



Perception of Traditional Medicine Practitioners towards Formal Information Sources in Delta State

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Abstract

Traditional medicine practice has gained increased popularity over the years, however, documenting its knowledge and practice methods have been an uphill task mainly because of its secretive nature. There is little information on the perception of traditional medicine practitioners towards formal sources of information and the preservation of their knowledge and practice. The study sought to investigate the perceptions of traditional medicine practitioners towards formal information sources and their perceptions towards the storage of their medicinal knowledge in these formal sources in Delta State, Nigeria. Four research questions guided the study and the descriptive survey design was employed. A self-structured questionnaire was used to gather data from 82 traditional medicine practitioners in Delta State. The study found that the commonest form of traditional medicine practiced in the state is herbal. The practitioners rely mostly on oral information sources and their perception of formal sources of information is very low. In addition, the traditional medicine practitioners are not interested in having their knowledge of traditional medicine captured and stored in formal sources because they feel that their knowledge about traditional medicine is sacred and cannot be written down or recorded. Among others, the study recommended the need for an awareness campaign to be carried out by public and medical libraries in Delta State, to sensitise traditional medicine practitioners about information resources that are of relevance to them that are available in libraries.

Keywords: Preservation, Traditional Medicine: Traditional Practice: Knowledge: Libraries.

Introduction

Traditional medicine refers to a class of health care practices and products advanced by indigenous cultures that combine plant, animal and mineral-based remedies, spiritual therapies and manual approaches to treat sickness and foster wellbeing (World Health Organization, (2003). Traditional medicine is practiced across the globe, with many especially in most rural communities relying on it for health services. It is believed that about 85% of Nigerians make use of the services provided by traditional medicine not only for health matters but also for social and psychological gains (Adeleja, 2016). With reports of their use for tackling malaria, diabetes, HIV, hypertension, epilepsy, asthma, mental illness, cancer, etc. According to Li, Odedina, Agwai, Ojengbede, Huo and Olopade (2020), traditional medicine has become very popular and this has made it experience increased attention worldwide, especially as its financial value has recorded a continued increase (World Intellectual

Property Organization (WIPO), 2015).

Despite its popularity, one major attribute of traditional medicine is that it is shrouded in secrecy. This is because, the knowledge about its practice is still mainly tacit (Dlamini & Nokwanda, 2021) and very little of this knowledge has been recorded in formal sources of information (Mokgobi, 2014). Because of this secrecy, a vast portion of traditional indigenous information gets lost when a traditional medicine practitioner dies (Khumalo, Khumalo & Nsindane, 2018). Hence, Abbott (2014) noted that documenting and protecting the knowledge of those who practice traditional medicine is becoming of greater priority. However, documentation of this knowledge is believed to still be hindered by the high level of secrecy surrounding it.

Serval studies have investigated the information use and seeking behaviour of traditional medicine practitioners and knowledge bearers. Some other studies have looked into access to information by

traditional medicine practitioners, however, there is very scanty literature on how they perceive formal preservation of their knowledge and practice. Thus, to protect and persevere knowledge, an attempt is made to identify how traditional medicine practitioners access formal information and their perceptions towards the storage of their medicinal knowledge in these formal sources in Delta State, Nigeria.

Research Questions

This study provided answers to the following research questions:

1. What are the common forms of traditional medicine practice in Delta State?
2. What are the sources of information used by traditional medicine practitioners in Delta State?
3. What are the perceptions of traditional health practitioners in Delta State towards formal sources of information?
4. What are the perceptions of traditional medicine practitioners in Delta State towards capturing their knowledge into formal sources of information?

Literature Review

Traditional medicine refers to health care practices and products tied to indigenous cultural beliefs. It is often related to medical knowledge advanced by indigenous cultures that infuse the extracts from several natural materials for treating sicknesses and or to maintain overall wellbeing (World Health Organization, 2003). According to WHO (2013), it is the total sum of cognition, competencies and customs that depend on the theories, beliefs and wisdom of indigenous cultures. Sometimes these customs are inexplicable, however, they maintain health, prevent illness, diagnose conditions and function to improve or cure physical and mental illnesses because they have been seen to be effective over a long period of use. Abbott (2014) stated that, in many cultures around the world, traditional medicine is a well-established system that caters to the well-being of the majority of citizens.

