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PERCEIVED INFLUENCE OF SOCIAL DEMOGRAPHICS CHARACTERISTICS OF THE TIV INDIGENOUS MEDICINAL PRACTITIONERS (IMPS) ON UTILIZATION OF LIBRARY INFORMATION RESOURCES IN BENUE STATE, NIGERIA

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Abstract
This study investigated perceived influence of social demographics characteristics of the Tiv indigenous medicinal practitioners on utilization of library information resources in Benue state, Nigeria. Descriptive survey research design was adopted for the study. Five research objectives, research questions and information utilization capacity theory guided the study. The population of the study comprised of 3326 registered indigenous medicinal practitioners (IMPs) and library staff. A sample size of 358 was determined using Taro Yamene's 1969 formula for finite population. Purposive sampling, stratified proportionate sampling and accidental sampling techniques were adopted for the study. A self-structured questionnaire with twenty-one (21) items was employed to analyze data was analyzed using frequency count, tables, mean and standard deviation. The result of the findings revealed that, Age groups, both genders, years of working experience and educational attainments were the social demographic characteristics of the Tiv indigenous medicinal practitioners (IMPs). It also reveals how Age groups, both genders, years of working experience and educational attainments were perceived to have influence on utilization of library information resources. In conclusion, these aforementioned highly influence utilization of library information in Benue state. The study recommends that Libraries

should at least once in a while organize an outreach to sensitize the Tiv IMPs on the need to utilize library information utilization in respective of genders and age groups.

Keywords: *Social demographic characteristics, indigenous medicinal practitioners(IMPs), library information resources, information utilization, Tiv rural communities.*

Introduction

Indigenous medicine remained the corner stone of all forms of medicinal practices in the world. Right from the ancient times till date indigenous medicine has played a remarkable role in the treatment of illness scourging the rural communities across the globe. Adesina (2015) estimated that, 80% of Nigerians particularly those living in the rural area preferring to solve their health problems consulting traditional healers. This medicinal practice is carried out by indigenous medicinal practitioners who also formed the integral part of the rural communities. The Tiv rural communities relay solely on indigenous medicinal knowledge (IMK) for prevention and cure of all illnesses in respective of the types. This is due to inadequate orthodox health facilities required to meet the health challenges of the rural communities, even though they remained the life-wire of the orthodox medicine. Akanbi and Aluko (2016) state that, the beauties of the trado-medical/indigenous medicinal practices (IMK) are aligned to its accessibility and affordability for the rural populace, where accessibility to orthodox medicine is limited by cost and inaccessibility. Lack of orthodox, high cost of medicines and abject poverty in the Tiv rural communities has forced majority of the rural communities to often seek medical attention from indigenous medicinal practitioners which are relatively cheap.

Indigenous medicinal practitioners (IMPs) acquired vast medicinal knowledge therefore serve their rural communities by providing treatment to different types of illness at all times. In Nigeria and Tiv rural communities in particular, there is a general conception that, for all illnesses indigenous medicinal practitioners have the ability to identify herbs and plants in the bush for its healings and prevention. As a result, the Tiv medicinal practitioners acquired wealth of medicinal knowledge and ensure its secretive for fear of exposing it to strangers and lose their source of income. It is the secret nature of the Tiv indigenous medicinal knowledge that has made it unique among many cultures in Africa. The Tiv indigenous medicinal practitioners (IMPs) have social demographic characteristics such as age, marital status, gender, academic discipline, level of study, designation, race, social background, ethnicity, religion. They also acquired vast knowledge of indigenous medicineand transmit to one

generation to another without any written documents due to unwillingness of practitioners to share and disclose this knowledge to others. Apart from family members and apprenticeship who imbibe the knowledge, indigenous medicinal practitioners (IMPs) in the Tiv rural communities usually die with their knowledge without proper documentation. Social demographic characteristics such as age, marital status, gender, education, economic income, race, ethnicity, religion etc. may influence utilization of library information resources in Benue state.

Libraries are the cultural pillars of any given society hence they formally document indigenous knowledge for easy accessibility and utilization. As a result, the Tiv indigenous medicinal practitioners who could not afford formal education may become great individuals by reason of having access to a library. Libraries as oases of information ensures acquisition, organization, dissemination, accessibility and utilization of information resources of all types. Information accessibility and utilization presupposes the removal of all barriers in format, content, cost, distance, time and language for effective dissemination of information to rural communities.

