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South West Nigeria?

"I managed the knowledge I acquired about traditional medicine by consulting seniors' in the field on the use of a particular herb".

OYO STATE

First Respondent (male)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced for knowledge of traditional medicine from extended relations who helped me in acquiring the needed knowledge as they have more knowledge about it and are ready to pass and impact the knowledge on others".

How did you access information on traditional herbal medical practice in South-West Nigeria?

"I accessed the information on herbal medicine from other experts in indigenous medicine".

How did you transfer the knowledge you acquired from the traditional herbal medical practitioners?

"I transferred the knowledge I acquired about traditional medicine by making it accessible to other practitioners during visitations and membership meetings".

What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria?

"I managed the knowledge I acquired about traditional medicine by making a comparison between orthodox medicine and traditional medicine to improve its effectiveness".

Second Respondent (female)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

"I sourced the information on herbal medicine from consulting elders in the community who were more knowledgeable ".

How did you access information on herbal medical practice in South-West Nigeria?

“I accessed the knowledge about traditional medicine from meeting with other practitioners in the field”.

How did you transfer the knowledge you acquired from the traditional medical practitioners?

“I transferred the knowledge I acquired about traditional medicine by passing the skills and knowledge across to my children informally and I instruct them to try it since informal learning is by learning and doing”.

What strategies do you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria?

“I managed the knowledge I acquired about traditional medicine by using them as soon as I learnt them so as not to forget”.

Third Respondent (male)

How did you source the knowledge of traditional herbal medical practice in South-West Nigeria?

“I sourced the knowledge of traditional medicine practice through inheritance from the family lineage”.

How did you access information on herbal medical practice in South-West Nigeria?

“I accessed the knowledge of traditional medicine through regular attendance to the association meetings”.

How do you transfer the knowledge you acquired from the traditional medical practitioners?

“I transferred the knowledge I acquired by running a free programme for those who are interested in the knowledge”.

What strategies do you adopt as a traditional herbal medical practitioner in managing the knowledge you acquired in South-West Nigeria?

“Iwill managed the knowledge I acquired about traditional medicine by engaging and using the traditional medicine in relation to the ailment”.

4.3 Interview Analysis

S/N	Respondents	State	Interview Question	Responses
1	Male	Ekiti	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine from my father as it was his only source of income
2	Male	Ekiti	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine from watching of indigenous movies where traditional herbal medical practitioners are done more
3	Female	Ekiti	How did you source for knowledge of traditional herbal medical practice South-West Nigeria	I source the knowledge on traditional herbal medicine from acquaintance with other experts in the field since no one is an island of knowledge
4	Male	Osun	How did you source for knowledge of traditional herbal medical practice in South-West	I source the knowledge on traditional herbal medicine from my family as it was passed on

			Nigeria	generationally
5	Male	Osun	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine from regular attendance to association meetings each time
6	Female	Osun	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine during my apprenticeship.
7	Male	Oyo	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine from extended relations who helped me more in acquiring the needed knowledge as they seemed to have the knowledge about it and were ready to pass and impact the knowledge
8	Female	Oyo	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine from consulting elders in the community who had knowledge about it.

9	Male	Oyo	How did you source for knowledge of traditional herbal medical practice in South-West Nigeria	I source the knowledge on traditional herbal medicine by inheritance from the family lineage
10	Male	Ekiti	How did you access information on traditional herbal medical practice in South-West Nigeria	I gained access on the information traditional herbal medicine from my father who would always call me to get the necessary herbs needed whenever he had a patient
11	Male	Ekiti	How did you access information on traditional herbal medical practice in South-West Nigeria	I gained access on the information traditional herbal medicine from my grandfather who enlightened me more on it.
12	Female	Ekiti	How did you access information on traditional herbal medical practice in South-West Nigeria	I accessed the information traditional herbal medicine from my grandfather who was the bale of our community, people who had family issues or sickness would always come to him and he would take them to a particular place which he

				secured for attending to people.
13	Male	Osun	How did you access information on traditional herbal medical practice in South-West Nigeria	I gained access on the information on traditional herbal medicine from my father who would always call on me to get necessary herbs needed whenever he had patient.
14	Male	Osun	How did you access information on traditional herbal medical practice in South-West Nigeria	I gained access on the information on traditional herbal medicine from the community leader who because to a group of the herbal medical association.
15	Female	Osun	How did you access information on traditional herbal medical practice in South-West Nigeria	I gained access on the information on traditional herbal medicine from my grandmother who was the yeyeOsun of our community
16	Male	Oyo	How did you access information on traditional herbal medical	I gained access on the information on

			practice in South-West Nigeria	traditional herbal medicine from other experts in indigenous medicine
17	Male	Oyo	How did you access information on traditional herbal medical practice in South-West Nigeria	I accessed the information about traditional herbal medicine from meeting with other practitioners in the field.
18	Male	Oyo	How did you access information on traditional herbal medical practice in South-West Nigeria	I accessed the information on traditional herbal medicine through regular attendance at the association meetings.
19	Male	Ekiti	How did you transfer knowledge you acquired from the traditional herbal medical practice in South-West Nigeria	I transfer the knowledge I have on traditional herbal medicine through the word of mouth (oral transfer to my children)
20	Male	Ekiti	How did you transfer knowledge you acquired from the traditional herbal medical practice in South-West Nigeria	I transfer the knowledge I acquired about traditional herbal medicine by teaching the young ones in our community and explain

				to them how it works.
21	Female	Ekiti	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I have acquired by revealing new discoveries about herbal medicine to my other colleagues
22	Male	Osun	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I have on traditional herbal medicine by allowing anyone who wishes to have the skills through paying a certain amount before I give them the skills
23	Male	Osun	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I acquired by sharing what I know about the effectiveness of traditional herbal medicine
24	Female	Osun	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I acquired through a traditional herbal medicine by teaching my son the name of all the necessary herbs and their

				functions.
25	Male	Oyo	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I acquired about traditional herbal medicine by giving access to other practitioners into my own visitation and membership meetings
26	Female	Oyo	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I acquired about traditional herbal medicine by passing the skills and knowledge across to my children informally and I instruct them to try it. Since informal learning is by learning daily.
27	Male	Oyo	How did you transfer knowledge you acquired from the traditional herbal medical practitioners in South-West Nigeria	I transfer the knowledge I acquired by running free programme for those who are interested.
28	Male	Ekiti	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you	I managed the knowledge I acquired about traditional medicine by engaging its use often

			acquired in South-West Nigeria	because I realised that the more it is engaged the more we become efficient and familiar
29	Male	Ekiti	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by memorising the name and functions of herbs more we become efficient and familiar
30	Female	Ekiti	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine I have a book in which I write name of herbs and the ailment each comes, so I could pass into other generation who might develop interest
31	Male	Osun	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by doing a record of names and functions of different herbs

32	Male	Osun	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by often trying to identify the efficacy of a particular herb before using it
33	Female	Osun	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by consulting seniors in the field on the use in a particular herb
34	Male	Oyo	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by making a comparison between orthodox medicine and traditional medicine to improve its effectiveness
35	Male	Oyo	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by using them as soon as I learnt them so I would not forget.

36	Female	Oyo	What strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria	I managed the knowledge I acquired about traditional medicine by engaging and using the traditional medicine in relation to the ailment.

The above table reveals that there are 3 traditional herbal medical practitioners from each state; Namely: Ekiti, Osun and Oyo. Two males and one female from each state making a total of 9 traditional herbal medical practitioners. On the first question : how did you source the knowledge of traditional herbal medical practice in South-West Nigeria. The opinion of the 9 respondents from the 3 states were different. On the second interview question: how did you access the information on traditional herbal medical practice: the opinion of the 2 male and female respondents from Ekiti state were the same. Third interview question: how did you transfer the knowledge you acquired from traditional herbal medical practitioners, the view of a male respondent from Ekiti State and a female respondent were the same; out of the 9 total respondents from the 3 states. Lastly, on interview question 4: what strategies would you adopt as a traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria. The opinion of all the respondents from the 3 states were not the same .

4.4 The Link Between the use of Qualitative and Quantitative Research in this Study

Qualitative in this study is the interview in which respondents air their views on the response, while quantitative is where the respondents were to tick the alternative answer under the items stated for their responses.

In interview question one which is; how did you source the knowledge of traditional herbal medical practice in South-West, Nigeria, is relates to research question two which stated that: what are the sources of acquiring knowledge by traditional herbal medical practitioners in South-West Nigeria. Response of the first male respondent in Ekiti State is inline with item number one of the research question two which has high

percentage under the keyword: Very True of Me (VTM) 41.9% ,response of the second male respondents in Ekiti State tally with item number three of the research question two with 34.0% under the keyword : Very True of Me (VTM). Moreover in interview question two which is; how did you access the information on traditional herbal medical practitioners in South-West Nigeria is in line with research question one which states : how do traditional herbal medical practitioners in South-West Nigeria access information on traditional herbal medicine in South-West Nigeria. The response of the first male respondent in Ekiti State is the same with item number six of research question one which has high percentage 35.1% in True of Me (TM). Second male respondent from Osun State has same opinion with item number one of the research question one which has the highest percentage of 58.7% of Very True of Me (VTM). Third female respondent in Ekiti state has the same opinion with item number one of the research question one since oral transmission is mostly from parents and grand parents. So it also has 56.7% in Very True of Me (VTM).

In Osun State, the first male respondents responded in line with item number one of research question one that was 58.7% under the option Very True of Me (VTM). The second male respondent responded the same with item number six of the research question one with high percentage (58.7%) in Very True of Me. The third female respondent responded the same way with item no one 0f research question three with mean score of 3.41 which is affirmed in remark. In Oyo, the first male respondent's opinion was not inline with any items of the research question .The Second female respondent's opinion in Oyo did not tallied with any of the items in research question one. The third male respondent's response was in line with item number three of the research question one with high percentage of 35.8% in Very Tue of Me (VTM)

In interview question three which is, how did you transfer the knowledge you acquire form the traditional herbal medical practitioners?. In Ekiti State. the first male respondent's response tallied with item number one of research question 3 with mean score of 3.41, which means that majority of traditional herbal medical practitioners follow the same way. The second male respondent's response in Ekiti did not tallied with any of the items in research question three. The third female respondent's response in Ekiti State was in line with item number nine of research question threewith mean score of 2.37 which was disaffirmed in remarked/.In Osun state first male respondent response the same with item no 2 of the research question 3 with mean score of 3.27 affirmed in remarked. The second male respondent's response did not tallied with any of the item on research question 3. Third female respondent response did not tallied with any of the items on research question three. In Oyo State.the first male respondent's response was not the same with any of the items in research question three. The second female respondent's response tallied with item number one of the research question with mean score of 3.41 with the option affirmed remark.The third male respondent's response is in line with item no. 10 of the research question three with the mean score of 2.32 with affirmed' remark.

In interview question four which asks" what strategies would you adapt as a traditional herbal medical practitioners in managing the knowledge of traditional herbal medicine in South-West, Nigeria. In Ekiti State the first male respondent's response was not in line with any of the items in research question four. The second male respondent's response in Ekiti State was also not in consonant with any of the items in research question four. The third female respondent's response did not corroborate with any item of research question four.

In Osun State, the first male respondent's response not the same with any item in research question four. The second male respondent's responses did not corroborate with any of the items in research question four. The third female respondent's response did not tallied with any of the item in research question no. four. In Oyo , the State first male respondent's response did not tallied with any item of research question four. The. second female respondent's response in Oyo State not equivalent to any of the research question four items. Lastly, the third female respondent's response was in line with item number three with mean score of 2.38, remarked ' affirmed' in research question four.

The explanation of the link between qualitative and quantitative shows that responses of some respondents that were interviewed corroborate with some items of research questions no. 1 to 4, while responses of some respondents were not in line with any of the items of research questions

4.5 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. The use of PPMC became necessary because the data collected for this study were measured on interval scale and met the assumption of normality.

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

Table 4.18: 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	528	0.503	0.000	*Not Accepted*
Knowledge transfer system	530	31.76	3.78				

*Significant at P<0.05

The foregoing shows that the calculated significant values of 0.000 with$r-cal._{(df=528)}$ = 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 documented and oral 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 4.18: 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.	Decision
Knowledge acquisition	530	32.39	3.91	528	0.280	0.000	*Not Accepted*
Knowledge transfer system	530	34.99	4.87				

*Significant at P<0.05

The result in Table 4.18 shows that the calculated significant values of 0.000 with$r - cal._{(df=528)}$= 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.

Hypothesis Three: There is no significant relationship between knowledge management and knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.

Table 4.19: Summary of Pearson Product Moment Correlation Co-efficient between Knowledge Management and Knowledge Transfer System among Traditional Herbal Medical Practitioners in South-West Nigeria

Variables	N	Mean	SD	Df	r-cal.	Sig.	Decision
Knowledge management	530	36.78	3.66	528	-0.075	0.086	Accepted
Knowledge transfer system	530	34.99	4.87				

*Insignificant at P>0.05

The result shows that the calculated significant values of 0.086 with$r - cal._{(df=528)}$ = -0.075 is greater than the chosen 0.05 level of significance. Hence, the null hypothesis is not rejected. Therefore, there is no significant relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria. This indicates that knowledge management is negatively related to knowledge transfer system in traditional medicine profession. That is, the mystery that surrounds knowledge management in traditional herbal medical profession makes the transferability of such knowledge difficult.

Hypothesis Four: There is no significant relationship between knowledge acquisition and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria.