In Nigeria, traditional medicine has also gained recognition. Formal legislation by the Ministry of Health in 1966, advancing traditional medicine was instituted. This piece of legislation gave the University of Ibadan the right to conduct research into the medicinal properties of indigenous plants. In addition, the National Primary Health Care Development Agency was given the responsibility of overseeing the activities of traditional birth attendants in 1992

and the National Traditional Medicine Development Programme was inaugurated in 1997. These efforts by the Ministry of Health have resulted in some form of formal recognition for traditional medicine and its practitioners in Nigeria.

Khumalo, Khumalo and Nsindane (2018) explained that traditional medicine is covered in secrecy, and tacit. Khumalo, Khumalo and Nsindane further stated that those who possess traditional medicine knowledge got such knowledge from understudying parents and relatives who had the abilities and competencies which were regarded as special gifts that could only be handed down and shared with chosen individuals and were mostly communicated orally. In some cases, families specialized in curing specific illnesses and some practices were restricted geographically (African Technology Policy Studies Network, 2013).

Commonly seen, however, is that most traditional medicinal practitioners are not literate. They function on traditions, instructions and beliefs orally handed down by their fathers or ancestors. Often displaying deep and personal involvement in treatment processes and protecting the knowledge of the therapeutic effects of medicinal plants by keeping it secret (Ihekwoaba, 2014). According to Ibrahim Egharevba, Jegede, Ugbabe, Muazzim and Gamaniel (2016), the knowledge is thus mostly found among older or middle-aged people and predominantly males. Okwor, Ihekwoaba and Ugwuanyi (2014) identified some forms of traditional medicine practitioners including:

Herbalists: They practice the treatment of illnesses using mainly plants or extracts from plants.

Traditional surgeons: They locally perform surgical procedures such as male and female circumcision, tribal marks, tooth extraction, etc.

Bone setters: They are trained in the traditional art of bone and joint manipulation.

Traditional medicinal ingredient dealers: These dealers involve themselves in buying and selling plants, animals and insects. Minerals and other special ingredients/materials are needed in herbal preparations.

Traditional psychiatrists: They are skilled in the ways of curing mental illness and managing mental health disorders.

Practitioners of therapeutic occultism: They include diviners, fortune tellers, seers, priests and priestesses. They sometimes practice occultism and mysticism, often engaging supernatural or mysterious

forces, magical powers, incantations and ritual practices in their treatment of illnesses and diseases.

Traditional Midwives: Also called traditional birth attendants (TBA), the skilled in the provision of care to women, during and after pregnancy.

According to Ekeopara and Ugoha (2017), traditional medicine has contributed immensely to the growth of health services delivery in Nigeria through the rendering of various types of traditional medical services through the use of different healing methods. Isola (2013) investigated the importance of African traditional medicine in health care delivery services in Nigeria. Using the interview and questionnaire to collect information, data collected were analysed using descriptive methods. Results showed that African traditional medicine has been very effective and has been around long before orthodox medicine in Nigeria.

In much earlier research, Olatokun and Ajagbe (2010) examined the information-seeking behaviour of traditional medical practitioners who claim to be able to treat and manage sickle cell anaemia in Nigeria and revealed that, most of them seek information from informal sources, such as fellow traditional practitioners and preserved their information orally. In addition, the authors observed low educational qualifications among the practitioners and this affected their access to information that could improve their services. Also, a similar study by Adeniran (2021) on the information needs and information sources consulted by traditional medicine practitioners in Alimosho LGA of Lagos State showed that the TMPs require health information, scientific, legal, conservation and management, amongst others, to be successful in their practice. The majority got relevant Information through inspiration, while lack of adequate Information was among the challenges the TMPs identified.

