

Documentation Of The Tiv Indigenous Medicinal Knowledge (Imk) By Libraries In Benue State, Nigeria

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Abstract:

This paper examined documentation of the Tiv indigenous medicinal knowledge (IMK) by libraries in Benue state. 3 objectives, 3 research questions and a theory guided the study. A descriptive survey design was adopted for this study. The total population for the study was 3326 which comprised 3028 registered indigenous medicinal practitioners (IMPs) and 298 library staff in three universities in study area. A sample size of 358 was determined from the population using Taro Yamene's 1969 formula for finite population. Purposive sampling and stratified sampling techniques were adopted for the selection of fifty (50) communities and 8 libraries of the study. Snowball sampling technique and convince sampling techniques were used for the selection of 28 chairmen of indigenous medicinal practitioners (IMPs), 14 elderly practitioners and 17 heads of libraries. Questionnaire and Key Informant Interview Schedule (KIIS) were used as instrument for data collection. Frequency distribution tables, mean and standard deviation were the main statistical tools used in analysing the result. The result revealed that oral narration among family members, use of people's memories, use of physical objects etc are forms of documenting indigenous medicinal knowledge by indigenous practitioners. It was also revealed that visitation, Observation, discussion forum, interview conduction session among others were methods employed by the library staff to document indigenous medicinal knowledge of the Tiv rural communities and that libraries in the study area exhibited "low extent" of information documentation on the Tiv indigenous medicinal knowledge.

Keywords: *Indigenous medicinal knowledge, Tiv indigenous medicinal practitioners, documentation, Libraries.*

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I. Introduction

Indigenous medicine is the bedrock upon which all other medicinal knowledge is built for the treatment of ailments. Ailments right from ancient times have remained a scourge and threat to humanity. As a result, tribes, cultures and indigenous people of various nations all over the world have evolved a system of indigenous medicine for generations. Sofowora (2008) affirmed that, some 3000 years B.C., humankind was aware of the medicinal properties of some plants growing around them. Also, Abbott (2014) advanced that, in the pre-colonial era, rural communities were responsible for the discovery of medicinal plants in use today and many communities are still involved in the wild collection, domestication, cultivation and management of medicinal plant resources. According to Gera, et al (2015), the Plant kingdom is well endowed with a variety of phytochemicals that are important in healthcare promotion, disease prevention and has remained the foundation for the discovery of innovative drugs. Consequently, rural communities strongly believed that all ailments have plants/herbs in the bush for its cure. Therefore, they interact with nature and accumulate vast knowledge that has since lived with humanity for treatment of ailment. The use of traditional medicine as a source of medicine has not been strange among the Tiv hence, it is passed from generation to generation, for treatment of different ailments. In Tiv rural communities, the knowledge practice of indigenous medicine emerged out of practitioners' curiosity to explore their environmental terrains in search of medicinal properties for production of drugs in treatment of ailments. As a result, they specialize in different areas such as psychiatrists, pediatricians, spiritual therapists, herbalists, bone setters, local surgeons, birth attendants (TBA), general traditional medicinal practices etc. Adega (2020) note that,

Tiv Traditional Medicine is as old as the Tiv themselves, and that the practice of traditional medicine came into being as soon as the Tiv became feeble and frail due to infirmity, ill health, and old age; thus, needing some form of medicine for the restoration of their health. The researchers further affirmed that Tiv Traditional Medicine has made significant and considerable impact on the health needs of the Tiv and the healthcare delivery system in Nigeria generally.