Table 4.20: Summary of Partial Correlation between Knowledge Acquisition and Knowledge Transfer System among Male and Female Traditional Herbal Medical Practitioners in South-West Nigeria

Control Variable			Knowledge Acquisition	Knowledge Transfer	Gender
-none-[a]	Knowledge Acquisition	Correlation	1.000	.720	-.212
		Significance (2-tailed)	.	.008	.509
		Df	0	528	528
	Knowledge Transfer	Correlation	.720	1.000	-.277
		Significance (2-tailed)	.008	.	.383
		Df	528	0	528
	Gender	Correlation	.712	.677	1.000
		Significance (2-tailed)	.011	.011	.
		df	527	527	0

*Significant at P<0.05

The result above shows that the calculated significant values of 0.086 with $r-cal._{(df=527)}$ = 0.011 is less than the chosen 0.05 level of significance. Hence, the null hypothesis is rejected. Therefore, there is a significant relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria. This implies that male and female traditional herbal medical practitioners transfer the information acquired among them in South-West Nigeria.

Hypothesis Five: There is no significant relationship between information accessibility and knowledge transfer system among young and aged traditional medical practitioners in South-West Nigeria.

Table 4.21: Summary of Partial Correlation between Information Accessibility and Knowledge Transfer System among Young and Aged Traditional Herbal Medical Practitioners in South-West Nigeria

Control Variable			Knowledge Acquisition	Knowledge Transfer	Age
-none-[a]	Knowledge Acquisition	Correlation	1.000	.970	.327
		Significance (2-tailed)	.	.000	.299
		Df	0	528	528
	Knowledge Transfer	Correlation	.970	1.000	.278
		Significance (2-tailed)	.000	.	.381
		Df	528	0	528
	Ag	Correlation	-.327	.278	1.000
		Significance (2-tailed)	.000	.000	.
		Df	527	527	0

*Significant at P<0.05

The outcome above shows that the calculated significant values of 0.086 with $r - cal._{(df=527)}$ = 0.000 is less than the chosen 0.05 level of significance. Hence, the null hypothesis is rejected. Thus, there is a significant relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria. This implies that young and aged traditional herbal medical practitioners share the information accessed among them in South-West Nigeria.

4.6 Discussion of Findings

The findings on 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 most not through the use of social media, internet and library. This finding is contrary to the assertion of Erik (2011) who posited that the way in which local television news operates in the media markets is making information accessible. Information on traditional herbal medicine may not be accessed on internet and other social media probably due to the mystery and secrecy that shroud the profession. Thus, consultation with community leaders and attending association meetings will afford them the opportunity to either reveal or get vital information on indigenous traditional herbal medicine. Another likely reason is economic gain; the traditional herbal medical practitioners get their means of livelihood through this profession and they may not want expose it on the social media or library in a bid to increase patronage.

The answer to research question two showed that the traditional herbal medical practitioners in South-West Nigeria acquired the knowledge and skills on traditional herbal medicine through the expertise of parents, mass media, print media, extended relations and association meetings. However, it was discovered that the traditional herbal medical practitioners did not source the 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 main sources of knowledge or skills acquired by traditional herbal medical practitioners in South-West Nigeria include expertise of the parents, mass media, extended relations and association meetings. This result is consistent with the view of Lemu (2013) who opined that the knowledge on traditional herbal medicine is acquired from parents and relations. The likely reason for this result is because traditional herbal medical profession is oral in nature with lack of proper documentations of diseases and curative drugs as well as of

specific duration for learning the profession. Somebody may prefer sourcing information from his/her parents and extended relations rather than enrolling themselves in apprenticeship due to unnecessary long duration of training and non-formal nature of the institution.

The findings of the study also showed that the traditional herbal medical practitioners in South-West, Nigeria transferred the acquired knowledge on traditional herbal medicine by organising training and free apprenticeship programmes, sharing their new discoveries, showcasing their track records, granting access to interview the mass media and embarking on public enlightment programmes and revealing 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 the 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 patronise them for herbal medical solutions, and this may be the likely reason for indirect transfer of knowledge acquired through public enlightment and seminars. Social media may be granted audience to help project their work positively and dispel negative attitude of people towards traditional herbal medicine which may likely account for the use of mass media.

Similarly, the findings of research question four revealed that the traditional herbal medical practitioners in South-West Nigeria adopted the strategies of 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. This outcome is in line with the finding of Alhassan (2012) who reported that traditional knowledge is clearly acquired and managed mostly within the family where members are likely to protect their skills and knowledge as inherited sources of income. The traditional herbal medical profession has become a source of livelihood for many practitioners and they may want to guard it jealously, and this may be likely the reason for effective management of traditional herbal knowledge. The traditional herbal knowledge has become inheritance for some families and they will like to manage it well for the benefit of next generation by documenting vital traditional herbal information and their functions.

The findings of research question five revealed that information accessibility and knowledge transfer system on traditional herbal medicals are through word of mouth, association meeting, through community leaders. But not through buying books from bookshop and borrowing books from friends. This is contrary to the opinion of Margara, Burkivan and Kayiku(2011) who posited that traditional knowledge is more than simple compilation of facts drawn from local and remote environments. It is a sophisticated system of knowledge acquisition from centuries of wisdom and experiences, it grows and changes with new information .Through this submission, it is clear that traditional herbal medical practitioners need toengage in the use of information technology such as computer, internet and social media like:; instagram; web page.In order to be more effective in the practice of their profession and gain more recognition.

The findings of research question six showed that the method of knowledge acquisition and transfer system on traditional herbal medical practices were through inheritance from parent, acquaintances from friends, extended relations, association meetings but

not from vision, borrowed books. However, they conceal vital information so as to enjoy its monopoly do not post it information on the Internet for others to use and not written in a book. This is contrary to Nnadozie (2015) who posited that proper method of knowledge transfer among organisational members has several benefits. Among others, it frees information, enhances social interaction, eliminates or reduces duplication of efforts and forms the basis for problem- solving and decision- making. Many traditional herbal medical practitioners prefer to acquire knowledge through parents, extended relation in order to gain monopoly of power.

The answer to research question seven revealed that knowledge management correlates with knowledge transfer system among traditional herbal medical practitioners in south -west Nigeria through: the use of traditional herbal medicine, they learnt them, I compare two or more different traditional herbal medicine on the same ailment before using it, identify the curative properties of a particular herb before using it, consult colleagues and elders on the use of particular herbs, open file where the names of herbs and their respective functions can be kept, I do write herbs names down on sheets of paper and then fold the paper and keep them save but not through mixing the indigenous traditional herbal medicine with orthodox medicine to improve it effectiveness, recording the herbs names with their function orally an audio tape for playing back when needed and cramming the names of herbs and their uses for future use. This is inline with Anyaoku *et al.* (2015) who posited that preservation of traditional medical knowledge involves developing systems that will ensure the continued existence and viability of traditional knowledge as well as passing them to future generations. Thus, compare two or more different traditional medicine on the same ailment before using it, identifying the curative properties of a particular herb before using it, consulting colleagues and senior on the use of particular herbs, opening

file where the names of herbs and their respective functions can be kept, writing names of herbs names on sheet of paper and then folding the papers so as to preserve them for proper management and ensure good record on traditional herbal medical practices for onward transfer to other generations.

The findings of research questions eight showed that knowledge acquisition and knowledge transfer system among male and female traditional herbal medical practitioners were through: I inheriting knowledge of herbal medical practice from my mothers, contacting female herbal medical practitioners because they are seen as biological mother, consulting male traditional herbal medical practitioners on the use of particular herbs, opening up to male traditional herbal medical practitioners on any ailments one is suffering from because they keep secret of their client. The traditional herbal medicine is widely believe to be exclusively for herbalist alone. This is inline with Animasahun, (2018) who revealed that knowledge transfer refers to the mutual interaction that can take place for knowledge to move from one point to the other. It occurred when an individual is willing to assist as well as to learn from others in the development of new competences. However, this could be likely reason why male and female traditional herbal medical practitioners inherited herbal knowledge from : mother, male contact female traditional herbal medical practitioners because they perceive them as their biological mother, female consult male on the use of particular herbs, female open up to male traditional herbal medical practitioners on any ailment they suffering from because they keep.

Hence, this mutual collaboration between male and female traditional herbal medical practitioners boost their knowledge and encourage them in the practice of their religion.

The findings of research question nine showed that information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria are through: (1) solving local problems using traditional approach, (2) keeping record of work to document daily activities. (3) having unlimited memory to share vital information and easily retrieve information when the need arise,(4) packaging herbs and branding them but not but not through mass media such as V, startimes, GOtv, DSTV, radio to access information, (5) having access to internet facilities and thus using it as medium of communication to clients both at national and international levels,(6) printing media and magazines to assist in boosting my herbal skills,(7) not having access to printed materials because I can neither read nor write, (8) not being able to access information through social media because of limited knowledge in exploring internet facilities. This is contrary to the opinion of Alsaqri, *et al* (2018) who revealed that internet has taken a firm place in the lives of people, and the explosion in the use of social media has drastically changed the different aspects of individuals lives such as interpersonal relations, psychological well being, political participation, civic responsibilities and education. The study also showed that social media gives people the power to share information, make the world more open and connected as people can make use of online networks to have friends and group membership in keep in touch with current friends and reconnect with old friends through similar interest. Hence, there is need for traditional herbal medical practitioners both young and aged to involved in the use of internet and social media so as to be part of the worldwide global village and gain more recognition for the profession.

The result of hypothesis one showed that there was 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 to the next generation. This finding supports that of Agbor and Naidoo (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 since one can only give what one has. A lot of information on traditional herbal medical practice is 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 exists 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 result of hypothesis three revealed that there was no significant relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria. This indicates that knowledge management is negatively related to knowledge transfer system in traditional medicine profession. This result concurs with Adenkanbi *et al.* (2014) who found that the

dominant mode of knowledge transmission was found to be oblique. This may be attributed to the mystery that surrounds knowledge management in traditional herbal medical profession which makes the transferability of such knowledge difficult. Recording or opening of files for herb's names and their functions, memorizing herb's names and their functions may negatively affect the transfer of such knowledge because files or memory may soon fade away or lost due to passage of time. Thus, the transfer of traditional herbal medical knowledge becomes difficult due to how it is being managed.

The outcome of hypothesis four showed that there was a significant relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria. This implies that male and female traditional herbal medical practitioners transfer the knowledge acquired among themselves in South-West Nigeria. This outcome supports the assertions of Olushola *et al.* (2015) who opined that knowledge management has to do with preserving the traditional knowledge for the next generation. Medical profession, whether industrialised or traditional, is a field of specialisation and no one in an island of knowledge. This is why seminars, workshops or symposiums or association meetings are organized for members to cross fertilize ideas on new development in their profession. Such ideas, information and knowledge are shared and transferred among members regardless of their gender to promote their activities. This may be the reason for the significant relationship observed.

The result of hypothesis five indicated that there was a significant relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria. This implies that young and aged traditional herbal medical practitioners share the information accessed among

themselves in South-West Nigeria. This outcome is in consonance with Jha *et al.* (2013) who found that teachers regardless of their gender, age, school type, ethnicity and qualification had positive attitude towards traditional herbal medicine. The demographic profile in this study revealed that youths 135 (25.5%) and aged people 130 (24.5%) dominated the traditional herbal medical profession in the sampled region. This may justify the collaboration between young and aged traditional herbal medical practitioners in information accessibility and knowledge transfer system.

4.7 Summary of Findings

Findings obtained from this study are summarised as follow:

1. The result of research question one revealed that the traditional herbal medical practitioners in South-West Nigeria accessed information on traditional herbal medicines through oral transmission, attending association meetings and consulting community leaders. However, they did not access information on traditional herbal medicines through the social media and the use of library.
2. The traditional herbal medical practitioners in South-West Nigeria sourced their acquired knowledge and skills on traditional herbal medicine of the parents, mass media, print media, extended relations and association meetings
3. 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 organising training and free apprenticeship programmes, sharing new discoveries, showcasing their track records, granting interviews to mass media, embarking on public enlightment 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.

4. Similarly, the findings of the study revealed that the traditional herbal medical practitioners in South-West Nigeria adopted the strategies of 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.
5. There was a positive relationship between knowledge acquisition and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria
6. There was a negative relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West, Nigeria.
7. There was a positive relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West, Nigeria
8. There was a positive relationship between information accessibility and knowledge transfer system among young and aged traditional medical practitioners in South-West Nigeria.
9. There is a significant relationship between information accessibility and knowledge transfer system among the traditional herbal medical practitioners in South-West Nigeria.
10. There is a significant relationship between knowledge acquisition and knowledge transfer system among traditional herbal medical practitioners in South-West, Nigeria.

11. The result of hypothesis three revealed that there was no significant relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria.
12. The outcome of hypothesis four showed that there was a significant relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria.
13. Finally, there was a significant relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

This chapter discusses the findings of the study and highlights the conclusion drawn from the findings. The Recommendations of the study are also presented. The discussion, conclusion and recommendations highlighted are based on the purpose of the study that sought to find out the relationship of information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in South-West.

5.1 Conclusion

The study revealed that the traditional herbal medical practitioners declined accessing information on herbal medicine through social media, library and Internet platform respectively. Therefore, the traditional herbal medical practitioners in South-West Nigeria accessed information from their profession by oral transmission, association meetings and consulting community leaders and not through the use of social media, internet and the library.

The study also revealed that traditional herbal medical practitioners affirmed that they did not acquire their traditional medical knowledge or skills from friends and acquaintances, dreams and visions, through the purchase of traditional medicine audio tapes, internet and apprenticeship.

The study also 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 indigenous traditional herbal medicines so as to enjoy the monopoly.

The study also revealed that indigenous traditional herbal medical practitioners use the indigenous traditional herbal medicine as they were taught; mix the indigenous traditional herbal medicine with orthodox medicine so as to improve its effectiveness; use the indigenous traditional herbal medicine depending on the specific ailments; identify the curative properties (efficacy) of a particular herb before using it.

