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Medicinal indigenous knowledge acquisition, sharing and integration into the health system in Uganda

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Abstract

Background: Snakebite envenoming is a significant public health challenge in rural Uganda. Limited access to formal healthcare increases reliance on Medicinal Indigenous Knowledge on Snakebites (MIKS). However, MIKS contributes to local snakebite management; studies have largely focused on documenting plant-based treatments, with limited attention to how MIKS is acquired, shared, and sustained among snakebite herbalists. This study examined pathways of MIKS acquisition; analysed MIKS-sharing practices and constraints; explored implications for documentation and health system integration, contributing to Sustainable Development Goal 3 and literature on indigenous knowledge systems.

Methods: An ethnographic design was employed in Pallisa and Kamuli districts of Eastern Uganda through focus group discussions, semi-structured interviews, and observation techniques involving 13 District Health Team members, 19 hospital and Health Centre IV medical professionals, 12 public and 4 private Health Centre III medical professionals, 10 Village Health Team members, and 29 herbalists. The data were analysed thematically using ATLAS.ti 24.

Results: MIKS is a family-and ancestry-based practice. It is acquired and shared through observation, apprenticeship, collaborative practice, and experiential learning. Knowledge transfer is regulated by trust and selective succession; lineage-based controls, spiritual beliefs, and selective disclosure constrain sharing. Documentation and health system integration require formal recognition of herbalists, collaboration with systems actors, provision of accessible and culturally appropriate documentation tools, capacity and literacy building, incentives and sustained awareness.