Despite the vast medicinal knowledge accumulated by Tiv indigenous medicinal practitioners, it is often stored in their brains rather than formally written down as documented information. Sandiga quoted by Chisita and Kaddu (2009) and Amakali (2010) confirmed that, Africa traditional knowledge remains unwritten science, most of the information on the properties of medicinal plants have remained undocumented, it is rare to find traditional healers with written documents, apart from their minor memory aids of plant characteristics which help to find medicinal plants similar in appearance but different in healing effects. Documentation is a library term which is foreign to Tiv rural communities, hence their medicinal knowledge is predominantly tacit and embedded in oral tradition. Libraries as custodian of knowledge adopted documentation as effective means of harnessing and preserving age-old practices of the rural communities for easy access to the intended users as well as future generations. Lindh and Haider (2010) stipulated that, documentation practice is thus a social and cultural practice that does not only move knowledge between geographical locations but more importantly, translates it between worldviews which may alter content and interpretation. Annune (2018) maintained that, documentation of indigenous medicinal knowledge can be carried out by libraries through written and electronic formats. Documentation is a significance method adopted by librarians to ensure preservation of knowledge for the future. Traditional Medicinal knowledge according to Anyaoku, Orizu & Eneh (2015) can be documented in books, periodicals such as newspapers journals, indexes and material medical, other media for preservation including multimedia recordings and information and communication technologies which can be harnessed for collection and preservation. Adeyemo and Adebayo (2017) also confirmed that, Indigenous Knowledge practices were documented with recordings and visual documentation among other methods, and these are being done by all the library personnel.

However, Sithole (2006) pointed out that, very little has been done to capture and record indigenous knowledge for preservation by libraries, yet it represents an immensely valuable database of knowledge that provides humankind with insights on how numerous communities have interacted with their changing environments. As a result, Manning (2001), Raseroka (2002) and Ngulube (2002) enjoined library and information professionals to accelerate their efforts to capture traditional knowledge before the elderly (who are bearers of these knowledge) are no longer able to share their knowledge. Therefore, libraries in Benue state are duty bound to document the indigenous medicinal knowledge of the Tiv rural communities for future consultations or references.

Tiv is an ethno-linguistic nation that are inhabitants of the larger part of Benue state. Benue state is located in north central Nigeria with twenty-three (23) local government areas with the Tiv rural dwellers occupying fourteen (14) Local Government Areas, fifty (50) rural communities and four thousand three hundred and ninety- two (4392) villages (Tser, 2013, National Population Commission (NPC), 2009). Wegh (1998) further points out that, Tiv people constitute approximately a total population of over 7 million individuals throughout Nigeria and the 4th largest ethnic group in Nigeria. The researcher further identifies Tiv as the name of an ethnic group in Nigeria; the name of their language and the name also stand for their ancestor-Tiv. In addition, Benue state has one (1) branch of national library, nine (9) academic libraries and one (1) public library with eight (8) divisional libraries as well as a community library (librarian registration council of Nigeria, 2015). The existence of River Benue and its tributaries in the state has made the Tiv rural communities witness forests across their communities that calls for vibrant medicinal practices. However, observation has shown that, there is lack of documentation of the Tiv indigenous medicinal knowledge by libraries of the study while the Tiv elderly indigenous medicinal practitioners with wealth of medicinal knowledge are dying daily. This may perhaps be as a result of this that, there is dearth of information resources on the Tiv indigenous medicinal knowledge in libraries of the study which is the reason for the study. Specifically, the study sought to:

1. Identify forms of documenting indigenous medicinal knowledge by the Tiv indigenous medicinal practitioners of Benue state.
2. Determine methods used by libraries in documenting indigenous medicinal knowledge of the Tiv rural communities in Benue State.
3. Ascertain the extent to which libraries document indigenous medicinal knowledge of the Tiv rural communities of Benue State.

Research Questions

The study was guided by the following research questions:

1. In what forms do indigenous medicinal practitioners document the Tiv indigenous medicinal knowledge in Benue state?

2. What are the methods used by libraries in documenting indigenous medicinal knowledge of the Tiv rural communities in Benue state?
3. To what extent do libraries in Benue state document indigenous medicinal knowledge of the Tiv rural communities of Benue state?