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. However, there was no significant relationship between knowledge management and knowledge transfer system among traditional herbal medical practitioners in South-West Nigeria.

There was a significant relationship between information accessibility and knowledge transfer system among young and aged traditional herbal medical practitioners in South-West Nigeria. There was no significant relationship between knowledge management and knowledge transfer system among male and female traditional herbal medical practitioners in South-West Nigeria.

5.2 Recommendations

Based on the findings of the study, it is recommended that:

1. 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. They should cultivate the habit of using internet and library to improve on their profession. Since the world has become a global village and we are in the age of technology, traditional herbal medical

practitioners should integrate information technology into their work. This will help them to share ideas globally;

2. The traditional herbal medical practitioners should also adopt modern methods of managing information and knowledge in their profession. Information is power and there is need for proper management of such knowledge and information. Traditional herbal medical knowledge and information can be documented with the use of computers and other modern technologies to prevent attrition of data and loss of vital herbal information;

3. 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 platforms will afford the traditional herbal medical practitioners the opportunity to share and cross fertilise ideas on diseases their cures, and their prevention. Organisation of seminars will also acquaint them with current trends in traditional herbal medicine in terms of preparation, preservation and prescription;
4. Since there is a relationship between information accessibility and transfer system as well as between knowledge acquisition and transfer system, traditional herbal medical practitioners should access and source information from a traceable and reliable sources. This will enable them to 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;

5. Similarly, traditional herbal medical practitioners should cultivate the habit of sharing herbal information and knowledge among themselves regardless of their age, gender and tribe. This will increase the synergy among the practitioners, and eventually improve the profession;
6. government should recognise the need for both male and female traditional herbal medical practitioners, give them financial assistance to boost their services and establish traditional medical hospitals where both male and female traditional medical practitioners can serve;
7. moreover, Government should involve traditional herbal medical practitioners in health care programmes of the state since it is the basic health facility of some people in the community;
8. furthermore, government should have local authority or even an organisation in the state to cater for the needs of traditional herbal medical practitioners. This will be of great advantage to the people.
9. government should intervene in the deforestation control in states so as to reduce depletion of medicinal plants, and to support the traditional herbal medical practitioners in getting adequate raw materials for their products.

5.3 Contribution to Knowledge

1. The study has highlighted the need for transfer of knowledge of traditional herbal medicine from one generation to another. Such, transfer of knowledge to younger generation is necessary in order to develop their own practices through experimentation, reading and learning.
2. It has stressed the importance of access to information and transferring of knowledge of traditional herbal medicine using the social media, library, electronic media, internet and other modern means of information dissemination,

3. The study highlighted the importance of record keeping as well as documentation in forms of book, sound and video records, files, letters and so on in preserving the knowledge of traditional herbal medicine.
4. The study can serve as an eye-opener for the government at all levels to realise the importance of traditional herbal medicine and allow it to operate side by side with the modern orthodox medicine.
5. The study serves as a reminder to appropriate authorities to establish worthwhile libraries to help in the area of identifying indigenous knowledge of medical practice as well as its documentation.
6. The study emphasised that librarians should make sure libraries are well stocked with the collections on traditional herbal medicine to help practitioners in boosting their horizon of knowledge.
7. The study has shown the need for traditional herbal medical practitioners to transmit knowledge to every apprentice as they would to their biological children for the preservation of knowledge of traditional medical practice.
8. The study has stressed the importance of traditional medicine and that it can cure diseases and provide solutions to human problems even areas in where orthodox medicine cannot succeed.

5.4 Suggestions for Further Studies

It is suggested that further studies should be carried out in the following areas:

1. information accessibility, knowledge acquisition and management and transfer system among traditional herbal medical practitioners in other geographical areas in the country
2. information accessibility, knowledge acquisition and knowledge management as predictors of transfer system among traditional herbal medical practitioners in Nigeria.
3. information accessibility, knowledge acquisition, management and transfer system among anaemia traditional herbal medical practitioners in Nigeria.

4. documentation of findings on Information accessibility, knowledge acquisition, management and transfer system among traditional herbal medical practitioners in Nigeria.
5. a detailed study of traditional herbal medical practice in the same zone could be carried out.

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APPENDIX A

FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA

POSTGRADUATE SCHOOL

DEPARTMENT OF LIBRARY AND INFORMATION TECHNOLOGY

INFORMATON ACCESSIBILITY, KNOWLEDGE ACQUISITION AND MANAGEMENT AND TRANSFER SYSTEM AMONG TRADITIONAL HERBAL MEDICAL PRACTITIONERS

QUESTIONNAIRE (FAKAMTSHMP).

Dear Sir/Madam,

The researcher is a student of the above named university. Currently carrying out a research on the topic stated above. Hence, you are pleased required to respond to all the items here-in faithfully. You are well assured of the confidentiality of the information given.

Thank you very much.

BUSARI, Suebat Ajoke

APPENDIX B

INTRODUCTORY LETTER

DEPARTMENT OF LIBRARY AND INFORMATION TECHNOLOGY
SCHOOL OF INFORMATION AND COMMUNICATION TECHNOLOGY
FEDERAL UNIVERSITY OF TECHNOLOGY MINNA

VICE – CHANCELLOR:
Prof. M.A. AKANJI, FNSAE,B.Sc (Ibadan), M.Sc Ph. D. Phil (O.A.U.)

REGISTRAR:
V.N. Kolo, B. Sc., MPA (ABU)) MNIM, ACIPM

HEAD OF DEPARTMENT:
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7th November, 2017

TO WHOM IS MAY CONCERN
LETTER OF INTRODUCTION: BUSARI, Suebat Ajoke
Ph.D/SSTE/2015/675

The above named is a Ph.D student of the Department of Library and Information Technology, Federal University of Technology, Minna.

She is writing a thesis titled: **"Relationship between Information Accessibility, Knowledge Acquisition and Management and Transfer System Among Traditional Herbal Medical Practitioners in South West Nigeria".**

I therefore request you to kindly give her all necessary assistance she may require for the success of her assignment.

Thank you for your cooperation.

Yours Sincerely,

07/11/2017

Dr. K. A. Saka
HOD/LIT

SECTION 'A'

NB: Please Tick (√)the chosen option in each of the following items.

1. State of abode: (a) Ekiti (b) Osun (c) Oyo. Please specify ……

2. Ethnic Group: (a)Yoruba (b)Hausa (c) Fulani (d) Nupe (e)Baruten

(f) Igbo (g) others. Please specify ……..

2. Formal Educational Level: (Illiterate; semi- Illiterate; Literate).

3. Gender: (a) Male (b) Female

4. Religion: (Christianity / Islam/ Traditional Religion)

5. Age Range: (a)Under 20 (b) 20 – 29 (c) 30 – 39 (d)40 – 49 (e) 50 – 59

(f) 60 – 69 (g) 70 and above.

6. Years of Experience in Traditional Herbal Medicine: (a)Below 10

(b)10 – 19 (c) 20 – 29 (d)30 – 39 9 (e)40 – 49 (f) 50 – 59

(g) 60 and above).

7. Areas of Specialisation in Traditional Herbal Medicine: (a) Sickle cell Anemia healer (b) Traditional Psychiatricians (c) Traditional Orthopaedician (d) Traditional Gynaecologists (e) Traditional Pediatricians (f) General Traditional Medical Practitioners.

SECTION 'B'

Kindly tick the space corresponding to your chosen option in each of the following items:

S/N	ITEMS	VTM	TM	STM	NTM
A.	**INFORMATION ACCESSIBILITY ON TRADITIONAL MEDICINE**				
1	I do access information on herbal medicine through word of mouth (Oral transmission)				
2	I do access information on herbal medicine through social media				
3	I do access information on herbal medicine through association meetings				
4	I do access information on herbal medicine through information (i.e computers, internet, world wide web)				
5	I do access information on herbal medicine through the use of library				
6.	I do access information on herbal medicine through consulting community leaders				
B.	**ACQUISITION ON TRADITIONAL HERBAL MEDICINE**	**VTM**	**TM**	**STM**	**NTM**

7.	I inherited the indigenous Traditional Herbal Medicine expertise from my parents.				
8.	I received indigenous Traditional Herbal Medicine knowledge from friends and acquaintances; informally.				
9.	The electronic mass media such as radio and TV helped me to acquire indigenous Traditional Herbal Medicine skills.				
10.	The print media such as newspapers and magazines assisted in boosting my indigenous Traditional Herbal Medicine skills.				
11.	Some extended relations helped me to acquire indigenous Traditional Herbal Medical knowledge.				
12.	I got some indigenous Traditional Herbal Medicine skills through dreams and visions.				
13.	I do buy indigenous Traditional Herbal Medicine audio tapes/ CD/ VCD/ DVD to learn herbal names and the ailments they				

	cure.				
14.	I do acquire knowledge on indigenous Traditional Herbal Medicine at the association meetings.				
15.	I became competent in the indigenous Traditional Herbal Medicine through reading relevant books in the library.				
16.	I got vital knowledge on indigenous Traditional Herbal Medicine from some text books I bought at the bookshop.				
17.	Some books I borrowed from friends helped me in indigenous Traditional Herbal Medicine skills.				
18.	I learnt a lot of things on indigenous Traditional Herbal Medicine from the internet.				
19.	I acquired enormous skills and knowledge on indigenous Traditional Herbal Medicine by means of apprenticeship I under-went under an indigenous Traditional Herbal Medicine expert.				
C.	**MANAGEMENT OF ACQUIRED**	**VTM**	**TM**	**STM**	**NTM**

	INFORMATION ON TRADITIONAL HERBAL MEDICINE				
20.	I do use the indigenous Traditional Herbal Medicine as I learnt them.				
21.	I do mix the indigenous Traditional Herbal Medicine with orthodox medicine so as to improve its effectiveness.				
22.	How I use the indigenous Traditional Herbal Medicine depend on the specific ailments.				
23.	I compare two or more different indigenous Traditional Herbal Medicine on the same ailment before using them.				
24.	I often try to identify the curative properties (efficacy) of a particular herb before using it.				
25.	I do consult colleagues or seniors on indigenous Traditional Herbal Medicine on the use of particular herbs.				
26.	I normally cram (memorise) the name of any herb and its functions as preservation for future use.				

27.	I do write herbs' names down on sheets of paper and then fold the papers and keep them.				
28.	I do open a file where I write the names of herbs and their respective functions.				
29.	I do record the herbs' names with their functions orally on audio tape, for playing back when needed.				
30.	I have an exercise book in which I write herbs names and ailments they cure.				
D.	**TRANSFER OF ACQUIRED INFORMATION ON TRADITIONAL HERBAL MEDICINE**	**VTM**	**TM**	**STM**	**NTM**
31.	I do allow other indigenous Traditional Herbal Medical practitioners to have access to my own.				
32.	I do pass indigenous Traditional Herbal Medical skills to my children informally.				
33.	I do allow friends / relations/ acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely.				

34.	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.				
35.	I allow any interested person who visits me to have access to my indigenous Traditional Herbal Medicine records.				
36.	I do allow the mass media staff to have easy access to my indigenous Traditional Herbal Medicine.				
37.	I do post some indigenous Traditional Herbal Medicines on the internet for others to use.				
38.	I have written a book (books) on the indigenous Traditional Herbal Medicine.				
39.	I often reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during our association meetings.				
40.	I do conceal some vital indigenous Traditional Herbal Medicines so as to enjoy their monopoly.				

41.	I run free apprenticeship programme in my indigenous Traditional Herbal Medicine outfit.				
42.	I do embark on enlightenment campaigns to sensitise the general public and the government on the efficacy and necessity of indigenous Traditional Herbal Medicine in the society.				
E	**KNOWLEDGE ACQUISITION AND KNOWLEDGE TRANSFER SYSTEM AMONG GENDER TRADITIONAL HERBAL MEDICAL PRACTITIONERS**				
43.	I inherited knowledge of herbal medical practice from my mother				
44.	Herbal medical practice is majorly practice by men gender				
44.	I do contact female herbal medical practitioner through social media because I perceived them as my biological mother				
45.	I do consult male herbal medical practitioners on the use of particular herbs				

46.	I do open up to male medical practitioners on any ailment am suffering because they keep secret of their client.				
47.	Young female do not stimulate to practice herbal medication profession.				
48.	Traditional herbal medicine is widely known with male herbalist alone.				
49.	I feel shy to engage in herbal medical practice				
F	**INFORMATION ACCESSIBILITY AND KNOWLEDGE TRANSFER SYSTEM AMONG YOUNG AND AGED TRADITIONAL PRACTITIONERS MEDICAL HERBAL**	**VTM**	**TM**	**STM**	**NTM**
50.	I explore electronic mass media such as T.V, start time, GO TV, DSTV, radio to access information				
51.	I have access to internet facilities and thus use it as medium of communication to my clients both national and international				
52.	Print media such as newspapers, and				

	magazines assisted me in boosting my herbal skills				
53.	I do not have access to printed materials because I can neither read nor write.				
54.	I cannot access information through social media because I have limited knowledge in exploring internet facilities				
55.	I do package herbs and branded it				
56.	I do reach out to thousand of colleagues to share newly absorbed knowledge on herbs through internet				
57.	I usually solved local problems using traditional approach				
58.	I have record of work to document my daily activities				
59.	I have unlimited memory to store vital information and easily retrieved when the need arise.				

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

SECTION C: UNSTRUCTURED INTERVIEW

How do traditional medical practitioners access information on herbal medical practitioners in South-West Nigeria?

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What are the sources of acquiring knowledge by traditional herbal medical practitioners in South-West Nigeria?