Information Use Environments (IUE): Taylor's Analytic Model

The information use environment is an analytic framework developed by Taylor in 1991 is adopted for this study. According to Taylor (1986), the information use environment (IUE) consists of elements that affect how information messages flow and how they are used. They also determine the criteria by which the value of information messages will be judged. The model also states that information is available in the environment in different forms and interacts with human information-processing capabilities. Taylor wanted to understand the forms of information

desired by different groups or professionals, their preferred modes of access, and what possible system enrichment could be provided so that information use might be improved, thus the information use environment is used to explain the potential value that information carries, that this value is in the head of the user. The information-use environments have four major components:

- People: or professionals whose need for and use of information is similar;
- Problems: where an information need arises from
- Problem Resolutions: method and means engaged to find a solution to the problem, and
- Setting: those parts in an organizational structure that enabler and/or constraints on the information behavior that occurs within that structure (Edwards, 2012).

Taylor (1991) suggested that potential information users can be classed based on professional and/or social characteristics. While each group deals with their category of problem, the work and social settings of the group and beliefs are what make up the resolution of a problem. The information use environment model is useful for this study because it analyses the context that which individuals (in this case, traditional medical practitioners) seek information (Hersberger Murray and Sokoloff 2006). It explains the problem which is the source of information that traditional medicine practitioners mostly use, how they try to access information that they need for their practice and the field of their practice itself is the setting. Taylor's model also explains conditions associated with information use and places emphasis on the outcome or the decision reached arising from information used which may change the individual's capacity to act' (Choo, 2006: 65).

Research Methodology

This study is a descriptive survey. The population covered all traditional medicine practitioners in Delta State, Nigeria. The sample is 90. This consist of 15 traditional medicine practitioners from six communities across Delta State (the sample breakdown is presented in Table 1). The study made use of the purposive sampling technique. This helped to ensure that traditional medicine practitioners who were considered very good at their practice in their communities were included. A questionnaire and interview were used to collect information from the medical practitioners. The instrument was a

self-structured questionnaire titled: “Perception of Traditional Medicine Practitioners towards Formal Information Sources Questionnaire (PTMPFISQ)”. The instrument has two main parts, part A collected biodata information from traditional medicine practitioners and part B consisted of closed-ended questions which collected information relevant to answering the research questions. To successfully communicate with the medical practitioners the Researcher employed the services of one research assistant in each community visited who interpreted and spoke local dialects to the respondents where they were unable to understand the English language. The data collected were analyzed with descriptive statistics such as frequency and percentage and presented in tables and bar charts. The total number of copies of the instrument distributed was 90, while 82 were returned and found usable. This gave a total response rate 91.1%.

Results

Table 2 presents the biodata distribution of respondents. Firstly, most respondents are between the ages of 51-60 years with 41.4%, followed by those who are above 60 years with 31.7%.

Table 1. Sample Size for Traditional Medicine Practitioners

	Localities	No of Respondents
Traditional Medicine Practitioners	Abraka	15
	Asaba	15
	Warri	15
	Oghara	15
	Ughelli	15
	Agbor	15
Total		90

Table 2: Biodata

	No.	%
Age		
20-30	3	3.6
31-40	9	11
41-50	10	12.1
51-60	34	41.4
Above 60	26	31.7
Gender		
Males	61	74.3
Females	21	25.7
Educational Qualification		
No formal Education	16	19.5
Primary 6 Certificate	28	34.1
Junior WEAC Certificate	14	17
Secondary School Leaving Certificate	21	25.6
BSc or its Equivalent	2	2.4
Masters or its Equivalent	0	0
Others Pls Specify	1	1.2

This means that almost half of the traditional medicine practitioners in Delta State are elderly. On gender, 74.3% are males and 25.7% are females, that is, there are more male than female traditional medicine practitioners in Delta State. As regards their educational status, the majority (34.1%), had only primary education. 25.6% had secondary school education and 19.5% of the respondents indicated no formal education at all. In addition, the practitioners do not possess postgraduate education, while the only

other qualification 1.2% indicated that they had a trade test certificate. This means that traditional medicine practitioners in Delta State have a minimum level of formal education.