II. Literature Review

According to Apenda (2016) the practice of ethno-medicine or traditional medicine is based on the practitioner's knowledge, which is derived from their indigenous worldview, myths and beliefs which include the healing techniques transmitted from generation to generation over centuries. Indigenous medicinal knowledge is a component of indigenous knowledge system (IKS) that has stood the test of time. Abdullahi (2011) maintained that, indigenous medicinal knowledge is an ancient culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival. It is knowledge that people in a given area have developed over time, continue to develop based on their experiences and adapted to the local culture and environment (Masocha & UNESCO quoted by Dan, Mchombu & Mosimane, 2010). Indigenous medicinal knowledge refers to accumulated experiences acquired by indigenous medicinal practitioners of a given rural community as a result of their intimate interaction with their environment. However, Magara (2002) advanced that, much of this indigenous knowledge is preserved in people's minds but human minds have a limited capacity of information storing ability which could be affected by failing memories. Onyango (2002) confirmed that, enormous repository of invaluable knowledge and wisdom is stored in the memories of elders, healers, midwives, farmers and many more, is largely undocumented and large quantities of knowledge and expertise are disappearing into oblivion, leaving humanity in danger of losing its past and perhaps jeopardizing its future as well.

Also, Yeboah (2008) and Dike (2007) maintained that, traditional knowledge is not written document and in Africa when an elderly man or woman dies, it is as if an entire library is burnt down. This is because the accumulated knowledge acquired by elderly people will completely be lost without formal documentation for future consultations or references. Anyaoku, Orizu and Eneh (2015), Abioye, Zaid and Egberongbe (2011) in their studies lamented on the gradual extinction of indigenous knowledge systems in African communities including medicinal knowledge which stem from the fact that elders in the rural communities are the repository of traditional medicinal knowledge but rarely documented. Lemu (2013) examines Documentation and access to information resources on Hausa indigenous medical practices in States of Northern Nigeria and revealed that a large chunk of knowledge generated on Hausa indigenous knowledge medical practices remained undocumented because most of them have not been identified by the agencies for documentation, such undocumented knowledge includes healing arts and practices which are important components of Hausa indigenous medical culture. Dlamini (2004) The management of indigenous knowledge in Swaziland, with specific reference to the Swaziland National Library Service and reports that, every piece of locally generated indigenous knowledge (IK) remains unrecorded/undocumented.

Documentation is formal written account of tacit knowledge as opposed knowledge stored in human memory. According to Reitz (2004) documentation is the process of systematically collecting, organizing, storing, retrieving and disseminating specialized documents, especially of a scientific, technical or legal nature, usually to facilitate research or preserve institutional memory. The isolated acts of taking a photograph or jotting down a descriptive note that is most often part of a comprehensive thought, must pass through processes in order to be regarded as documentation. Wipo (2012) ascertained that, documentation is primarily a process by which traditional knowledge (TK) is identified, collected, organized, registered or recorded in some way as a means to dynamically maintain, manage, disseminate and protect traditional knowledge (TK) positively or defensively according to specific goals. Documentation has emerged as one of the library tools which may prevent the further loss of indigenous medicinal knowledge, maintaining indigenous medicinal knowledge over time, supporting benefit-sharing and protecting indigenous medicinal knowledge from unauthorized uses. Adeyemo and Adebayo (2017) pointed out that, in traditional societies, there was hardly any effort at comprehensive documentation of traditional medicinal knowledge, but in rare cases where bare documentation exists, it was usually in the traditional dialect of the local communities. The researchers further advanced that, indigenous knowledge is represented in library and archival collections, but often LIS professionals make no attempt to put them into a cultural context.

Libraries are repository for cultural and recorded history of mankind, served as social institutions that enrich the personality, foster the good life of art and act as a centre for cultural and intellectual life of the rural communities. Libraries are usually manned by librarians who are the agents of documentation and dissemination to ensure utilization by rural communities. Ikenwe and Adegbilero (2014) maintained that the library is a repository of knowledge and a dynamic social institution, an indispensable resource center for reliable information and meant to preserve the recorded knowledge of man for use. Libraries provide access to knowledge, information and other works of imagination through a range of resources and services to their community (Ugwoke, 2004).