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How is the knowledge acquired by traditional medical practitioners transferred?

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What are the strategies adopted by traditional herbal medical practitioners for managing acquired knowledge in South-West Nigeria?

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APPENDIX C

Validators' Comments

S/N	Pre-validations	Validator's comments
	Research Topic:	Research Topic:
1	Effects of information accessibility on knowledge acquisition, management and transfer system among indigenous traditional herbal medical practitioners in South-West Nigeria	Effect of information accessibility, knowledge acquisitions and management on transfer system among traditional herbal medical practitioners in South-West Nigeria.
2	In purpose of the study: The purpose of the study are as follows:- Identify and obtain the sources of information and knowledge acquisition of indigenous traditional herbal medicine Identify and obtain the management strategies adapted by indigenous traditional herbal medical practitioners Identify and obtain how information on knowledge acquired by the indigenous traditional herbal medical practitioners are transferred. To indentify and obtain the roles of librarians in dissemination of information to indigenous traditional herbal medical practitioners	The objectives are as follows: determine the information access on herbal medical practices. identify the sources of knowledge acquisition by traditional herbal medical practitioners. assess how information on knowledge acquired by the traditional herbal medical practitioner are transferred. investigate the management strategies adopted by traditional herbal medical practitioners. identify the effect of information accessibility and knowledge acquisition on the traditional herbal medical practices. examine the effects of methods of knowledge transfers system on traditional herbal medical practices.
	In Research Question:	In Research Questions
3	The following questions would be answered in the course of this research work: What is the information accessibility on herbal medicine through consulting community leaders How do traditional herbal practitioners acquire knowledge about traditional health care How do traditional herbal medical	How did traditional herbal medical practitioners access information on herbal medicine? What are the sources of acquiring knowledge by traditional herbal medical practitioners? How is knowledge acquired by traditional herbal medical practitioners transferred? What are the strategies adopted by

	practitioners manage the available information at their disposal what are the roles of librarian in dissemination of information to indigenous herbal medical practitioners?	traditional herbal medical practitioners for managing acquired knowledge? What are the effects of information accessibility and knowledge acquisition on the traditional herbal medical practices. What are the effects of methods of knowledge transfer system on traditional herbal medical practices?
4	In Scope of the study The scope of the study would cover some categories of traditional herbal medical practitioners in South-West Nigeria namely	The scope of this study include information accessibility information accessibility, knowledge management and knowledge transfer with a particular focus on traditional herbal medical practitioners
	In hypotheses	
5	There is no significant difference among information acquisition availability and use among indigenous traditional herbal medical practitioners	There is no significant difference among information acquisition, accessibility and utilization among traditional herbal medical practitioners
6	Instrument for data collections The questionnaire to be tagged knowledge acquisition management and transfer system among indigenous traditional herbal medical practitioners questionnaire (KAMTSAITMPQ) would be responded to by the selected traditional medical practitioners in the sample area. The instrument would contain two section, "A and B". section "A" would deal with the personal information of the respondents such as gender, years of practice and area of specialization. Section "B" would consist of items on effects of information on knowledge acquisition, management and transfer system among indigenous traditional herbal medical practitioners. This section would be divided into three segments. A, B and C, which cover knowledge acquisition, knowledge management and knowledge transfer system respectively	The questionnaire to be tagged the effects of information accessibility, knowledge acquisition and management on transfer system among traditional herbal medical practitioners questionnaire (KAMTSAITMPQ) would be responded to by the selected traditional medical practitioners in the sample area. The instrument would contain two section, "A and B". section "A" would deal with the personal information of the respondents such as gender, years of practice and area of specialization. Section "B" would consist of items on effects of information accessibility, knowledge acquisition and management on transfer system among traditional herbal medical practitioners. This section would be divided into three segments. A, B and C, which cover information

		accessibility, knowledge acquisition, knowledge management and knowledge transfer system respectively
	Questionnaire section A	Questionnaire Section A
7	Formal education level: (illiterate; primary; Secondary; tertiary; Arabic Education)	Formal education level: (illiterate; semi illiterate; literate)
	Age range (under 20; 20-24; 30-39; 40-49; 50-59; 60-69; 70 and above	Age range: A under 20; B 20-29; C 30-39; D 40-49; E 50-59; F 60-69; G 70 and above
	Years of experience in ITHM: 10; 10-19; 20-29; 30-39; 40-49; 50-59; 60 and above	Years of experience in traditional herbal medical practitioners: A below 10; B 10-19; C 20-29; D 30-39 E 40-49 F 50-59; G 60 and above
8	Area of specialisation in ITHM: Married couples infertility problem (MCIP); Bone Fracture; Psychiatric problems; General sickness e.g Back pain, cold malaria headache, stomachache e.t.c	Area of specializations in ITHM: A married couples infertility problems (MCIP); B Bone fracture; C psychiatric problems; D Sickle cell Anemia healer; E traditional pediatricians; F General Sickness for example A Back pain, cold malaria headache, stomach Ache and so on.
9	Questionnaire section B S/N ITEMS: SA, A, D, SD, Keys: SA Strongly Agree A Agree D Disagree SD Strongly Disagree	S/N ITEMS: VTM, TM, STM, Key: VTM: Very True of Me TM: True of Me STM: Somewhat True of Me NTM: Not True of Me
10 **A**	**In instrument Items** **ACQUISITION ON TRADITIONAL HERBAL MEDICINE**	**A INFORMATION ACCESSIBILITY ON TRADITIONAL HERBAL MEDICINE**
1.	You inherited the traditional herbal medicine expertise from your parents	I do access information on herbal medicine through word of mouth (oral transmission)
2.	You received traditional herbal medicine knowledge from friends and acquaintances; informally	I do access information on herbal medicine through social media
3.	The electronic mass media such as radio and To helped you to acquired traditional herbal medicine	I do access information on herbal medicine through association meetings
4	The print media such as newspaper and magazine assisted in boosting your traditional herbal medicine skills	I do access information on herbal medicine through information communication technology (i.e computers, internets, world wide web)
5	Some extended relations helped you to	I do access information on herbal

	acquire traditional herbal medicine knowledge	medicine through the use of library
6	You got some traditional herbal medicine skills through dreams and visions.	I do access information on herbal medicine through consulting community leaders
7	You do buy traditional herbal medicine audio tapes CD/ VCD/DVD to learn herbal names and the ailments they cure.	**B ACQUISITION ON TRADITIONAL HERBAL MEDICINE**
8	You do acquire knowledge on traditional herbal medicine at your association meetings	I inherited the traditional herbal medicine expertise from my parents
9	You become competent in the traditional herbal medicine through reading relevant books in the library	I received traditional herbal medicine knowledge from friends and acquaintances; informally
10	You get vital knowledge on traditional herbal medicine from some text books in the library.	The electronic mass media such as radio and TV helped me to acquire traditional herbal medicine skills
11	Some books you borrowed from friends helped you in traditional herbal medicine skills.	The print media such newspapers and magazines assisted in boosting my traditional herbal medicine skills
12	You learnt a lot of things on traditional herbal medicine from the internet.	Some extended relations helped me to acquire traditional herbal knowledge
13	You acquired enormous skills and knowledge on traditional herbal medicine by means of apprenticeship you under-went under an traditional herbal medicine expert.	I get some traditional herbal medicine skills through my dreams and visions.
B	**MANAGEMENT OF ACQUIRED INFORMATION TRADITIONAL HERBAL MEDICINE**	I do buy indigenous traditional herbal medicine audio tapes/CD/VCD/DVD to learn herbal names and the ailments they cure.
14	You do use the traditional herbal medicine as you learnt them	I do acquire knowledge on traditional herbal medicine at the association meetings
15	You do mix the traditional herbal medicine with orthodox medicine	I become competent in the traditional herbal medicine through reading relevant books in the library
16	How you use traditional herbal medicine depend on the specific ailments	I got vital knowledge on traditional herbal medicine from some texts books I bought at the bookshop
17	You compare two or more different traditional herbal medicine on the same ailments	Some books I borrowed from friends helped me in traditional herbal medicine skills
18	You often try to identify the curative properties (efficacy) of a particular herb before using it	I learnt a lot of things on traditional herbal medicine from the internet
19	You do consult colleagues or seniors on traditional herbal medicine on the	I acquired enormous skills and knowledge on traditional herbal

	use of a particular herbs	medicine by means of apprenticeship you under-went under a traditional herbal medicine expert.
20	You normally cram (memorize) the name of any herb and its functions as preservation for future use.	**C MANAGEMENT OF ACQUIRED INFORMATION ON TRADITIONAL HERBAL MEDICINE**
21	You do write herbs' names down on sheets of papers and then fold the paper and keep them	I do protect traditional herbal medicine as you learnt them
22	You do open a file where you write the names of herbs and their respective functions	I do mix the traditional herbal medicine with orthodox medicine so as to improve its effectiveness
23	You do record the herbs' name with their functions orally on audio tape, for playing back when needed	How I use the traditional herbal medicine depend on the specific ailments.
24	You have an exercise book in which you write herbs names and ailments they cure.	I compare two or more different traditional herbal medicine on the same ailment before using them
C	Transfer of acquired information traditional herbal medicine	I often try to identify the curative properties (efficacy) of a particular herb before using it
25	You do allow other traditional herbal medicine practitioners to have access to your own	I do consult colleagues or seniors traditional herbal medicine on the use of a particular herbs
26	You do pass traditional herbal medicine skills to your children informally	I normally cram (memorize) the name of any herb and its functions as preservations for future use
27	You do allow friend/ relations/ acquaintances to acquire traditional herbal medicine knowledge and skills freely	I do write herbs' names down on sheets of paper and then fold the papers and keep them
28	Anyone who wishes to have skills on the traditional herbal medicine has to pay some money before you can give the skills to them.	I do open a file where I write the names of herbs and their respective functions
29	You allow any interested person who visits you to have access to your traditional herbal medicine records	You do record the herbs' names with their functions orally on audio tape, for playing back when needed.
30	You do allow the mass media staff to have access to your traditional herbal medicine	I have an exercise book in which I write herbs names and ailments they cure.
31	You do post some traditional herbal medicine on the internet for others to use.	**D TRANSFER OF ACQUIRED INFORMATION ON TRADITIONAL HERBAL MEDICINE**
32	You have written a book (Books) on the traditional herbal medicine	I do allow other traditional herbal medicine practitioners to have access to my own
33	You often reveal new discoveries on	I do pass traditional herbal medicine

	traditional herbal medicine to other colleagues during your association meetings.	skills to my children informally
34	You do conceal some vital traditional herbal medicines outfit.	I do allow friends/relations/ acquaintances to acquire traditional herbal medicine knowledge and skills freely
35	you run free apprenticeship programme in your traditional herbal medicine outfit	Anyone who wishes to have skills on the traditional herbal medicine has to pay some money before I can give the skills to them
36	You do embark on enlightenment campaigns to sensitize the general public and the government on the efficacy and necessity for traditional herbal medicine in your society	I allow any interested person who visits me to have access to my traditional herbal medicine records
37		I do allow the mass media staff to have easy access to my traditional herbal medicine
38		I do post some traditional herbal medicine on the internet for others to use
39		I have written a book (books)on the traditional herbal medicine
40		I often reveal new discoveries on traditional herbal medicine to other colleagues during my association meetings
41		I do conceal some vital traditional herbal medicine so as to enjoy their monopoly
42		I run free apprenticeship programmes in my traditional herbal medicine outfit
43		I do embark on enlightenment campaigns to sensitize the general public and the government on the efficacy and necessary for traditional herbal medicine in the society
		KNOWLEDGE ACQUISITION AND KNOWLEDGE TRANSFER SYSTEM AMONG MALE AND FEMALE TRADITIONAL HERBAL MEDICAL PRACTITIONERS

44		I inherited knowledge of herbal medical practice from my mother
45		Herbal medical practice is majorly practice by men gender
46		I do contact female herbal medical practitioner through social media because I perceived them as my biological mother
47		I do consult male herbal medical practitioners on use particular herbs
48		I do open up to male medical practitioners on any ailment am suffering because they keep secret of their client.
49		Young female do not stimulate to practice herbal medication profession.
50		Traditional herbal medicine is widely known with male herbalist alone.
51		I feel shy to engage in herbal medical practice
52		**INFORMATION ACCESSIBILITY AND KNOWLEDGE TRANSFER SYSTEM AMONG YOUNG AND AGED TRADITIONAL HERBAL MEDICAL PRACTITIONERS**
53		I explore electronic mass media such as T.V, startimes, Go tv, DSTV, radio to access information
54		I have access to internet facilities and thus use it as medium of communication to my clients both national and international

55		Print media such as newspapers, and magazines assisted me in boosting my herbal skills
56		I do not have access to printed materials because I can neither read nor write.
57		I cannot access information through social media because I have limited knowledge in exploring internet facilities
58		I do package herb and branded it
59		I do reach out to thousand of colleagues to share newly absorbed knowledge on herbs through internet
60		I usually solved local problems using traditional approach
61		I have record of work to document my daily activities
62		I have unlimited memory to store vital information and easily retrieved the need arise.