Answering Research Questions

Research Question One: What are the common forms of traditional medicine practiced in Delta State?

From Figure 1, it is seen that the most practiced form of traditional medicine is herbalist as indicated by

Figure 1. Forms of Traditional Medicine Practice in Delta State

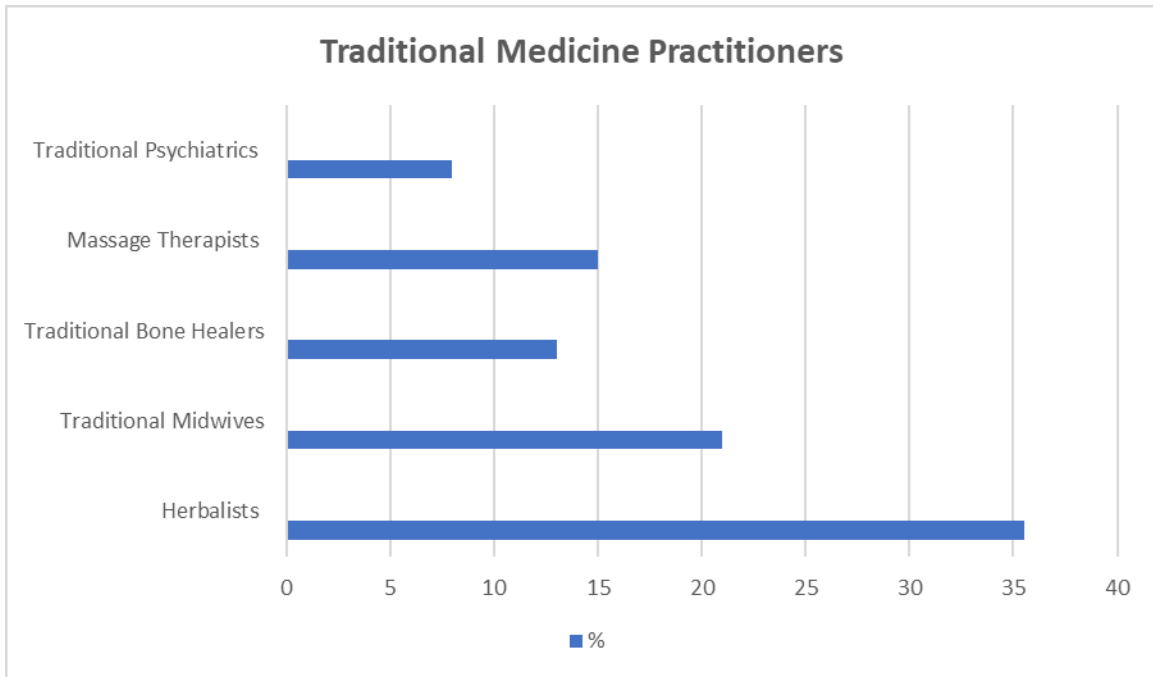
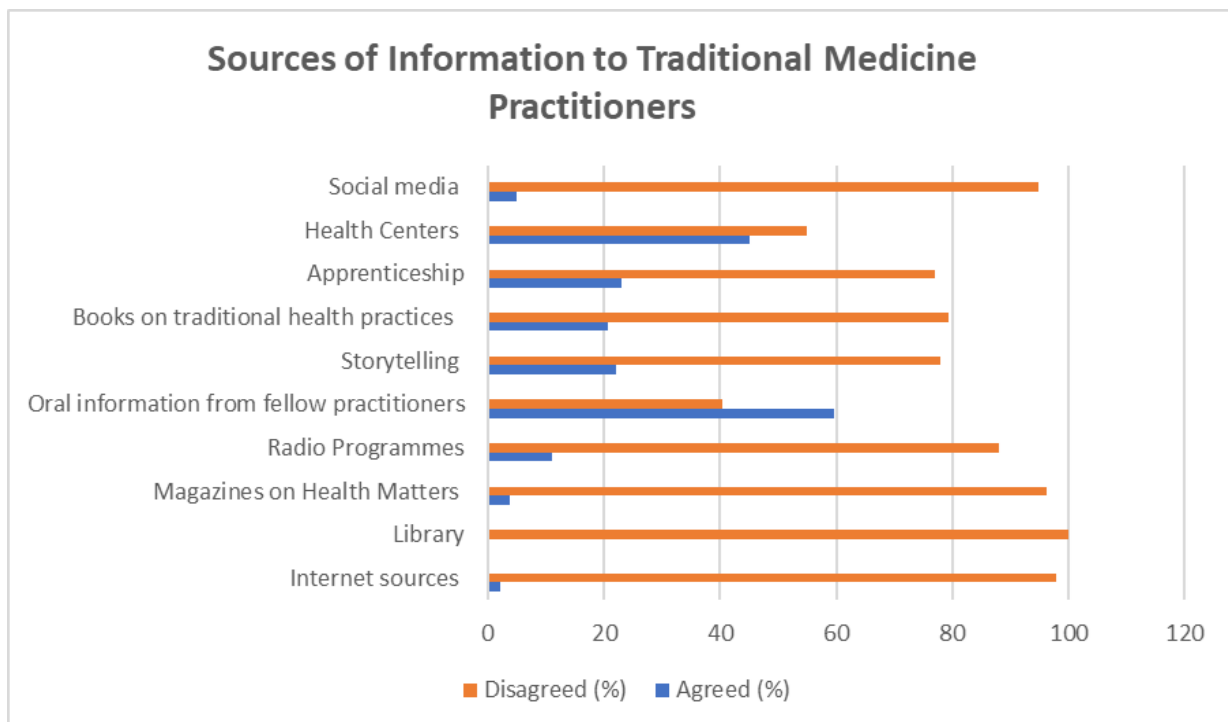