The whole essence of documenting Tiv indigenous medicinal knowledge by libraries is to collect, organize and record this knowledge as information resources that would facilitate accessibility and utilization by members of the rural communities and the nation at large. However, Steven (2008) reveals in his study on a different way of knowing: tools and strategies for managing indigenous knowledge that, libraries have not traditionally focused on the documentation of indigenous knowledge (IK). Hence, Librarians are generally more comfortable dealing with publications than with unrecorded and unpublished knowledge, and library theories and systems are geared mainly to dealing with published documents (Lor, 2004 quoted in Adeyemo & Adebayo, 2017). The author further stressed that Librarians have highly developed theories, systems and techniques for the collection, organization, preservation and making available of recorded knowledge, or documents. In addition, Okore, Ekere, and Eke (2009) in their studies on Promoting Access to indigenous knowledge in the Digital Age: Libraries as facilitators. libraries have made progress in the presentation, documentation of local culture on paper and digital format and have promoted the exchange of information. Documentation is an avenue for culture and propagation of human knowledge through which libraries ensure availability of information to rural communities in general and Tiv rural communities of Benue state in particular.

Theoretical framework

Grounded theory was developed by two sociologists, Glaser and Strauss in the 1960s. This qualitative research approach, permits direct examination of the world of rural residents in a naturalistic way. It is an inductive process that originates from everyday life experiences and is an appropriate method to use when a paucity of information exists about a phenomenon of interest. This theory is relevant to this study in the sense that, it provides an appropriate framework for examining the perspectives of indigenous medicinal knowledge of Tiv rural communities in their natural setting. Also, it is partly a qualitative study that will permit thorough investigation of indigenous medicinal knowledge of the Tiv rural communities which will therefore, expose the indigenous medicinal practitioners across the globe to the vast indigenous medicinal knowledge in Tiv rural communities.

III. Methodology

The study adopted the descriptive survey design. The rationale for choosing this research designs was to draw inference from the specified study that may help in the generalization of the result on the entire population of the study. The entire population for the study was 3326 which comprised 3028 registered indigenous medicinal practitioners (IMPs) (Office of the National Association of Nigerian traditional practitioners Benue state branch, NANTMP, 2015) and 298 library staff in three universities in study area namely: Library and information services, Benue state university, Francis Sulemanu Idachaba Library, Joseph Sanwuan Tarka University Makurdi and University of Mkar Library, Mkar (Office of librarians of respective Libraries, 2015). This population was worthy of study due to the vast medicinal knowledge acquired by indigenous medicinal practitioners that provide cures in Tiv rural communities and remarkable activities of libraries in the study area. A sample size of 358 was determined from the population of the study using Taro Yamene's 1969 formula for finite population. Purposive sampling and stratified sampling techniques were adopted for the selection of fifty (50) communities. Convince and snowball sampling techniques were used for the selection of 28 chairmen of indigenous medicinal practitioners (IMPs), 14 elderly practitioners and 17 heads of libraries from 8 libraries of the study. The adaptation of this technique was based on the fact that, the indigenous medicinal knowledge practitioners' and library staff's population varied between communities and libraries of the study. Chairmen and elderly medicinal practitioners were selected through snowball sampling technique. Vogt (1999) advanced that, the snowball approach is a technique for finding research subjects, as one subject recommends another, who in turn refers another subject and so on. Snowball sampling technique was particularly useful because trust was developed as referrals were made by respondents, allowing researcher an entry to interview respondents with rare and unique characteristics not shared by the wider population, which was extremely difficult to locate, impenetrable and reluctant to take part in studies. Any practitioner or library staff that was accidentally stumbled on in each rural community and library of the study area was used as a sample for data collection. Grounded theory developed by two sociologists, Glaser and Strauss in the 1960s. Self-developed questionnaire of 29 items and 15 items Key Informant Interview Schedule (KIIS) were used for data collection. This questionnaire was made up of three clusters A, B and C but only cluster A was answered by all the respondents. Data collected was analyzed using frequency distribution tables, mean and standard deviation with four (4) points rating scale responses modes of Strongly Agreed =SA (4), Agreed =A (3), Disagreed =D (2) and Strongly Disagreed =SD (1). Decisions were taken based on real limit of numbers as Strongly Agree (SA) 3.50 & above, Agreed (A) 2.50 – 3.49, Disagreed (D) 1.50 – 2.49 and Strongly Disagreed (SD) 0.00 – 1.49.

Research Question 1: What are the forms of information documentation on indigenous medicinal knowledge among the Tiv indigenous medicinal practitioners of Benue State?

Table 1: Mean responses of the respondents on the forms of information documentation on indigenous medicinal knowledge among the Tiv indigenous medicinal practitioners.