APPENDIX D

TRANSCRIBED QUESTIONNAIRE

S/N	Items	VTM	TM	STM	NTM
1	I do access information on herbal medicine through word of mouth (Oral transmission) "mon gba imo lori tewe tegbo ibile lati oro enu siso"				
2	I do access information on herbal medicine through social media "mon gba imo lori tewe tegbo ibile lati ori ero igba lode"				
3	I do access information on herbal medicine through association meetings "mon gba imo lori tewe tegbo ibile lati ibi ipade egbe"				
4	I do access information on herbal medicine through information (i.e computers, internet, world wide web) "mon gba imo lori tewe tegba ibile lati; fun apere; ero igba lode ala fi owote ati ero aiyelu jara won"				
5	I do access information on herbal medicine through the use of library "mon gba imo lari tewe tegbo ibile lati ile ikawe"				
6.	I do access information on herbal medicine through consulting community leaders "mon gba imo lori tewe tegbo ibile lati gbigba oro le nu alangua adugbo"				

7	I inherited the indigenous traditional herbal medicine experts from my parents. “mo je ogun imo tewe tegbo lati owo awon obi mi”				
8	I received traditional herbal medicine knowledge from friends and acquaintances informally. “mo gba imo tewe tegbo lati awo ore ati lati owo oga ibi ise tewe-tegbo”				
9	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				
10	The print media such as newspapers and magazines assisted in boosting my traditional herbal medicine skills. Iwe tite gegebi alaroye, ati aworan se iran lowo fun mi lori imo tewe tegbo”				
11	Some extended relations helped me to acquire traditional herbal medical knowledge. “iran mi se iran lowo fun mi lati ni imo lori tewe tegbo”				
12	I got some traditional herbal medicine skills through dreams and visions. “mo ri alekun imo gba lori tewe-tegbo lati oju ala ati iriran si-eniyan”				
13	I do buy traditional herbal medicine audio tapes/ CD/ VCD/ DVD to learn herbal 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 ewe ati egbo ati arun ti won le wosan”				
14	I do acquire knowledge on traditional herbal medicine at the association meetings. “mon gba imo lore tewe tegbo ni ibi ipade egbe”				
15	I became competent in the traditional herbal medicine through reading relevant books in the library. “mo di oni imo lori tewe tegbo latari kika arisirisi iwe ni ile ikawe”				
16	I got vital knowledge on traditional herbal medicine from some text books I bought at the bookshop. “mo gba imo to daju lori tewe tegbo lati ara rira iwe lori gbonbonse”				
17	Some books I borrowed from friends helped me in traditional herbal medicine skills. “di e ninu iwe ti moya lowo awan ore mi se iran lowo fun mi lori imo tewe tegbo”				
18	I learnt a lot of things on traditional herbal medicine from the Internet. “mo gba imo to pe iye lori ero eyelu jara won gbogbo agbaye lori tewe tegbo”				
19	I acquired enormous skills and knowledge on traditional herbal medicine by means of 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”				
20	I do pass Traditional Herbal Medical skills to my children informally. “mo fun awon omo mi ni eko lori tewe tegbo ko mon je ajogunba won”				
21	Anyone who wishes to have skills on the Traditional Herbal Medicine has to pay some money before I can give the skills to them. “gbobbo eni ti oba fe ko ise lati mo nipa tewe tegbo ni lati san owo kin to ko won ni imo lori re”				
22	I do conceal some vital information on Traditional Herbal Medicines so as to enjoy their monopoly. “mo mon fi asiri imo lori tewe tegbo pa mo kin le je igba dun re fun arami ni kan”				
23	I have written a book (books) on the Traditional Herbal Medicine. “mo ti ko iwe lori tewe tegbo”				
24	I allow any interested person who visits me to have access to my Traditional Herbal Medicine records. “mon gba alejo laye lati wo iwe ako sile lori tewe tegbo”				
25	I do allow the mass media staff to have easy access to my Traditional Herbal Medicine. “mo mon gba osise amohun				

	maworan laye lati gba oro lori tewe tegbo mi”				
26	I do allow friends / relations/ acquaintances to acquire Traditional Herbal Medical knowledge and skills freely. “mo man gba, ore; iran mi ati omo ikose laye lati gba imo ofe lori tewe tegbo”				
27	I do post some Traditional Herbal Medicines on the internet for others to use. “mon gbe imo lori tewe tegbo si ori alye lu jara won”				
28	I often reveal new discoveries on Traditional Herbal Medicine to other colleagues during our association meetings. “mo mon so imo tuntun ti mo bam on lori tewe tegbo fun awon akegbe mi ni inu ipade egbe wa”				
29	I do allow other Traditional Herbal Medical practitioners to have access to my own. Mo mon gba akegbe mi laye lati lo lara imo mi”				
30	I run free apprenticeship programme in my Traditional Herbal Medicine outfit. “mo mon se idanileko ofe lori tewe tegbo”				
31	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. “mo mon se idanileko fun gbogbo eniyan agbegbe ati ijoba ibile				

	tewe tegbo”				
32	I do use the Traditional Herbal Medicine as I learnt them. “emi na man lo tewe tegbo oyege bi mo se mon”				
33	I do mix the Traditional Herbal Medicine with orthodox medicine so as to improve its effectiveness. “mo mon pa ogun tewe tegbo po mo ti ogun oloyinbo ko le ba sise dada”				
34	How I use the Traditional Herbal Medicine depend on the specific ailments. “bi mo se mon lo ogun ibile mon se dede pelu iru arun to ba le se iwosan fun”				
35	I often try to identify the curative properties (efficacy) of a particular herb before using it. “mo mon se aridaju bi ogun tewe tegbo sesise si kin to mulo”				
36	I compare two or more different Traditional Herbal Medicine on the same ailment before using them. “mo mon gbe ogun tewe tegbo megi tabi ju be lo wo si ara won kin to mulo”				
37	I do consult colleagues or seniors on Traditional Herbal Medicine on the use of particular herbs. “mo mon se iwadi lodo awon akegbe wa ati awon ti won ju wa lo lori tewe tegbo kin to munlo”				
38	I normally cram (memorise) the name of any herb and its functions as preservation for				

	future use. “mo mon se ako si ari lori tewe tegbo fun igbe pamo fun lilo ojo iwagu				
39	I do write herbs’ names down on sheets of paper and then fold the papers and keep them. “mo mon ko oruko tewe tegbo si iru iwe ajako, mosi mon pa mo fun ojo iwaju”				
40	I do open a file where I write the names of herbs and their respective functions. “mo ni apo ate ti mon fi oruko ewe ati egbo pelu ise ti won se pamo si”				
41	I have an exercise book in which I write herbs names and ailments they cure. “mo ni iwe ti mo mon ko oruko ewe ati egbo pelu asian ti won wo pamo si”				
42	I do record the herbs’ names with their functions orally on audio tape, for playing back when needed. “mo man se atee sile oruko ewe ati egbo pelu oro enu si inu ate asoro mon gba esi, mo sin mon teti sile gbo oro na ni igba ti lilo re bade”				
43	I inherited knowledge of herbal medical from my mother “Mo gba imo lori tewe tegbo lowo mama mi”				
44	I do contact female herbal medical practitioners through social media because I perceived them as my biological mother				

	"se eyin okunrin ma gba imo lori tewe tegbo lowo awon obirin ti won ba ni imo lori re"				
45	Herbal Medical practice is majorly practice by men gender " Se okunrin lopoju ni ibi imo tewe tegbo"				
46	I do open up to male medical practitioners on my ailment am suffering because they keep secret of their client. "Nje eni imo boya obinrin to ban gba iwosan pelu tewe tegbo manso asiri won fun okunrin onitewe tegbo nitoripe won pa asiri mo"				
47	Young female do not stimulate to practice herbal medication profession "nje awon odomobinrin ti e wa ninu ise tewe tegbo"				
48	Traditional herbal medicine is widely know with male herbalist alone "nje awon okunrin nikan ni won ni imo lori tewe tegbo tabi be ko				
49	I feel shy to engage in herbal medical practice. " nje oju mon ti yin lati je ki awon eniyan mo wipe ise tewe tegbo ni eyan layoo"				
50	I explain electronic mass such as TV, startime, GoTV, DSTV, radio to access information "se ema n lo ero igba lode gege bi apere: ero asoro magbesi ati ero amohun mawo ran"				
51	I have access to internet facilities and thus as its medium of communication to my client both				

	national and international “nje eni anfani lati lo ero igba lode to nso gbogbo agbaye papo”				
52	Print media such as newspapers and magazines assisted me in boostingmy herbal skills “se iwe iroyin manse iranlowo fun yin lori ise yin yi”				
53	I do not have access to printed materials because I can neither read nor write “mi o ti ni anfani si kika iwe agbifo nitori wipe mio le ko mi o si leka”				
54	I cannot access information through social media because I have limited knowledge in exploring internet facilities “mi o le gba oro lori ero aiye luja ra won nitoripe mi o ni imo to pe ni ipare”				
55	I do package herbs and branded it “mo mon di ogun ibile si inu agolo ati iwe ipamo”				
56	I do reach out thousands of colleagues to share newly absorbed knowledge on herbs through internet “mo mon losi odo awon akegbe mi lati gba imo tuntun lori tewe tegbo”				
57	I usually solved local problems using traditional approach. “ tewe tegbo ibile ni mo mon lo lati fi se isegun fun isoro ati aisan to ba leyo ni ibile”				
58	I have record of work to document my daily activities “ mo ni iwe fun akosile gbogbo				

	ise ojojumo mi”				
59	I have unlimited memory to store vital information and easily retrieved when the need arise. “mo ni akosi ori de ibipe ti lilo re ba waye mo le gbe jade bo ti se wumi ni liana ati ibamu to ye ki oje”				

APPENDIX E

State

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Osun	180	34.0	34.0	34.0
	Ekiti	119	22.5	22.5	56.4
	Oyo	231	43.6	43.6	100.0
	Total	530	100.0	100.0	

Ethnicgroup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yoruba	309	58.3	58.3	58.3
	Hausa	54	10.2	10.2	68.5
	Fulani	85	16.0	16.0	84.5
	Nupe	35	6.6	6.6	91.1
	Baruten	25	4.7	4.7	95.8
	Igbo	11	2.1	2.1	97.9
	Others	11	2.1	2.1	100.0
	Total	530	100.0	100.0	

Educationlevel

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Iliiterate	42	7.9	7.9	7.9
	Semiliterate	179	33.8	33.8	41.7
	Literate	309	58.3	58.3	100.0
	Total	530	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	388	73.2	73.2	73.2
	Female	142	26.8	26.8	100.0
	Total	530	100.0	100.0	

Religion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Xtian	48	9.1	9.1	9.1
	Islam	125	23.9	23.9	33.0
	Traditional	357	67.4	67.4	100.0
	Total	530	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under20	41	7.7	7.7	7.7
	20-29yrs	23	4.3	4.3	12.1
	30-39yrs	52	9.8	9.8	21.9
	40-49yrs	135	25.5	25.5	47.4
	50-59yrs	118	22.3	22.3	69.6
	60-69yrs	31	5.8	5.8	75.5
	7 yrs and above	130	24.5	24.5	100.0
	Total	530	100.0	100.0	

Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 10yrs	97	18.3	18.3	18.3
	10-19yrs	79	14.9	14.9	33.2
	20-29yrs	131	24.7	24.7	57.9
	30-39yrs	53	10.0	10.0	67.9
	40-49yrs	119	22.5	22.5	90.4
	50-59yrs	51	9.6	9.6	100.0
	Total	530	100.0	100.0	

Specialisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sicklecell	67	12.6	12.6	12.6
	Psychiatricians	99	18.7	18.7	31.3
	Orthopaedician	31	5.8	5.8	37.2
	Gynaecologists	23	4.3	4.3	41.5
	Pediatricians	32	6.0	6.0	47.5
	Generalmedical	278	52.5	52.5	100.0
	Total	530	100.0	100.0	

InformationAccess1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	34	6.4	6.4	6.4
	STM	40	7.5	7.5	14.0
	TM	57	10.8	10.8	24.7
	VTM	399	75.3	75.3	100.0
	Total	530	100.0	100.0	

InformationAccess 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	264	49.8	49.8	49.8
	STM	143	27.0	27.0	76.8
	TM	89	16.8	16.8	93.6
	VTM	34	6.4	6.4	100.0
	Total	530	100.0	100.0	

InformationAccess 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	23	4.3	4.3	4.3
	STM	132	24.9	24.9	29.2
	TM	30	5.7	5.7	34.9
	VTM	345	65.1	65.1	100.0
	Total	530	100.0	100.0	

InformationAccess4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	216	40.8	40.8	40.8
	STM	226	42.6	42.6	83.4
	TM	52	9.8	9.8	93.2
	VTM	36	6.8	6.8	100.0
	Total	530	100.0	100.0	

InformationAccess5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	248	46.8	46.8	46.8
	STM	141	26.6	26.6	73.4
	VTM	141	26.6	26.6	100.0
	Total	530	100.0	100.0	

InformationAccess6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	291	54.9	54.9	54.9
	STM	44	8.3	8.3	63.2
	TM	130	24.5	24.5	87.7
	VTM	65	12.3	12.3	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	74	14.0	14.0	14.0
	STM	25	4.7	4.7	18.7
	TM	46	8.7	8.7	27.4
	VTM	385	72.6	72.6	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	173	32.6	32.6	32.6
	STM	113	21.3	21.3	54.0
	TM	201	37.9	37.9	91.9
	VTM	43	8.1	8.1	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	115	21.7	21.7	21.7
	STM	115	21.7	21.7	43.4
	TM	47	8.9	8.9	52.3
	VTM	253	47.7	47.7	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	31	5.8	5.8	5.8
	STM	46	8.7	8.7	14.5
	TM	67	12.6	12.6	27.2
	VTM	386	72.8	72.8	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	23	4.3	4.3	4.3
	STM	141	26.6	26.6	30.9
	TM	24	4.5	4.5	35.5
	VTM	342	64.5	64.5	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	303	57.2	57.2	57.2
	STM	74	14.0	14.0	71.1
	TM	57	10.8	10.8	81.9
	VTM	96	18.1	18.1	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	326	61.5	61.5	61.5
	STM	92	17.4	17.4	78.9
	TM	75	14.2	14.2	93.0
	VTM	37	7.0	7.0	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	111	20.9	20.9	20.9
	STM	55	10.4	10.4	31.3
	TM	271	51.1	51.1	82.5
	VTM	93	17.5	17.5	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	357	67.4	67.4	67.4
	STM	119	22.5	22.5	89.8
	TM	34	6.4	6.4	96.2
	VTM	20	3.8	3.8	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	345	65.1	65.1	65.1
	STM	141	26.6	26.6	91.7
	TM	32	6.0	6.0	97.7
	VTM	12	2.3	2.3	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	43	8.1	8.1	8.1
	STM	34	6.4	6.4	14.5
	TM	129	24.3	24.3	38.9
	VTM	324	61.1	61.1	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	284	53.6	53.6	53.6
	STM	67	12.6	12.6	66.2
	TM	51	9.6	9.6	75.8
	VTM	128	24.2	24.2	100.0
	Total	530	100.0	100.0	