Figure 2. Sources of Information



29 (35.5%). This is followed by traditional midwives as indicated by 19 (21%). 15 (18%) are massage therapists, followed by traditional bone healers 13 (16%). The least popular are the psychiatrists who are 8 (9.5%).

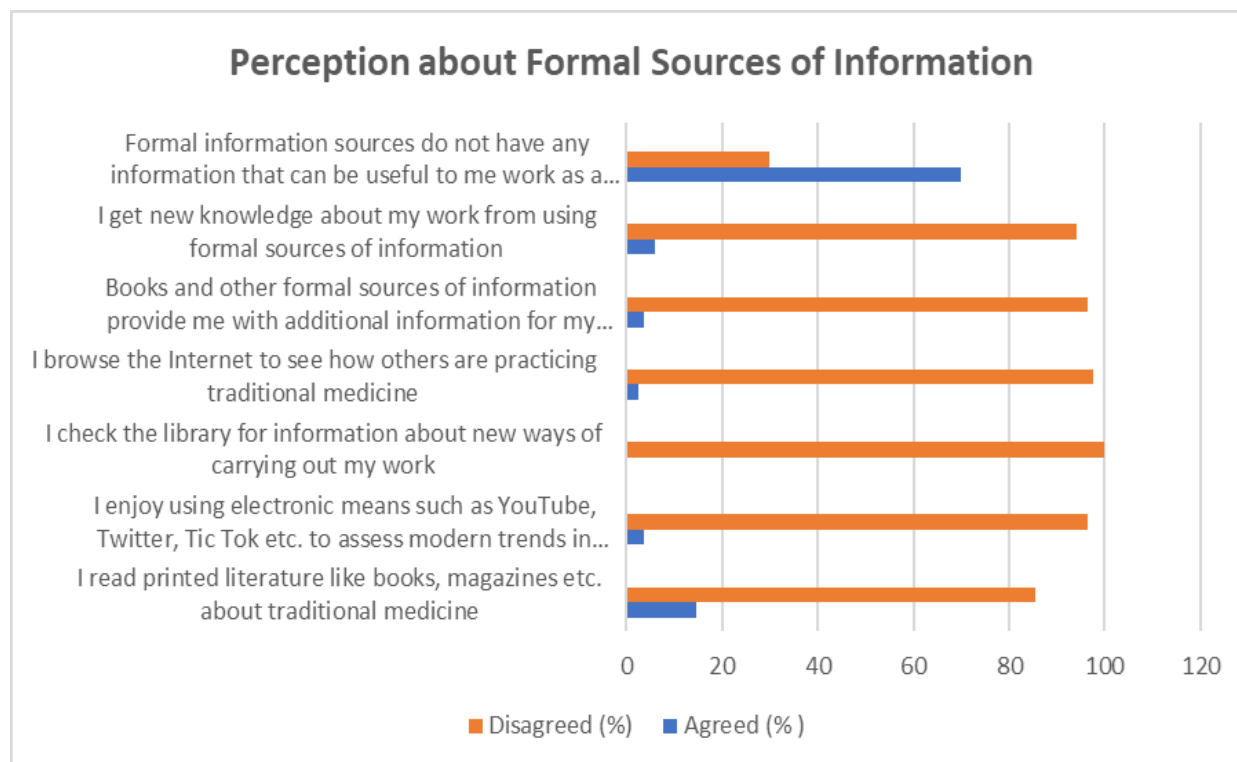
Research Question Two: What are the sources of information used by traditional medicine practitioners in Delta State?

