

Management of Indigenous Human Health Knowledge in Tanzania

By

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This study was undertaken in Tanzania, a country rich in indigenous human health knowledge purposefully managed. If such a situation persists, such knowledge would likely be lost to future generations with the death of current holders of such knowledge. Therefore, this study aimed at exploring the management of IHHK in Tanzania by focusing the available efforts, factors constraining the process, and recommended strategies for expediting the process. To address the knowledge model, developed by Davenport and Prusak in 2000. The main model was supplemented by the five other reviewed models. The pragmatism paradigm was employed in the conducting of the study. Thus, the study adopted mixed methods, whereby a qualitative approach was dominantly used and was supplemented by a quantitative approach. Data for this study was collected from respondents of both genders selected from four surveyed districts of Tanzania namely, Njombe urban, Magu, Masasi and Singida urban, and from three institutions: the University of Dar es Salaam-School of Law, the Institute of Traditional Medicine (ITM) of the Muhimbili University of Health and Allied Sciences, and the Traditional and Alternative Health Practices Council located in Dar es Salaam. The methods used for data collection were the face-to-face interview, focus group discussion, observation and documentary review. The study involved 18 traditional healers, 45 prospective users of IHHK, and nine Heads of Department from the surveyed institutions. The findings showed that IHHK is accessed and used by almost all people of all ages and economic groups. However, much of it was still stored in the minds of people. Prospective users accessed information on the knowledge and services of traditional healers through posters, radio, newspapers and, peers and friends who had used it. Therefore, respondents perceived the necessity and need for documenting and preserving the metadata of such knowledge in a repository. Although traditional healers were ready to document and preserve their healing knowledge in a repositories, many factors constrained the process. It was further found that the country had no proper management efforts to purposefully collect, document and preserve IHHK metadata, although some attempt was made by the ITM. There were no established public domains, policies and standards to help in managing IHHK. Thus, no political and administrative support, and technological application skills were involved in the process. Since the traditional healers were ready, and the community members highly recommended the documentation and preservation of IHHK in repositories, various strategies have been proposed including provision of training for traditional healers and interested people on how information technology could be used in managing IHHK. The national bureau for in indigenous knowledge should be established as the means to officiating management efforts for the available IHHK. Hence, a new model for prosperity of IHHK has been proposed as well some areas for further research have been recommended.