KnowledgeAcquisition13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	170	32.1	32.1	32.1
	STM	55	10.4	10.4	42.5
	TM	143	27.0	27.0	69.4
	VTM	162	30.6	30.6	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	78	14.7	14.7	14.7
	STM	47	8.9	8.9	23.6
	TM	105	19.8	19.8	43.4
	VTM	300	56.6	56.6	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	66	12.5	12.5	12.5
	STM	79	14.9	14.9	27.4
	TM	67	12.6	12.6	40.0
	VTM	318	60.0	60.0	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	24	4.5	4.5	4.5
	STM	154	29.1	29.1	33.6
	TM	41	7.7	7.7	41.3
	VTM	311	58.7	58.7	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	128	24.2	24.2	24.2
	STM	32	6.0	6.0	30.2
	TM	170	32.1	32.1	62.3
	VTM	200	37.7	37.7	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	73	13.8	13.8	13.8
	STM	48	9.1	9.1	22.8
	TM	43	8.1	8.1	30.9
	VTM	366	69.1	69.1	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	35	6.6	6.6	6.6
	STM	125	23.6	23.6	30.2
	TM	111	20.9	20.9	51.1
	VTM	259	48.9	48.9	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	317	59.8	59.8	59.8
	STM	99	18.7	18.7	78.5
	TM	84	15.8	15.8	94.3
	VTM	30	5.7	5.7	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	209	39.4	39.4	39.4
	STM	47	8.9	8.9	48.3
	TM	169	31.9	31.9	80.2
	VTM	105	19.8	19.8	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	46	8.7	8.7	8.7
	STM	44	8.3	8.3	17.0
	TM	143	27.0	27.0	44.0
	VTM	297	56.0	56.0	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	86	16.2	16.2	16.2
	STM	131	24.7	24.7	40.9
	TM	67	12.6	12.6	53.6
	VTM	246	46.4	46.4	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	118	22.3	22.3	22.3
	STM	49	9.2	9.2	31.5
	TM	129	24.3	24.3	55.8
	VTM	234	44.2	44.2	100.0
	Total	530	100.0	100.0	

KnowledgeTransfer12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	56	10.6	10.6	10.6
	STM	42	7.9	7.9	18.5
	TM	262	49.4	49.4	67.9
	VTM	170	32.1	32.1	100.0
	Total	530	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I do pass indigenous Traditional Herbal Medical skills to my children informally.	530	1.00	4.00	3.4129	1.29558
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.	530	1.00	4.00	3.2700	1.31394
I do conceal some vital indigenous Traditional Herbal Medicines so as to enjoy their monopoly.	530	1.00	4.00	3.0886	1.54090
I have written a book (books) on the indigenous Traditional Herbal Medicine.	530	1.00	4.00	2.9422	1.36960
I allow any interested person who visits me to have access to my indigenous Traditional Herbal Medicine records.	530	1.00	4.00	2.8712	1.16544

I do allow the mass media staff to have easy access to my indigenous Traditional Herbal Medicine.	530	1.00	4.00	2.8271	1.29638
I do allow friends/relations/acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely.	530	1.00	4.00	2.7565	1.44052
I do post some indigenous Traditional Herbal Medicines on the internet for others to use.	530	1.00	4.00	2.4082	1.33367
I often reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during our association meetings.	530	1.00	4.00	2.3735	1.62459
I do allow other indigenous traditional herbal medical practitioners to have access to my own.	530	1.00	4.00	2.3171	1.71201
I run free apprenticeship programme in my indigenous traditional herbal medicine outfit.	530	1.00	4.00	2.2594	1.08780
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.	530	1.00	4.00	2.1147	1.28499
Valid N (listwise)	530				

Mang1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	24	4.5	4.5	4.5
	STM	25	4.7	4.7	9.2
	TM	45	8.5	8.5	17.7
	VTM	436	82.3	82.3	100.0
	Total	530	100.0	100.0	

Mang2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	166	31.3	31.3	31.3
	STM	23	4.3	4.3	35.7
	TM	204	38.5	38.5	74.2
	VTM	137	25.8	25.8	100.0
	Total	530	100.0	100.0	

Mang3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	40	7.5	7.5	7.5
	STM	34	6.4	6.4	14.0
	TM	53	10.0	10.0	24.0
	VTM	403	76.0	76.0	100.0
	Total	530	100.0	100.0	

Mang4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	36	6.8	6.8	6.8
	STM	170	32.1	32.1	38.9
	TM	79	14.9	14.9	53.8
	VTM	245	46.2	46.2	100.0
	Total	530	100.0	100.0	

Mang5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	TM	105	19.8	19.8	19.8
	VTM	425	80.2	80.2	100.0
	Total	530	100.0	100.0	

Mang6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	52	9.8	9.8	9.8
	STM	44	8.3	8.3	18.1
	TM	154	29.1	29.1	47.2
	VTM	280	52.8	52.8	100.0
	Total	530	100.0	100.0	

Mang7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	44	8.3	8.3	8.3
	STM	43	8.1	8.1	16.4
	TM	108	20.4	20.4	36.8
	VTM	335	63.2	63.2	100.0
	Total	530	100.0	100.0	

Mang8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	47	8.9	8.9	8.9
	STM	55	10.4	10.4	19.2
	TM	94	17.7	17.7	37.0
	VTM	334	63.0	63.0	100.0
	Total	530	100.0	100.0	

Mang9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	45	8.5	8.5	8.5
	STM	44	8.3	8.3	16.8
	TM	100	18.9	18.9	35.7
	VTM	341	64.3	64.3	100.0
	Total	530	100.0	100.0	

Mang10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	45	8.5	8.5	8.5
	STM	34	6.4	6.4	14.9
	TM	129	24.3	24.3	39.2
	VTM	322	60.8	60.8	100.0
	Total	530	100.0	100.0	

Mang11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NTM	45	8.5	8.5	8.5
	STM	37	7.0	7.0	15.5
	TM	107	20.2	20.2	35.7
	VTM	341	64.3	64.3	100.0
	Total	530	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I do pass indigenous Traditional Herbal Medical skills to my children informally.	530	1.00	4.00	3.2929	1.71558
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.	530	1.00	4.00	3.1400	1.49394
I do conceal some vital indigenous Traditional Herbal Medicines so as to enjoy their monopoly.	530	1.00	4.00	2.8306	1.38090
I have written a book (books) on the indigenous Traditional Herbal Medicine.	530	1.00	4.00	2.7382	1.31960
I allow any interested person who visits me to have access to my indigenous Traditional Herbal Medicine records.	530	1.00	4.00	2.6612	1.77544
I do allow the mass media staff to have easy access to my indigenous Traditional Herbal Medicine.	530	1.00	4.00	2.6171	1.91638
I do allow friends/relations/acquaintances to acquire indigenous Traditional Herbal Medical knowledge and skills freely.	530	1.00	4.00	2.5765	1.35052

I do post some indigenous Traditional Herbal Medicines on the internet for others to use.	530	1.00	4.00	2.5782	1.35367
I often reveal new discoveries on indigenous Traditional Herbal Medicine to other colleagues during our association meetings.	530	1.00	4.00	2.4335	1.18459
I do allow other indigenous traditional herbal medical practitioners to have access to my own.	530	1.00	4.00	2.1871	1.43201
I run free apprenticeship programme in my indigenous traditional herbal medicine outfit.	530	1.00	4.00	1.2194	1.81780
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.	530	1.00	4.00	1.8147	1.37499
Valid N (listwise)	530				

Descriptive Statistics

	Mean	Std. Deviation	N
TinfoAccess	30.4943	5.9668	530
Ttransf	31.7643	3.7826	530

Correlations

		TinfoAccess	Ttransf
TinfoAccess	Pearson Correlation	1	.503**
	Sig. (2-tailed)		.000
	N	530	530
Ttransf	Pearson Correlation	.503**	1
	Sig. (2-tailed)	.000	
	N	530	530

**. Correlation is significant at the 0.01 level (2-tailed).

Descriptive Statistics

	Mean	Std. Deviation	N
TKnowAcq	32.3849	3.90905	530
Ttransf	34.9943	4.87286	530

Correlations

		TKnowAcq	Ttransf
TKnowAcq	Pearson Correlation	1	.280**
	Sig. (2-tailed)		.000
	N	530	530
Ttransf	Pearson Correlation	.280**	1
	Sig. (2-tailed)	.000	
	N	530	530

**. Correlation is significant at the 0.01 level (2-tailed).

Descriptive Statistics

	Mean	Std. Deviation	N
TManagAcq	36.7774	3.66605	530
Ttransf	34.9943	4.87286	530

Correlations

		TManagAcq	Ttransf
TManagAcq	Pearson Correlation	1	-.075
	Sig. (2-tailed)		.086
	N	530	530
Ttransf	Pearson Correlation	-.075	1
	Sig. (2-tailed)	.086	
	N	530	530

Descriptive Statistics

	Mean	Std. Deviation	N
TKnowAcq	32.3849	3.90905	530
TtransfMF	20.9962	2.34702	530

Correlations

		TKnowAcq	TtransfMF
TKnowAcq	Pearson Correlation	1	.161**
	Sig. (2-tailed)		.000
	N	530	530
TtransfMF	Pearson Correlation	.161**	1
	Sig. (2-tailed)	.000	
	N	530	530

**. Correlation is significant at the 0.01 level (2-tailed).

Descriptive Statistics

	Mean	Std. Deviation	N
TinfoAccess	14.4943	2.99668	530
TtransfYA	26.9151	3.78865	530

Correlations

		TinfoAccess	TtransfYA
TinfoAccess	Pearson Correlation	1	.512**
	Sig. (2-tailed)		.000
	N	530	530
TtransfYA	Pearson Correlation	.512**	1
	Sig. (2-tailed)	.000	
	N	530	530

**. Correlation is significant at the 0.01 level (2-tailed).

APPENDIX F

Results of the Unstructured Interview

Unstructured interview was conducted on three (3) traditional herbal medical practitioners from each of the three States sampled for this study.

Ekiti State

First Respondent (male)

How did you get source on the knowledge of traditional herbal medical practitioners in South-West Nigeria?

How do you source for acquiring knowledge?

" I acquire knowledge through the information that I accessed"

Please can you explain that more to be cleared?

"Yes I acquire knowledge through all the means I explained on information access"

But why don't you source for acquiring knowledge through Internet?

"I can acquire knowledge through Internet if I can get someone to put me through.

But if you can make use of library you will be put through with library education and other means there.

"I sourced the knowledge on traditional medicine from my father as it was his only source of income".

How did you access the information on herbal medical practitioners in South-West *Nigeria?*

"I gained access on the information on herbal medicine from the elders in the community who were willing to share their knowledge with me".

How did you transfer the knowledge you acquired from the traditional medical practitioners?

" I transfer knowledge through offering apprenticeship training and through record book and association meetings"

Why can't you include the use of Internet?

" I wish I could do that if I have means because I want people to know that " tewe tegbo" (herbs) is the best solution to diseases and problems"

How do you source to acquire knowledge?

"I acquire knowledge through the information that I accessed from my father and my friends"

" I also acquire knowledge through attending association meetings"

Why can't you acquire knowledge through newspapers and magazines?

"I do acquire knowledge through local news paper like "Alaroye" and "Oro ton lo" I am able to do this because I have primary education"

Why can't you acquire knowledge through Radio and Television?

"I do acquire knowledge listening to herbal medical profession program with local language on radio and television"

"Even there are local books with local languages that I bought"

But do you know acquiring knowledge through Internet will boost your knowledge?

" I don't believe in that because my forefathers and my father do not believe in that"

" I do transfer the knowledge to children, friends and even any body who wish to acquire the knowledge in as much as he can pay the charged fee"

Why can't you write book on the traditional herbal medicine?

" I don't have means to write book I have only little education and am not financially buoyant"

But if you seek financial assistance from micro finance bank you will be able to finance your book writing?

" I cannot write very well and that will deprive me from doing that"

Why can't you embark on public enlightenment on traditional herb medicine?

" I can only do that with my association meeting"

Why can't you transfer knowledge through Internet?

" I cannot transfer knowledge through Internet because not anybody can just practice our profession without permission"

" I cannot use cassette in transfer knowledge because not everybody is permitted to have access to our indigenous knowledge"

"I transfer the knowledge I have on traditional medicine through the word of mouth (oral transfusion) to my children".

What are the strategies you adopt in the traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria?

" I access information through my parents' friends, association, newspapers, audio and video cassette. I include these because I believe there are means of access to quality information"

" I have book for records of herbs name and their functions. I also have file where I kept names and functions of herbs writing in hierarchical order.

"More so, I do brand my product for example I have "diarrhea herbal flusher and also ointment". Furthermore, I do package some leaves that are medicinal inside bottles and containers for sale.

"I also cram names and functions of herbs"

Why don't you include public lecture?