Figure 2 is a representation of the sources of information used by traditional medicine practitioners.

59.7% of them indicated oral information from colleagues as their main source of information. 45% of them get their information from health centers, 23.2% indicated apprenticeship, while 22% indicated storytelling. None of the medical practitioners relied on the library (0%) for information. Internet sources, social media and radio programmes had low usage with 1.2%, 5% and 11% respectively.

Research Question Three: What are the perceptions of

Figure 3. Perceptions about Formal Sources of Information

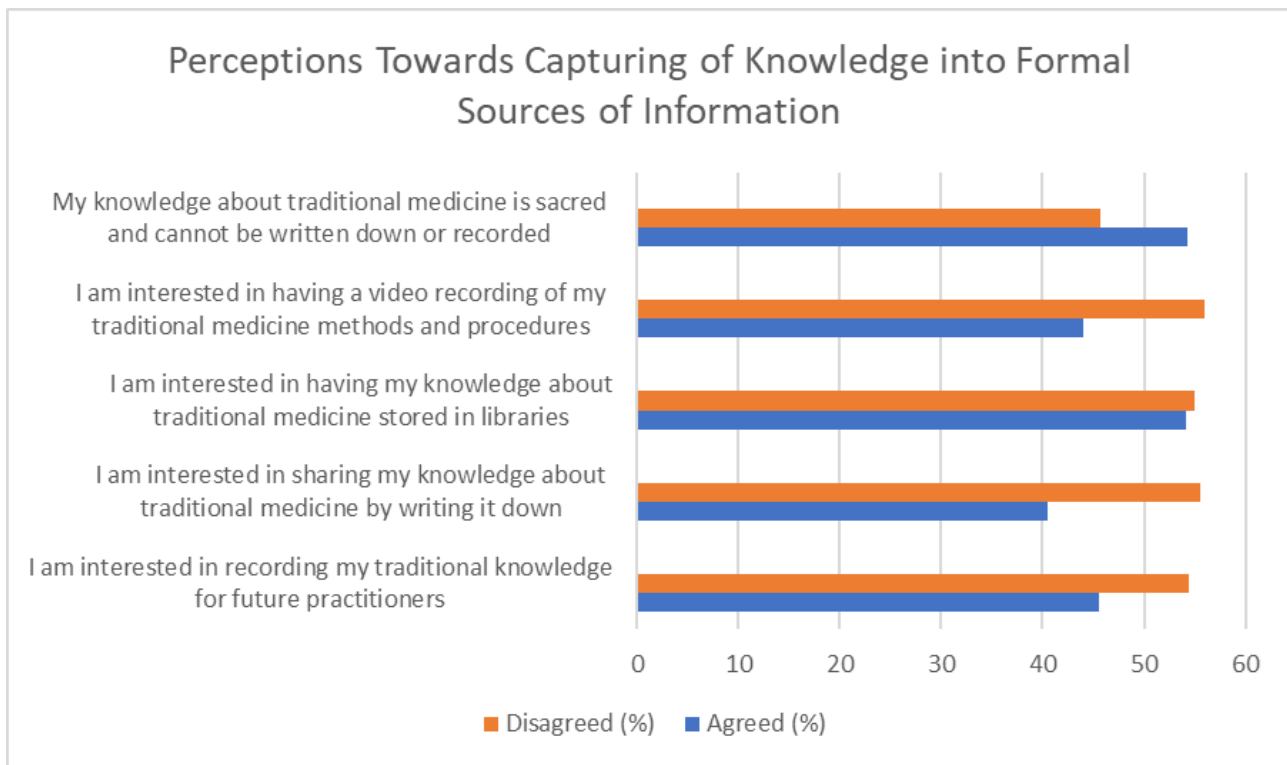


traditional medicine practitioners in Delta State about formal sources of information?

Figure 3 is a representation of perceptions of traditional medicine practitioners towards the use of formal sources of information. A cursory look at the figure shows that the overall perception of traditional medicine practitioners about formal sources of information is poor. For instance, none of them (0%) checked the library for information about new ways of carrying out my work and only 3 (3.6%) enjoyed using electronic means such as YouTube, Twitter, Tic Tok, etc. to assess modern trends in traditional medicine practice. The use of books and other formal sources of information as means of getting additional information for practice was also low. More so, the majority 58 (70%) indicated that formal information sources lack the information that can be useful to them as traditional medicine practitioners.

Research Question Four: What are the perceptions of traditional medicine practitioners in Delta State towards capturing their knowledge into formal sources of information?