N = 246

S/N	Forms of information documentation on IMK	Mean — (\bar{X})	Std. Deviation	Rank	Decision
1	Oral narration among family members	3.60	.59	1 st	A
2	People’s memories	3.48	.71	2 nd	A
3	Physical objects such as tying of medicinal plants/herbs prescriptions for reference purposes	3.31	.76	3 rd	A
4	The signs/marks like incident or events that took place	3.19	.77	4 th	A
5	Through visuals like practical preparation of indigenous medicinal knowledge	3.16	.85	5 th	A
6	Through audio like beating of drums for specific ailment treatment	2.93	.91	6 th	A
7	Written format	2.51	.95	7 th	A
	Cluster Mean	3.31	0.79		A

Key: A = Agreed

Table 1 above indicated that, all the seven (7) items were the forms of documentation of indigenous medicinal knowledge among Tiv indigenous medicinal practitioners hence, the mean scores of the items ranged from 3.60 to 2.51 with their respective rankings and the standard deviations ranged from 0.59-0.95 which all fall within the limit of agreed. The key informant interview schedules (KIIS) confirmed the above as ways of documenting indigenous medicinal knowledge by Tiv indigenous medicinal practitioners.

Research Question 2: What are the ways used by libraries in documenting indigenous medicinal knowledge of the Tiv rural communities in Benue state?

Table 2: Mean responses of the respondents on the methods adapted by libraries in documenting indigenous medicinal knowledge of the Tiv rural communities

N = 32

S/N	Ways of documenting indigenous Medicinal knowledge (IMK)	Mean — (\bar{X})	Std. Deviation	Rank	Decision
1	Identification of indigenous medicinal knowledge from the rural communities	3.34	.70	1 st	A
2	Visitation	3.31	.93	2 nd	A
3	Observation	3.19	.86	3 rd	A
4	Discussion forum	3.16	.88	4 th	A
5	Conduct interview session with indigenous medicinal practitioners	3.06	.80	5 th	A
6	Written/jotting down the information solicited	3.00	.80	6 th	A
7	Audio Visual Recording	2.81	1.00	7 th	A
8	Use of laptops	2.75	.84	8 th	A
9	Filming	2.69	.90	9 th	A
10	Questioning	2.66	.90	10 th	A
11	Photographs snapping	2.63	.98	11 th	A
12	Use of Drawing	2.59	1.01	12 th	A
	Cluster Mean	2.82	0.34		A

Key: A =Agreed

Table 2 above indicated that, all the twelve (12) items were ways of documenting indigenous medicinal knowledge by libraries in the study area hence, the mean scores of the items ranged from 3.60 to 2.51 with their respective rankings and the standard deviations ranged from 0.59-0.95 which all fall within the limit of agreed.

Research Question 3: To what extent do libraries document information on indigenous medicinal knowledge of the Tiv rural communities of Benue State?

Table 3: Mean rating of library staff on the extent to which libraries document information on indigenous medicinal knowledge (IMK) of Tiv rural communities

N = 32

S/N	Extent of documentation of information on IMK by libraries	Mean (\bar{X})	Std. Deviation	Rank	Decision
1	Provision of digital technologies for easy documentation	2.42	.95	1 st	LE
2	Indigenous medicinal knowledge bibliography compilations	2.27	.92	2 nd	LE
3	Compiling of Indigenous medicinal knowledge abstract	2.24	.91	3 rd	LE
4	Digitalization of Indigenous medicinal knowledge resources	2.17	1.01	4 th	LE
5	Library administration sponsor the documentation of Indigenous medicinal knowledge project from the rural communities	2.11	.96	5 th	LE
6	Identification of indigenous medicinal knowledge from the rural communities	2.0	.87	6 th	LE
7	Library embark on collecting and recording indigenous medicinal knowledge from the rural communities	1.81	.76	7 th	LE
8	Capturing indigenous medicinal knowledge from the rural communities through Audio-Visual resources	1.91	.86	8 th	LE
9	Conductions of indigenous medicinal knowledge research	1.81	.76	9 th	LE
10	Codification of Indigenous medicinal knowledge resources	1.76	.56	10 th	LE
	Cluster Mean	2.05	0.85		LE

Key: L = Low Extent

Table 3 above, shows low extent of documenting the Tiv indigenous medicinal knowledge (IMK) as the mean scores of all the ten (10) items ranged from 2.42 to 1.76 with their respective rankings and the standard deviations ranged from 0.95-0.56 which fell within the limit of “low extent” categories.