Why can't you also include the use of library and also involve in use of library"

" I use to hear about the library but I have never used it. Since you have now explained that I can get audio and visual materials for more knowledge on my profession I will pay a visit to the library.

For enlightenment?

" I do give people who wish to have knowledge training with token fees, even third quarter of the year that is from September to December use to be free training period which I term as bonasa period.

"I managed the knowledge I acquired about traditional medicine by engaging its use often because I realized that the more it is engaged the more one becomes efficient and familiar".

Second Respondent (male)

What is your name sir?

How did you source the knowledge of traditional herbal medical practitioners in South-WestNigeria

" I acquire knowledge through the information that I accessed"

Please can you explain that more to be cleared?

"Yes I acquire knowledge through all the means I explained on information access"

But why don't you source for acquiring knowledge through Internet?

"I can acquire knowledge through Internet if I can get someone to put me through.

But if you can make use of library you will be put through with library education and other means there.

"I sourced the knowledge of traditional medicine from watching of indigenous movies where traditional medical practition are done more".

How did you access information on herbal medical practitions in South-West Nigeria?

" I access information through my parents' friends, association, newspapers, audio and video cassette. I include these because I believe there are means of access to quality information"

"I gained access on the information on traditional medicine from my grandfather who enlightened me more on it".

How did you transfer the knowledge you acquire from the traditional medical practitioners?

" I transfer knowledge through offering apprenticeship training and through record book and association meetings"

Why can't you include the use of Internet?

" I wish I could do that if I have means because I want people to know that " tewe tegbo" (herbs) is the best solution to diseases and problems"

"I transfer the knowledge I acquired about the traditional medicine by teaching the young ones in our community and explain to them how it works".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

" I have book for records of herbs name and their functions. I also have file where I kept names and functions of herbs writing in hierarchical order.

"More so, I do brand my product for example I have "dabiara herbal flusher and also ointment". Furthermore, I do package some leaves that are medicinal inside bottles and containers for sale.

"I also cram names and functions of herbs"

Why don't you include public lecture?

Why can't you also include the use of library and also involve in use of library"

" I use to hear about the library but I have never used it. Since you have now explained that I can get audio and visual materials for more knowledge on my profession I will pay a visit to the library.

For enlightenment?

" I do give people who wish to have knowledge training with token fees, even third quarter of the year that is from September to December use to be free training period which I term as bonnaza period.

"I manage the knowledge I acquired about traditional medicine by memorizing the name and functions of herbs".

Third Respondent (female)

How did you source the knowledge of traditional herbal medical practitions in South-West Nigeria?

"I do acquire knowledge through my father and friends that have knowledge on traditional medicine.

Why can't you include your mother as source of your acquisition of knowledge?

" I cannot include my mother because my mother is from another family where they are not traditional herbal medicine practitioners"

" I can only include relation who have knowledge about the practice".

Why can't you also source knowledge from your dream and vision?

" I don't believe in dreams and also I don't see vision".

Why can't you include buying of traditional herbal medicine audiotapes/CD/VCD/DVD as source of acquisition of knowledge?

"I use to buy audio tapes of my local language for example dabiara audio tape on "tewe tegbo". More so, I do buy CD on Yoruba for tewe tegbo"

Why can't you go further to source for knowledge through apprenticeship?

" I cannot go for any apprenticeship training because I am satisfied with what I can get from my father, friends, relation and community leaders. Furthermore, I cannot even use apprenticeship book"

I heard you mentioned apprenticeship book. But you can buy book on your profession in book shop.

" I cannot buy any book on my profession in book shop because I cannot read nor write"

You can go for training on the use of library. Also buying books that have diagrams and illustrations, can help you understand your profession more. Use of Internet too can expose you more to the areas that are hidden.

" I say I cannot source from all those my father have warned me that they are not genuine, so if I should combine any other strange sources the medicine might not work"

"I sourced the knowledge of traditional medicine expertise from getting acquainted with other experts in the field since no one is an island of knowledge".

How did you access information on herbal medical practitions in South-West Nigeria?

"I access information from words of mouth by my father"

Is that the only means of access by you?

"No I do access by other means: like from our association meetings. More so, elders in the communities do tell us history on herbs and their use, so I access from elders"

Why can't you access information from library?

" You said library I am just hearing that for the first time"

Now let me give you a definition of library. Library is a place where you can access acquire preserve and disseminate information on various fields of human endeavour whenever the need arises.

So what should we go there to do?

You can go there to access information on your profession. Audio and visual information materials are there which can be of help to you. Reference librarian is also there to help you.

" I cannot use library unless my leaders accept and also guide me on how to use it"

Why can't you also include social media as a means of information accessibility?

" I can't because I don't know what it is"

Let me explain. Social media include: posting on Internet; using of facebook; Whatsapp; google and so on.

" I cannot use them at all because our forefathers do not use them"

But use of Internet will project your image and make people recognise the importance of traditional herbal medicine and practitioners.

" The next generation can make use of Internet"

What are the sources of your acquisition of knowledge on traditional medicine?

"I do acquire knowledge through my father and friends that have knowledge on traditional medicine.

Why can't you include your mother as source of your acquisition of knowledge?

" I cannot include my mother because my mother is from another family where they are not traditional herbal medicine practitioners"

" I can only include relation who have knowledge about the practice".

Why can't you also source knowledge from your dream and vision?

" I don't believe in dreams and also I don't see vision".

Why can't you include buying of traditional herbal medicine audiotapes/CD/VCD/DVD as source of acquisition of knowledge?

"I use to buy audio tapes of my local language for example dabiara audio tape on "tewe tegbo". More so, I do buy CD on Yoruba for tewe tegbo"

Why can't you go further to source for knowledge through apprenticeship?

" I cannot go for any apprenticeship training because I am satisfied with what I can get from my father, friends, relation and community leaders. Furthermore, I cannot even use apprenticeship book"

I heard you mentioned apprenticeship book. But you can buy book on your profession in book shop.

" I cannot buy any book on my profession in book shop because I cannot read nor write"

You can go for training on the use of library. Also buying books that have diagrams and illustrations, can help you understand your profession more. Use of Internet too can expose you more to the areas that are hidden.

" I say I cannot source from all those my father have warned me that they are not genuine, so if I should combine any other strange sources the medicine might not work"

"I gained access on the information on herbal medicine from my grandfather who was the baale of our community. People who had family issues or sickness would always come to him and he would always take them to a particular which he secluded for attending to people".

How did you transfer the knowledge you acquire from the traditional medical practitioners?

" I transfer the acquire knowledge to anyone who wish to learn"

Do you give skills to anyone who wishes to learn?

" I do collect money from anyone who wishes to learn"

How many people have undergone apprenticeship from you?

" I have trained up to eight people and they are all well to do"

But do you give skill to your relation if they wish?

"Yes I can give skills to any relation who wish to learn free"

Why can't you grant mass media chance to have access to you?

" I can give mass media access to me if they want to ask question based on traditional medicine"

But can you tell them media practitioners the work each traditional medicine does and how to prepare it.

" I cannot do that because it will be like am revealing what we are using to earn our own living to the whole world my ancestor will not agree to that"

Why can't you write a book on traditional herbal medicine practitioners?

" I cannot do that because I cannot read nor write"

But do you know writing can save your herbs name and their treatment?

"Unless my children who are formally educated wish to assist me in doing that".

"I transfer the knowledge I have acquired by revealing new discoveries about herbal medicines to my other colleagues".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

" I do cram name of herbs and their functions"

But that cannot be only means

"Yes my children do help me to write names of herbs and diseases they cure on exercise book"

My children also help in opening file for records of herbs and their manufacturing date.

Why can't you records herbs names with their functions orally on audio tape for playing back when needed?

" I cannot records herbs names on audio tape because we don't have electricity supply constantly in our community and I don't have money for other alternatives"

But do you know if you record names of herbs and their functions on tape it will definitely help you in recalling?

" I can only do that when there is constant electricity supply"

"I have a book in which I write names of herbs and the ailment each cures so I could pass it onto other generation who might develop interest".

Osun State

First Respondent (male)

How did you source the knowledge of traditional herbal medical practitions in South-West Nigeria?

"The sources of my acquire of knowledge is through knowledge handed down from our forefathers"

What of from friends?

" I do not source knowledge from friends because they are not from our lineage, I believe they know nothing about our practice"

But what of relations?

" I cannot because relations are not my great grandfather nor father so I don't believe in them as they may not have adequate knowledge of the profession"

" I even learnt that some source knowledge through vision and dreams but I don't use that since my parent have taught to me the best way to receive knowledge is through parents"

Why can't you source knowledge through buying traditional herbal medicine audiotape, CD/VCD/DVD to learn herbal names and the ailment they cure?

" I cannot buy audio tape nor CD/VCD/DVD to learn herbal names and the ailment they cue because our own tape is our memory. I do cram the names of herbs and the ailment they cure when ever the needs come I can remember and use it as I want"

But if you can make use of audio tap, CD/VCD/DVD it will help your profession and you will improve in your service?

" I cannot accept to the use unless you visit our association meeting and explain the importance to them"

"I sourced the knowledge of traditional medicine from my family as it was passed on generationally".

How did you access information on herbal medical practitions in South-West Nigeria?

"I access information through word of mouth from my parent"

Can you access information through social media?

" I cannot because I believe in information my parent passed to me through words of mouth"

Do you know that using social media can improve your practice and project your image?

" I don't believe in social media because I learnt from my parent that it is mostly from oyinbo people who introduce Western education and it is not the same as our local language"

Are aware that use of library can improve your knowledge?

" I said I don't believe in anything related to Western people I said I don't make use of social media you are still talking of library"

"Yes I talk of library because I know if you make use of it not only that you know more about your profession but library education will be given to you which will increase your knowledge and make you more efficient and effective in the practice of your profession.

"Either social media or library I don't make use of any because we don't believe in it. I suggest you come to our associating meeting where you can explain to our leaders of the benefits attached to these".

"*Igained access on the information on herbal medicine from my father would always call on me to get the necessary herbs needed whenever he had a patient".*

How did you transfer the knowledge you acquire from the traditional medical practition?

" I transfer the knowledge through apprenticeship to my children or people willing to learn and pay. More so, I get the knowledge from my father who also inherited it from his father. So, the transfer of knowledge started from my forefather to his children".

"Furthermore, in associating meeting there use to be transfer of knowledge because that is where majority of traditional herbal medical practitioners share knowledge about their new discoveries"

But making use of Internet to transfer your knowledge will give you publicity about your profession?

" I cannot do that unless my colleagues agree to do so".

"I transferred the knowledge I acquired by allowing anyone who wishes to have the skills though they pay a certain amount before I give them the skills".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

" I do write herb names down with my signs on sheet of paper and then fold it and keep them"

Is that the only way you manage?

" I also use traditional medicine as I learnt them. More so, I consult colleagues on the use of particular herbs. I make sure I understand the efficacy of a particular herbs before using it".

How do you know the work of specific medicine on a particular ailment before using them?

" I do compare the work of two medicine and see how it works befoe using it on a particular ailment"

But don't you think mixing the traditional medicine with orthodox medicine will improve its effectiveness?

" I don't mix traditional medicine with orthodox medicine because I believe traditional medicine can cure any ailments. Traditional medicine only can provide solution to social, physical and moral imbalance of the people.

I want to tell you that leaves at your courtyards are medicinal which can cure so many diseases. For instance "Ewedu" which is green leaf has medicinal value: it is good for curing ulcer; it can serve as a medicine for cancer; it is also good for boosting immune system on both male and female; it is used to cure diabetics because it normalises sugar level. Lot of leafs do great work.

Can you grant free apprenticeship?

" I cannot do that anybody that want to learn have to pay certain amount basic on rules laid down by our association, unless the person is my child even relation I cannot grant total free learning.

Can you also embark on public enlightenment to sensitise people on traditional medicine?

" I can do that but I will expose my medicine secret to them, I can only tell the goodness in the use of traditional medicine but I will hide the secret of my medicine because I cannot just release what my forefathers has been keeping for generations for free.

Second Respondent (male)

How did you get source on the knowledge of traditional herbal medical practitioners in South-West Nigeria?

" I access information through my parents.

In my father house it is compulsory that knowledge of herbal medicine be transferred to children if not any job that child without such knowledge is doing will not prosper"

But what of if any child does not like such profession?

"The child may not necessary venture into the practice but he must have the knowledge to back himself"

" I also access knowledge through my friends"

Why can't you access information through use of Internet and use of library?

" I do not access information through Internet and use of library because I believe in my forefathers"

But if you make use of Internet and library you will have access to more information on the herbal medicine and practices.

Moreso, the use of library can be more advantageous to have more access to information.

"I sourced the knowledge on traditional medicine from my father as it was his only source of income".

How did you access the information on herbal medical practitioners in South-West *Nigeria?*

"I gained access on the information on herbal medicine from the elders in the community who were willing to share their knowledge with me".

How did you transfer the knowledge you acquired from the traditional medical practitioners?

"I acquire knowledge through the information that I accessed from my father and my friends"

" I also acquire knowledge through attending association meetings"

Why can't you acquire knowledge through newspapers and magazines?

"I do acquire knowledge through local news paper like "Alaroye" and "Oro ton lo" I am able to do this because I have primary education"

Why can't you acquire knowledge through Radio and Television?

"I do acquire knowledge listening to herbal medical profession program with local language on radio and television"

"Even there are local books with local languages that I bought"

But do you know acquiring knowledge through Internet will boost your knowledge?

" I don't believe in that because my forefathers and my father do not believe in that"

" I do transfer the knowledge to children, friends and even any body who wish to acquire the knowledge in as much as he can pay the charged fee"

Why can't you write book on the traditional herbal medicine?