Figure 4 presents how traditional medicine practitioners perceive the capturing of their knowledge into formal sources of information. The result shows that the practitioners are not positive about the capturing of their knowledge. About half, 36 (44%) are interested in having a video recording of their traditional medicine methods and procedures and 30 (36.5%) are interested in sharing their knowledge about traditional medicine by writing it down. On the other hand, 51 (74.3%) feel that their knowledge of traditional medicine is sacred and cannot be written down or recorded.

Figure 4. Perceptions Towards Capturing of Knowledge into Formal Sources of Information

Discussion of Findings

Most traditional medicine practitioners are between the ages of 51-60 years, are males and have only primary education. This implies that those practicing traditional medicine in Delta State are elderly, advanced in age and with very low formal education. This corroborates an earlier finding presented by Olatokun and Ajagbe (2010) that the practice of traditional medicine in Nigeria is male-dominated with most of the practitioners having a low level of education. The report shows different forms of traditional medicine practices in Delta State. The majority are herbalists, who are involved in the treatment of illnesses using mainly plants or extracts from plants. Traditional midwives and massage therapists are also popular among them. Traditional bone healers and traditional psychiatrists are less popular but there are few of them practicing in this aspect. This result corresponds with an earlier finding of Balogun & Odeyemi (2010) who reported that traditional midwives, herbalists and massage home therapists are common forms of health practices among traditional health practitioners.