Objectives of the study

In the light of the foregoing, the present study is conceived and achieved through the following objectives:

1. Identify the social demographic characteristics of indigenous medicinal practitioners (IMPs) in Tiv rural communities of Benue state.
2. Examine perceived influence ofthe Tiv indigenous medicinal practitioner (IMP) Genders on utilization of library information resources in Benue state.
3. Ascertain perceived influence of the Tiv indigenous medicinal practitioners (IMPs) Age groups on utilization of library information resources in Benue state.
4. Determine perceived influence of the Tiv indigenous medicinal practitioners' (IMPs) years of practicing experiences on utilization of library information resources in Benue state.
5. Examine perceived influence of the Tiv indigenous medicinal practitioners' (IMPs) educational attainment on utilization of library information resources in Benue state.

Research Questions

1. What are the social demographic characteristics of indigenous medicinal practitioners (IMPs) in Tiv rural communities of Benue state?
2. What perceived influence does the Tiv indigenous medicinal practitioner

(IMP) Genders have on utilization of library information resources in Benue state?

3. What perceived influence does the Tiv indigenous medicinal practitioners (IMPs) Age groups have on utilization of library information resources in Benue state?
4. What perceived influence does the Tiv indigenous medicinal practitioners' (IMPs) years of practicing experiences have on utilization of library information resources in Benue state?
5. What perceived influence does the Tiv indigenous medicinal practitioners' (IMPs) educational attainment have on utilization of library information resources in Benue state?

Review of Related Literature

The practices of traditional medicines are deeply rooted and constitutes an integral part of the Tiv culture where different forms of indigenous medicinal practices have been used for treatment and prevention of illnesses in the rural communities for ages. Indigenous medicinal practitioners are also known as Traditional medicinal practitioners/Trado-medical practitioners/ traditional healers use of plants and herbs available in the bush and forest of rural communities to produce medicine that can heal or prevent diseases. Traditional healing practices include not only medicinal substances of natural origin but also items like magic (sorcery), charms, incantations, religious verses, spiritual methods, amulets, sacrifices, rituals, and even invasive physical and mental torture (National encyclopedia of Bangladesh, (nd)). Indigenous medicinal knowledge is normally practiced in secret and is stored in the practitioner's head. According to Khumalo et al (2018), traditional medicinal knowledge owners obtain their knowledge from various source such as parents and relatives who were once owners of this knowledge. Nokwanda and Dlamini (2021) points out that, knowledge is only shared with a chosen individual and it is tacitly held by owners as it remains in their heads. They researcher further advanced that, in South Africa, a great amount of valuable knowledge may get lost when the owners of this knowledge die or perish. This may have greater impact on Tiv rural communities hence their knowledge was not properly documented for consultation. Traditional healing practices in Bangladesh include mainly folk medicine based on locally-available substances, cultural practices, and religious rites, as well as Ayurvedic and Unani systems based on scientific use of pharmaceutical methods and technology (Haque, et al., 2018). In the Tiv rural communities, there seems to be no village where indigenous medicine is not practiced for the delivery of healthcare since it is an integral part of their local

practiced for the delivery of healthcare since it is an integral part of their local culture. Indigenous medicinal practitioners who served as the healthcare giver in the rural communities have social demographic characteristics such as genders with different age groups, wealth of experiences and education attainment that may influence their medicinal practices.

Both males and females constituted the rural communities with vast knowledge of indigenous medicinal practicing experiences. Pant (2015) revealed that in Indian Central Himalay region, women possess more knowledge on the use of plants in indigenous medicinal practices than men. Das and Sarkhel (2016) states that, tribal peoples become the store-house of knowledge of many useful as well as harmful plants, build up knowledge and transmit from one generation to another without any written documents. Similarly, Plants and herbs often used as raw materials for preparing indigenous medicine are usually found in the bush and forest of the rural communities. In Tiv rural communities, most indigenous medicinal practitioners carry out their practices on a full-time basis while some indigenous practitioners combined with farming activities, hunting, fishing, blacksmith, pottery, animals rearing and government work.

In addition, many indigenous practitioners from different communities across the globe are using several plants or animal products within their communities for medicinal preparations and these medicines are known as ethno-medicine/ traditional medicine/ trado-medicinal knowledge etc. Indigenous medicinal practitioners depend entirely on nature such as forest, rivers, herbs, plants, animals and other products to treat illnesses in Tiv rural communities. In addition, other social-demographic characteristics that portray indigenous medicinal practitioners in rural communities such as gender, age, areas of specialization, number of household size, marital status, working experience and educational background. Indigenous medicinal knowledge in Tiv land is a gender – based practice however men seem to dominated this health sector. Age, gender, working experience and educational attainments could be possible social demographic characteristics that exert influence on IMPs use of library information resources in Nigeria and Benue state in particular. In Tiv rural communities of Benue state, both male and female genders are involved in indigenous medicinal practices but due to the difficult task of moving in the forest and bush in search of medicinal properties have restricted a majority of the females from participating fully in the rural health sector.