IV. Discussion of the Findings

Table 1 shows that Indigenous medicinal practitioners had adopted different forms of documenting their medicinal knowledge such as oral narration among family members, people’s memories, use of physical objects like tying up medicinal plants/herbs prescriptions for reference purposes, use of signs/marks like incident or events that took place to remember the prescriptions, use of visuals like practical preparation of indigenous medicinal knowledge, use of audio means like beating of drums for specific ailment treatment and lastly written format. Key informant interviews granted to chairmen of indigenous medicinal practitioners from the study area revealed that:

“You can only find scanty documented information on indigenous medicinal plants and herbs with some practitioners that acquired formal education. But, majority of us use our memories, physical objects, signs and symbols as an art of documentation for the purpose of remembrance. However, any medicinal information stored in our memories cannot be easily forgotten, especially when we carry out these practices on regular basis except under an intensive health condition”. Majority of us don’t know how to read or write so we use physical things like medicinal plants and herbs descriptions tie them and keep mostly in native pots, calabashes and even on the roof of “Ate” (“Ate” is a native thatch house with wide open entries from both sides for resting in the day time) for remembrance. At times, we earmark a place in the bush or forest and buried our descriptions for future consultations.

In line with the present findings, Das and Sarkhel (2016), Magara (2002) and Sithole (2006) in their findings revealed that, the vast knowledge on traditional uses of plants is not fully documented and most of the knowledge is conveyed from generation to generation by word of mouth, generally preserved, stored and embedded in peoples’ minds, because local people are suspicious of the documentation of indigenous knowledge outside their oral exchange; they fear it will be misused, stolen and used against them or they will lose all claims to it and remain powerless. In an interview conducted by Adekannbi, Wole and Olatokun (2014) disclosed in their findings that, sometimes indigenous knowledge as preserved in artifacts handed down from one generation to the next and in virtually all of these systems, knowledge is transmitted directly from individual to individual. This observation was also reported by Das and Sarkhel (2016) that, the vast knowledge on traditional uses of plants is not fully documented and most of the knowledge is conveyed from generation to generation by word of mouth. By implication, indigenous forms of documenting information on indigenous medicinal knowledge entailed that, only few indigenous practitioners would have access to such knowledge. In case of fading memories, chronic ailments, relocation, earth quakes and floods, this information would be completely lost without preserving it for future generations.

Table 2 revealed that, library staff mostly identify indigenous medicinal knowledge from the Tiv rural communities through their Visitation to such areas. They often Observed their medicinal practices therefore they initiate and create a discussion forum with them. With the permission of the medicinal practitioners, library staff conducted interview session with them in order to get more facts for documentation. In addition, Library staff

wrote /jotting down the information gotten from the practitioners using different facilities. They also solicited information from indigenous medicinal practitioners using questionnaire and drawings where necessary. Also, libraries of the study employed the use of Audiovisual recording such as laptops, filming, tape recordings and photograph snapping for documenting indigenous medicinal knowledge of the rural communities. Ilo (2015) suggested that, availability of funds for the purchase and maintenance of such devices like digital camera, video camera, tape recorders, audio recorders, mobile phones, CDS, microfilms, computers, telephone and internet connectivity will enhance documentation. On the contrary, Lemu (2013) revealed that a large chunk of knowledge generated on Hausa indigenous knowledge medical practices remained undocumented because most of them have not been identified by the agencies for documentation. Joseph (2015) maintained that, documentation includes knowledge discovery, capture and creation, as well as knowledge classification and representation. Based on this, library staff acquire indigenous medicinal knowledge from practitioners codified into print and electronic formats like audio and video to make it widely accessible on the global information infrastructure.