The result on sources of information used by traditional medicine practitioners reveals that the respondents make use of oral information from their colleagues as their main source of information. This is followed by information from health centers and information from apprentices. Traditional medicine

practitioners do not rely on the library for information. Very few of them consulted Internet sources, social media and radio programmes for information. This result implies that traditional medicine practitioners are not interested in making use of formal sources of information, they depend on their old ways of oral communication from their trusted colleagues, stories from seniors and even information received as far back as when they were an apprentice. Although they indicated that they made use of information from health centers around them, this may also be communicated orally to the primary health care workers. This result is worrisome considering, especially in this 21st Century where many are taking advantage of formal sources of information to not just learn but also spread information about their activities. This agrees with an earlier finding by Owen and Fang (2003) where textbooks or journal literature were not regarded as useful to the practitioners. Olatokun and Ajagbe (2010) also reported that the majority of traditional medical practitioners in Nigeria sought information mainly from informal sources, especially from their counterparts. It also corroborates the finding of Adeniran (2021) that most traditional medicine practitioners acquire relevant information through inspiration rather than any published source information.

The study further looked at the perceptions of

the traditional medicine practitioners in Delta State towards formal sources of information. At a glance, the result shows that their overall perception a very low. For instance, among respondents, who were not disposed to visiting libraries for information about modern trends in their field, very few of them, enjoyed using electronic means such as YouTube, Twitter and Tic Tok as information sources. Books also received a very low level of usage as means of getting additional information. The traditional medicine practitioners were also of the opinion that formal information sources lack information that can be useful to their work as traditional health practitioners. This result further explains the reason why traditional medicine practitioners do not make use of formal sources of information. The medicine practitioners seem not to be convinced that there is any information of relevance for them among formal information sources. This result does not correspond with the result by Chege, Okalebo, Guantai, Karanja and Derese (2015) that herbalists in Kenya used internet sources for their herbal knowledge.

As regards capturing the knowledge traditional medicine practitioners in Delta State about into formal sources of information, the study revealed low perception among them. Not up to half of the traditional medicine practitioners have an interest in having a video recording of their traditional medicine methods and procedures. Some are interested in sharing their knowledge about traditional medicine by writing it down. While the majority of them expressed the feeling that their knowledge is sacred and cannot be written down or recorded. Similar to this finding, Khumalo, Khumalo and Nsindane (2018) mentioned that traditional medicinal knowledge is rarely shared by older traditional medicine practitioners who are highly experienced. They are generally reluctant to have their knowledge, competencies, drug sources, materials, methods and implementation procedures documented or shared with the public. Also, this finding agrees with the report by Wanakwakwa, Munabi, Lwanga, Muhumuza and Gateese (2013) that, practitioners of traditional medicine preferred keeping the secrets of their knowledge and are highly against any such attempts to prevent others from stealing this knowledge.

Conclusion

The traditional medicine practitioners in Delta State are mostly males, more elderly and most have only primary education. Traditional medicine is practiced

in different forms, herbalists are the commonest among the forms. Traditional medicine practitioners rely mostly on oral information sources. Libraries and other online sources of information are not used to access information. The traditional medicine practitioner's perception of formal sources of information is very low, this is seen in their indication that formal information sources lack the information that can be useful to their work as traditional health practitioners. In addition, they did not show any interest in having their knowledge of traditional medicine captured and stored in formal sources because they feel that their knowledge about traditional medicine is sacred and cannot be written down or recorded.

Recommendations

If the knowledge of traditional medicine practitioners is to be captured and stored for future use, Government, the Ministry of Health, and Public and medical libraries have various roles to play to encourage traditional medicine practitioners to change their perceptions of formal sources of information. Given the findings and the conclusions made, the researcher makes the following recommendations:

(i) Awareness campaigns need to be carried out by public and medical libraries in Delta State, to sensitise traditional medicine practitioners of information resources that are of relevance to them that are available in libraries.

(ii) Public and medical libraries should also endeavour to arrange to provide relevant information resources in places like health centers to encourage more people to use information resources.

(iii) Public libraries should take literacy programmes to the grass root, this could encourage the traditional medicine practitioners to want to study further and improve their literacy levels.

(iv) Ministry of Health and non-profit health organizations should carry out campaign programmes that will encourage traditional medicine practitioners to want to preserve their knowledge of traditional medicine through documentation and storage in libraries.

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