In addition, Fajardo et al. (2017) advance that, traditional health practitioners or herbalists of Bolinao, Pangasinan socio-demographic profile indicated that they were mostly male with an age of 60 and above, married, had elementary

graduates, catholic, have more than three children with 16-20 years of experience in traditional healing and have the primary fishing occupation. On the contrary, Chali et al (2021) maintains that, majority of the indigenous medicinal practitioners were females, married and more than half of the respondents were Muslims with a steady monthly income. Indigenous medicinal practitioners mostly developed interest in the indigenous health sector from young age therefore; acquire wealth of experiences as they grow into old age. this Olatokun, and Regassa cited in Annune (2018) affirms that, majority of the practitioners had no formal education, though a handful of them had primary education, attended modern schools and few went to technical colleges but none of them went for higher education. Recently, it has been noticed that some of the Tiv indigenous medicinal practitioners have acquired tertiary educational certificates though not necessarily in health-related programs. The demographic characteristics of the traditional medical practitioners such as age, educational background, income, gender, ethnic background, experience etc. actually determine their performance level, improve the indigenous knowledge preservation and lots more (Modish Project, 2022). Social demographic characteristics of IMPs is very important hence its capable of influencing utilization of library information resources.

Information resources available in libraries for utilization by IMPs include books, print media-newspapers, journals, magazines, bulletins, brochures, flyers, posters, government publications, encyclopedias, dictionaries, geographies, maps, atlases, microform, microfilm, periodicals, DVD, RAM, CD-ROM, computer, cassettes, painting, videos, floppy disk, compact disks, pamphlets, television etc. Libraries also acquire information resources in soft copy such as CDROM, databases, internet resources, audio materials, video materials, microforms, among others as well as hardcopy such as printed books (Babcock, 2018). Libraries provide access to information resources ranging from print to non-print resources to ensure easy utilization by indigenous medicinal practitioners. However, poor utilization of library information resources by Tiv indigenous medicinal practitioners could be attributed to influence of social-demographic factors. Marmot and Michael, quoted by Okuonghae and Osedumme, (2019) states that, demographic factor is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position relative to others, based on income and education, and occupation. Furthermore, Okuonghae and Osedumme (2019) report that, Age has its implication on the use of library information resources as such; younger ones tend to patronize the use than the older ones and educational

background or level of education can play a role in library information resources use, because their educational status determines how they use the resources. Social demographic characteristics of the Tiv IMPs have played a critical role in utilizing of library information resources across the globe.

Theoretical Framework

The Information Utilization Capacity Theory was propounded by Curras, E. in 1986 (Zaid, 2009). The theory explains information utilization in terms of access (both physical and intellectual) to information. Information utilization dependent on the capacity of the user to access information and later utilize it. The capacity to utilize available information is dependent on certain cultural, socio-economic, political and geographical variables. This theory is relevant to this study in the sense that libraries must identify the educational background of Tiv rural communities and provide relevant and adequate indigenous medicinal knowledge information resources in accordance with this level to ensure its effective utilization.

Methodology

The study adopted the descriptive survey design. This design is ideal because it is based fundamentally on the opinions, views and resources available in Benue state. Benue state is located in North central Nigeria with twenty-three (23) local government areas. Out of which fourteen (14) Local Government Areas, fifty (50) rural communities and four thousand three hundred and ninety- two (4392) villages are occupied by the Tiv people (Tser, 2013, National Population Commission (NPC), 2009). Benue State has one (1) national library branch, 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 population of the study comprised of 3326 registered indigenous medicinal practitioners (IMPs) and library staff. A sample size of 358 was determined using Taro Yamene's 1969 formula for finite population. Purposive sampling and stratified proportionate sampling techniques were adopted for the study. Any practitioner or library staff that was accidentally stumbled on in each rural community/library of the study area was used as a sample for data collection. Self-developed questionnaire with twenty - one (21) items were drawn based on objectives of the study. The response modes and the rating scales of Strongly Agreed=SA (4), Agreed=A (3), Disagreed=D (2), Strongly Disagreed=SD (1), Very Highly Influence =VHI (4), Highly Influence =HI (3), Low Influence =LI (2) and Very Low Influence =VLI (1) were used for all the clusters. Descriptive statistics of frequencies tables, mean and standard deviation were adopted for the study. The

findings of this study are expected to fill the gap of research dearth in the area.