Table 3 indicated that, libraries in the study area exhibited “low extent” of information documentation on indigenous medicinal knowledge. In essence, libraries have made little or no effort in the documentation of indigenous medicinal knowledge in the Tiv rural communities of Benue state. Hence, they had not made frantic efforts in the provision of digital technologies to ease documentation and identify the rural areas that mostly host this medicinal knowledge for documentation, even though, they are aware of the rich medicinal practices in the Tiv rural communities. Libraries use audiovisual resources to a minimum extent to capture and acquire indigenous medicinal knowledge for documentation, conducting research and recording information on indigenous medicinal knowledge from the rural communities. Other functions like compilation of bibliographies, abstracts and digitalization of information on indigenous medicinal knowledge as well as sponsorship by library administrations were not noticed in the study area. However, a paradigm shift in the library of the 21st century expects librarians to document variety of experiences from the Tiv rural communities for easy accessibility and safe preservation.

These findings are in agreement with Sithole (2006) who reported that, very little effort to capture and record indigenous knowledge for preservation has been done by libraries. Lwoga, Ngulube and StilWell (2010) and Steven (2008) in their findings stated that libraries have not been particularly focused on the documentation of African indigenous knowledge (AIK). This is in line with Lemu (2013) who revealed that, there was no worthwhile library in the study area to assist the documentation centers to manage the resources in the centers. It is also collaborating with Okore, Ekere and Eke (2009) which reveals that, libraries have made progress in the presentation and documentation of local culture on paper and digital format and have promoted the exchange of information. Adeniyi and Subair (2013) in their findings agreed that, libraries are charged with the responsibility of transmitting all forms of information and knowledge but they seem not to be bothered about indigenous medicine. Also, the key informant interview conducted with different chairmen of indigenous medicinal practitioners from local government areas of the study revealed that:

“We only know library as a place where books are kept for reading but these libraries can only be seen in seven (7) local government headquarters with very few staff therefore, their impact is not much noticed especially in the aspect of documenting indigenous medicinal knowledge in our communities”. “Medicinal plants/herbs are fast disappearing in our rural bush and forests. As a result, we trek long distances in search of these medicinal properties. Even right now, some of these medicinal plants and herbs have gone into extinction, unless you buy them from herb vendor who are usually in urban areas. Therefore, if libraries can come in to secure this medicinal knowledge for future generations, we will be happy. Our medicinal knowledge is a unique knowledge that had helped our rural communities for generations but, we are experiencing its rapid loss in recent times. Also, the sudden death and age of most of our experienced medicinal practitioners across the Tiv rural communities is a big blow. Majority of us (medicinal practitioners) with a wealth of knowledge and experience have already aged and started to have fading memories but our young ones are not ready to acquire this knowledge. Therefore, libraries should come and document this knowledge, make the practices popular and interesting to our children and youths who are literate”.

These findings collaborated with Okello, Nyunja, Netondo and Onyango (2010) revealed that, most complement alternative medicine plants used in treatment of local health traditions are generally becoming extinct due to over utilization, population explosion and for other anthropogenic reasons. Weldegerima, (2009) advanced that, the oral transmission of Complement Alternatives Medicine (CAM) by old people may be detrimental to its existence as the passing down of customs from one generation to generation is in imminent danger of disappearance following that this knowledge is without written records and the old age healers are dying. Masango, Mbarika and Ngwa (2012), Abbot (2014) and Ebijuwa and Mabawonku (2015) asserted that, the passing away of these old people with their knowledge may be dangerous if the knowledge is not documented and documentation of indigenous knowledge could reduce the incidence of indigenous knowledge loss. This call for libraries of the study to urgently document indigenous medicinal knowledge for preservation.

In conclusion, In Benue state, Tiv indigenous practitioners document their medicinal knowledge using oral narration, people’s memories, and physical objects for instance, tying of medicinal plants/herbs prescriptions,

signs/marks like incident or events that occurred, visuals- audio means like practical preparation of indigenous medicinal knowledge, beating of drums and written format. Also, visitation, observation, discussion forum, interview conduction session, the use of Audiovisual recording were different methods adopted by libraries in documenting indigenous medicinal knowledge from the rural communities. Additionally, this study advanced that not much has been done by libraries to document the Tiv indigenous medicinal knowledge.

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