" I don't have means to write book I have only little education and am not financially buoyant"

But if you seek financial assistance from micro finance bank you will be able to finance your book writing?

" I cannot write very well and that will deprive me from doing that"

Why can't you embark on public enlightenment on traditional herb medicine?

" I can only do that with my association meeting"

Why can't you transfer knowledge through Internet?

" I cannot transfer knowledge through Internet because not anybody can just practice our profession without permission"

" I cannot use cassette in transfer knowledge because not everybody is permitted to have access to our indigenous knowledge"

"I transfer the knowledge I have on traditional medicine through the word of mouth (oral transfusion) to my children".

What are the strategies you adopt in the traditional herbal medical practitioners in managing the knowledge you acquired in South-West Nigeria?

"I manage the acquire knowledge by recording the names of herbs and their functions on note books. More so, I do cram names of herbs and their function. I also use containers in keeping some herbs with their names and their functions.

Why can't you use tape cassette to record the name of herbs"

"I don't record name of herbs on tape cassette because I don't even know that it is possible"

"I managed the knowledge I acquired about traditional medicine by engaging its use often because I realized that the more it is engaged the more one becomes efficient and familiar".

Third Respondent (female)

How did you source the knowledge of traditional herbal medical practitions in South-West Nigeria?

"I sourced the knowledge of traditional medicine during my apprenticeship I under-went under an expertise in the field".

How did you access information on herbal medical practitions in South-West Nigeria?

" I access information through apprenticeship from my uncle"

Why not access information from friends?

" I only access more information through association meetings"

Why can't you access information through audio/ video tape?

" I don't have idea of this before"

Are you sure?

"Yes"

Why can't you access information through library?

"I don't have knowledge about library"

But making use of library will grant you more knowledge on your profession.

"I accessed the information on herbal medicine from my grandmother who was the yeye Osun of our community".

How did you transfer the knowledge you acquire from the traditional medical practition?

" I transferred knowledge to trainees"

Why not to your children?

" My children don't have interest on it but I force my first male child to have little knowledge about the practice"

Why can't you make use of book or file to record name of herbs and that functions?

" I only make use of containers and bottles"

But if you make use of tape cassette it will grant you and your profession more recognition.

" I don't believe in making use of tape cassette".

"I transferred the information I acquired on traditional medicine by teaching my sons the names of all the necessary herbs and their functions".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

"I acquire knowledge through apprenticeship and association meetings"

Why can't you acquire knowledge from friends?

"I cannot acquire knowledge from friends because some might not be genuine in providing information to their friends but I believe in what is revealed in association meetings"

But what of audio/ video cassette?

" I don't use them"

Why can't you include use of library and Internet?

" I cannot read and write"

How do you manage knowledge?

" I use different sizes of cup containers and bottles to keep herbs"

But how do you manage to identify each when need arises?

"More so, I use different colour of papers to fold herbs"

"furthermore, I do train people"

But making use of Internet can increase your knowledge and give you and your professional more recognitions.

" My uncle do not train me to include that"

"I managed the knowledge I acquired about traditional medicine by consulting seniors' in the field on the use of a particular herb".

Oyo State

First Respondent (male)

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

How doyou manage the acquire knowledge?

" I do record the names of herbs and their use inside exercise book. More so, I do cram names of herbs and their functions"

" I even use to see vision and whatever is revealed to me I use to keep it in mind for future reference"

Why can't you make use of audio tape and CD in keeping your knowledge?

" I mostly prefer to cram"

But craming can be forgotten

"Buying of cassette is expensive using note book and file is preferable to me but if am more financially buoyant I can include it in my agenda"

"I managed the knowledge I acquired about traditional medicine by making a comparison between orthodox medicine and traditional medicine to improve its effectiveness".

Second Respondent (female)*".*

How did you source the knowledge of traditional herbal medical practitions in South-West Nigeria?

" I source for acquisition of knowledge through the information on that I access from my father and my mother"

Why do you not include other means or sources for acquisition of knowledge?

" I don't even have interest on other means than that of my parent"

But if you include library and Internet as a source of acquiring knowledge you will be more exposed to the new areas in your profession.

"My parent have made me believe that no other source is genuine than their own and I abide by it"

"I sourced the information on herbal medicine from consulting elders in the community who had knowledge about it".

How did you access information on herbal medical practitioners in South-West Nigeria?

" I accessed information through my parents"

Do you mean your father of your mother or both of them?

"It is from both of them my father is the African traditional practitioner but when my mother married to him she learnt the profession from him. So I learnt from both side"

Why can't you access information through Library and Internet?

" I said it earlier on that I only have local training on my profession, so I cannot use the library and also I cannot use the Internet"

"I accessed the knowledge about traditional medicine from meeting with other practitioners in the field".

How did you transfer the knowledge you acquire from the traditional medical practitions?

" I transfer knowledge to my children also anybody who wish to learn can come I can give it free of charge"

" I do share knowledge with my colleagues both senior and junior in association meetings"

Why can't you embark on public enlightenment on traditional herbal medicine?

" I cannot do that because people will be thinking we are forcing them to use traditional medicine"

But public enlightenment will let people know that traditional medicine can take care of sicknesses and other problems that orthodox medicine cannot cure?

" I cannot give answer to that unless I consult my seniors"

"I transferred the knowledge I acquired about traditional medicine by passing the skills and knowledge across to my children informally and I instruct them to try it since informal learning is by learning and doing".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

" I do use colour to identify each herb and its functions"

What type of colour?

"Let me explain for example "agunmu" on malaria fever is in colour green both while "agunmu" on yellow fever is in colour brown"

" I do cram names and functions of herbs"

Why can't use the audio/visual tape at other place?

"I cannot use other source than the one I learnt from, it is not even permissive in my culture"

"I managed the knowledge I acquired about traditional medicine by using them as soon as I learnt them so I would not forget".

Third Respondent (male)

How did you source the knowledge of traditional herbal medical practitions in South-West Nigeria?

" I acquire knowledge through the information that I assessed from my father; my relations and my friends"

Why don't you acquire knowledge from association meetings?

" I used to acquire knowledge through association meetings because it is part of our rules that anyone with new ideas should share it among us"

Why don't you acquire knowledge from Internet?

" I cannot acquire knowledge from Internet because I have no knowledge of that"

But you cannot get to know about that through the use of library.

" I cannot use the library just like that except if I table it before my colleagues and they accept"

"I sourced the knowledge of traditional medicine by inheritance from the family lineage".

How did you access information on herbal medical practitions in South-West Nigeria?

How do you access information?

" I access information through my father and my relations and friends"

Why don't you access information through Internet?

"Haaa! I cannot go on Internet because I cannot read English"

But you can search for papers writing in local language.

"No I cannot be using it at all because even I cannot write the local language itself well talk less of English language"

But library can give you user education to know how you can use library and information materials.

" I cannot use the library, I only believe in knowledge that was passed to me through my father"

"I accessed the knowledge of traditional medicine through regular attendance at the association meetings".

How do you transfer the knowledge you acquire from the traditional medical practitions?

How do you transfer acquire knowledge?

" I transfer the knowledge to my children; my relations and those who wish to be trained"

Can you train people without any fee?

"No, I have to collect token amount from trainee as a fee so that they can be blessed in the field"

Why can't you write a book on herbs and its functions?

"I cannot write book on herbs and their functions because I have no education to that level"

Why can't you post on Internet?

" I cannot because my ancestors will not be happy with that"

But you told me you are a Muslim

"Yes I am a Muslim but I still consult my ancestors for solutions to problems"

"I transferred the knowledge I acquired by running a free program for those who are interested in the knowledge".

What are the strategies you adopt in the traditional herbal medical practition in managing the knowledge you acquired in South-West Nigeria?

" I have a file for recording the names of herbs and their functions. I also use to fold herbs in papers with their names at the back of the folded papers"

Do you still have other means of management than these?

"Yes I do memorise the names of herbs and their functions. More so, I do tell my children names of herbs and their functions and also tell them to keep it in record for future reference. At times I do ask them to tape record my words on herbs and their functions"

"further more I do brand my product"

Why can't you include the use of library?

" I cannot because I cannot just release the knowledge to general public, I need to protect our own interest"

But using the Internet and library will give you more knowledge on your profession.

" I can only tell my colleagues to discuss on what to do on it"

"I managed the knowledge I acquired about traditional medicine by engaging and using the traditional medicine in relation to the ailment".

APPENDIX G

CALCULATION OF PILOT TEST RESULT I.E WORKSHEET

ODD ITEM	**VTM (3)**	**TM (2)**	**STM (1)**	**NTM (0)**	**SCORE**
1	20 (60)	6 (12)	4 (4)	(0)	76
3	2 (6)	3 (6)	5 (5)	20 (0)	17
5	12 (36)	8 (16)	6 (6)	04 (0)	58
7	1 (3)	2 (4)	5 (5)	22 (0)	12
9	0 (0)	2 (4)	2 (2)	26 (0)	6
11	4 (12)	6 (12)	8 (8)	12 (0)	32
13	16 (48)	10 (20)	2 (2)	2 (0)	70
15	2 (6)	3 (6)	4 (4)	21 (0)	16
17	18 (54)	16 (32)	4 (4)	2 (0)	90
19	10 (30)	12 (24)	8 (8)	10 (0)	62
21	18 (54)	14 (28)	8 (8)	(0)	90
23	2 (6)	3 (6)	3 (3)	22 (0)	15
25	0 (0)	4 (8)	8 (8)	18 (0)	16
27	5 (15)	7 (14)	11 (11)	7 (0)	40
29	1 (3)	3 (6)	4 (4)	22 (0)	13
31	0 (0)	1 (2)	2 (2)	27 (0)	4
33	6 (18)	4 (8)	6 (6)	14 (0)	32
35	1 (3)	2 (4)	3 (3)	24 (0)	10
37	2 (6)	2 (4)	3 (3)	23 (0)	13
39	0 (0)	1 (2)	2 (2)	27 (0)	04
41	4 (12)	6 (18)	8 (8)	12 (0)	18

EVEN ITEM	**VTM (3)**	**TM (2)**	**STM (1)**	**NTM (0)**	**TOTAL**
2	18 (54)	7 (14)	3 (3)	2 (0)	71
4	1 (3)	3 (6)	6 (6)	20 (0)	15
6	13 (39)	8 (16)	6 (6)	03 (0)	61
8	1 (3)	3 (6)	4 (4)	22 (0)	13
10	0 (0)	3 (6)	2 (2)	25 (0)	8
12	3 (9)	5 (10)	9 (9)	13 (0)	28
14	18 (54)	8 (16)	3 (3)	1 (0)	73
16	10 (30)	16 (32)	3 (3)	1 (0)	65
18	19 (57)	15 (30)	3 (3)	2 (0)	90
20	13 (39)	10 (20)	6 (6)	1 (0)	65
22	16 (48)	11 (22)	2 (2)	1 (0)	72
24	10 (30)	15 (30)	4 (4)	1 (0)	64
26	0 (0)	3 (6)	9 (9)	18 (0)	15
28	11 (33)	12 (24)	6 (6)	1 (0)	63
30	2 (6)	4 (8)	5 (5)	19 (0)	19
32	0 (0)	2 (4)	2 (2)	26 (0)	6
34	10 (30)	13 (26)	5 (5)	2 (0)	62
36	2 (6)	3 (6)	4 (4)	21 (0)	16
38	2 (6)	3 (6)	3 (3)	22 (0)	15
40	1 (3)	1 (2)	3 (3)	25 (0)	8
42	5 (15)	7 (14)	7 (7)	11 (0)	36

ODD ITEMS X	EVEN ITEMS Y	X^2	Y^2	XY
76	71	5776	5041	5396
17	15	289	225	255
58	61	3364	3721	3538
12	13	144	169	156
6	8	36	64	48
32	28	1024	784	896
70	73	4900	5329	5110
16	65	256	4225	1040
90	90	8100	8100	8100
62	65	3844	4225	4030
90	72	8100	5184	6480
15	64	226	225	240
16	15	256	225	240
40	63	1600	3969	2520
13	19	169	361	247
4	6	1024	3844	1984
32	62	1024	3844	1964
10	16	100	256	160
13	15	169	225	195
13	15	169	225	195
4	8	16	64	32
18	36	324	1296	648
694	865	39732	51439	42079

$$r = \frac{N\sum XY - (\sum X)(\sum X)}{\sqrt{[N\sum X^2 - (\sum X)^2][N\sum Y^2 - (\sum X)^2}}$$

$$= \frac{21 \times 42079 - 694 \times 865}{\sqrt{[21 \times 39732 - 694^2][21 \times 51439 - 865^2]}}$$

$$= \frac{883659 - 600310}{\sqrt{[834372 - 481636][1080219 - 748225]}}$$

$$= \frac{283349}{\sqrt{352736 \times 331994}}$$

$$= \frac{283349}{\sqrt{117106235584}}$$

$$= \frac{283349}{342207.88}$$

$$= 0.83$$

APPENDIX H

Formula for calculating the trial test

Pearson Product Moment Correlation Method (Pearson r)

$$r = \frac{N\sum XY - (\sum X)(\sum X)}{\sqrt{[N\sum X^2 - (\sum X)^2][N\sum Y^2 - (\sum X)^2}}$$

$$= \frac{21 \times 42079 - 694 \times 865}{\sqrt{[21 \times 39732 - 694^2][21 \times 51439 - 865^2]}}$$

$$= \frac{883659 - 600310}{\sqrt{[834372 - 481636][1080219 - 748225]}}$$

$$= \frac{283349}{\sqrt{352736 \times 331994}}$$

$$= \frac{283349}{\sqrt{117106235584}}$$

$$= \frac{283349}{342207.88}$$

$$= 0.83$$

APPENDIX I

Approved by the Respondents

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