Data Analysis and Discussion of Results

Table 1: Mean responses of Social Demographic Characteristics of the Tiv IMPs of Benue state

No. of Resp.= 358

S/N	Social Demographic Characteristics of Tiv IMPs	Mean ($\bar{x}$)	Std. Deviation	Decision
1	Many Tiv IMPs are Males	3.61	.69	A
2	Females' involvement in IMK practices is at minimal level	3.56	.66	A
3	Practicing of IMK cut across all Ages	3.36	.59	A
4	IMPs have years of practicing experiences	3.48	.68	A
5	Some IMPs acquire formal education	3.55	.63	A
6	Majority of IMPs have no formal education	3.36	.87	A
	Cluster Mean	**3.48**	**0.68**	**A**

Key: A = Agreed

Table 1: revealed the mean scores of all the six (6) items ranges from 3.61 - 3.36 with their respective standard deviations ranged from .59 - .87 which falls within the agreed categories implying that, all the items in the above table are social demographic characteristics of the Tiv indigenous medicinal practitioners (IMPs) of Benue state.

Table 2: Mean responses on perceived influence of the Tiv IMP Genders on utilization of library information resources in Benue

No. of Resp.= 358

S/N	Tiv IMP Genders influences utilization of library information resources	Mean ($\bar{x}$)	Std. Deviation	Decision
7	Male genders	3.29	.96	HI
8	Female Genders	2.47	.97	LI
	Cluster Mean	**2.88**	**0.96**	**I**

Key: HI = Highly Influence, LI = Low Influence

Table 2: reveals the mean score of an item seven (7) with 3.29, the standard deviations of .96 and cluster mean of 2.88 fells within the high influence category, which indicates that, the Tiv IMPs male gender have high influence on utilization of library information resourcesin Benue state while the female genders have low influence.

Table 3: Mean responses on perceived influence of the Tiv indigenous medicinal practitioners (IMPs) Age groups on utilization of library information resources in Benue state.

No. of Resp. = 358

S/N	IMPs Age group distribution	Mean ($\bar{x}$)	Std. Deviation	Decision
9	Age 1- 20	3.00	.80	HI
10	Age 21- 40	2.90	. 96	HI
11	Age 41- 60	3.00	.80	HI
12	Age 61 and above	1.55	.77	LI
	Cluster Mean	**2.33**	**0.83**	**HI**

Key: HI = Highly Influence, LI = Low Influence

Table 3 shows that items nine (9) – eleven (11) with the mean scores of 3.00 –2.90, standard deviation of .80 and .96 respectively fell within the highly influence categories with cluster mean of 2.33. This reveals disparities in age groups of the Tiv IMPs that may highly influence utilization of library information resources in the study area. While items eleven twelve (12) with mean scores of 1.55 and standard deviation of .77 fell within low influence categories respectively.

Table 4: Mean responses on perceived influence of the Tiv indigenous medicinal practitioners' (IMPs) years of practicing experiences on utilization of library information resources in Benue state.

No. of Resp. = 358

S/N	IMPs' years of practicing experiences	Mean ($\bar{x}$)	Std. Deviation	Decision
13	Age 1- 15	3.05	.84	HI
14	Age 16- 30	3.02	.77	HI
15	Age 31- 45	3.46	.76	HI
16	Age 46 and above	1.76	.71	LI
	Cluster Mean	**2.82**	**0.77**	**HI**

Key: IH = Highly Influence, LI = Low Influence

Table 4 reveals that all the items ranged from 13 – 15 except item 16 with their respective mean score of 3.05, 3.02, 3.46, standard deviation of .84, .77, .76 and cluster mean of 2.82 fell within the High influence categories. This indicates that indigenous medicinal practitioners' years of practicing experiences will highly influence utilization of library information resources in Benue state. While item 16 fells within the low influence categories which shows that, as the Tiv IMPs advanced in age, they relied mostly on their accumulated wealth of experiences rather than utilizing library information resources.

Table 5: Mean responses on perceived influence of the Tiv indigenous medicinal practitioners'(IMPs) educational attainment on utilization of library information resources in Benue state.

No. of Resp. = 358

S/N	Tiv IMPs educational attainment	Mean ($\bar{x}$)	Std. Deviation	Decision
17	Non- formal education	1.73	.64	LI
18	Primary Education	1.93	.78	LI
19	Secondary Education	3.21	1.02	HI
20	N.C.E/Diplomal	2.98	.87	HI
21	Undergraduate and above	2.90	.92	HI
	Cluster Mean	**2.55**	**0.84**	**HI**

Key: IH = Highly Influence, LI = Low Influence

Table 5 above reveals the mean score distribution of items 19 – 21 with their respective mean score of 3.21, 2.98, 2.90, standard deviation ranged from 1.02 – .87 and cluster mean of 2.55 fell within high influence categories. While items 17- 18 with non-formal education and Primary Education with mean score of 1.73 and 1.93 fells within the low influence categories. This implies that educational background of the Tiv IMPs can highly influence utilization of library information resources in the study area.

Discussion of Results

The study reveals the social demographic characteristics of indigenous medicinal practitioners that, Males dominated the indigenous medicinal sector in the study area. However, female participation cannot be overemphasized as both sexes of different age groups were involved in indigenous medicinal practices. Male domination of the indigenous health sector may be due to the nature of the job which requires hard labour. Therefore, only few females could cope with trekking long distances in the bush in search of medicinal herbs and plants. These findings are in agreement with Shapi, Matengu and Ashekele (2009) who reported that, traditional healing is a gender – based practice; although in some communities both men and women perform this practice however, men dominate this health sector. Also, Fajardo etal. (2017) advance that, Traditional health practitioners or herbalists of Bolinao, Pangasinan socio-demographic profile indicated that they are mostly male, have an age of 60 and above, married, elementary graduates, Catholic, have more than three children, have 16-20 years of experience in traditional healing and have the primary fishing occupation. In addition, practicing of IMK in the Tiv rural communities is carried out by all age groups and most of the IMPs have many years of practicing experiences. This is an indication that, most of them became practitioners since childhood by accompanying their parents or other practitioners while scour for medicinal plants/herbs collection and in the course of treating patients. From these interactions, they became interested and were motivated to practice the profession. With a wealth of medicinal knowledge, the well trained Tiv indigenous medicinal practitioners could provide accurate medicine for the treatment of ailments because they had ability to retain and recollect medical knowledge in memory. This therefore made them to excel in the Tiv rural communities due to the vast skills and experience they acquired in the profession. Majority of these practitioners have no formal education therefore there was high illiteracy rate in the Tiv rural communities. This notwithstanding, some IMPs had formal education that cut across all levels of education such as primary school,

secondary school, NCE/ Diploma, undergraduate and above. This may enable them to highly influence utilization of library information resources.

Also, the findings reveal that both genders can be perceived as influencing utilization of library information resources though the female genders influence utilization of these resources at a low level. The findings also disclose that the Tiv IMPs' cut across all age groups however ages 1-60 were perceived to have more reasoning ability as well as curious in discovering new methods /ideologies of treating illnesses in their rural communities that may highly influence utilization of information resources. From 60 years and above due to advance in age, fading memories/memory lost may have low influence on utilization library information resources. Similarly, Okuonghae and Osedumme (2019) report that, Age has its implication on the use of library information resources as such; younger ones tend to patronize the use than the older ones and educational background or level of education can play a role in library information resources use, because their educational status determines how they use the resources. In addition, the findings perceived the Tiv IMPs' years of practicing experiences as highly influencing utilization of library information resources most especially from 1- 45 years where they may want to keep abreast with the trend in indigenous medicinal practices. Also, the findings reveal that, Secondary Education,N.C.E/Diplomal, Undergraduate and above were perceived as educational attainment of the Tiv IMPs' that can highly influence utilization of library information resources in Benue state. Although there were some Tiv IMPs' that attended primary education as well as has no formal education but may lowly influence utilization of library information resources in Benue state hence the availability of rural libraries in their communities. In line with this Olatokun, and Regassa cited in Annune (2018) reports that, majority of the practitioners had no formal education, though a handful of them had primary education, attended modern schools, had secondary school certificates and few of them went to technical colleges but none of them went for higher education.

Conclusion

Both genders with different age groups, years of working experiences and educational attainment formed the social demographic characteristics of the Tiv indigenous medicinal practitioners (IMPs). These characteristics were mostly perceived to highly influenced utilization of library information resources in Benue state.

Recommendations

The study recommended the following:

1. Libraries should at least once in a while organize an outreach to sensitize the Tiv IMPs on the need to utilize library information utilization in respective of genders and age groups.
2. Libraries should encourage IMPs not to depend only on their indigenous medicinal knowledge experiences but utilize library information resources in order to acquire more knowledge of treating illnesses in their rural communities.
3. There should be provision of adult literacy classes to illiterate indigenous medicinal practitioners so as to enable them utilize library information resources.

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