

APPRENTICESHIP SYSTEM AMONG ‘ELEWE-OMO’ IN OJO AREA OF LAGOS, NIGERIA.

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ABSTRACT

Apprenticeship system is a tool for the replication of the workforce and also to keep in existence generational and traditional businesses which ordinarily would have been jettisoned to modernization and civilization. The study focused specifically on apprenticeship system among the Elewe-Omo (traditional pediatrician) with the aim of examining the existing apprenticeship structure. Cognitive apprenticeship theory guided the study. A total of twenty-five (25) respondents consisting of ten (10) masters and fifteen (15) apprentices were purposively selected for in-depth-interview. Data were analysed using content analysis. The result showed that the structure of apprenticeship among the Elewe-Omo comprised its association called Egbe Elewe-Omo, grand masters, masters, and apprentices. Secondly, apprentices undergo internship with other masters and are also examined by a panel of masters before graduation. This makes the apprenticeship system different from other traditional apprenticeship where assessments are conducted during graduation ceremony that may attract external influences. This paper submits that, given the required governmental attention and restructuring, apprenticeship system among the ‘Elewe-Omo’ could serve as a ‘traditional college of medicine’ to encourage those who have the flare traditional medicine and serve as alternative for individuals who could not meet some basic requirement to study modern medicine.

Keywords: Apprenticeship system, Assessment, Graduation, Enrolment, Traditional Medicine, Elewe-Omo.

INTRODUCTION

Prior to the introduction of modern medicine, which sort of generalizes medical practices worldwide, every society of the world had developed a system of traditional medical practices which were meant to cure diseases or improve overall health of individuals and to a larger extent, the society (Ayonride, Erinosh & Osagie, 1987).The development of traditional medical practices is deeply rooted in culture and therefore forms an integral part of the cultural and belief system. This assertion is complemented by the view of many other scholars of medicine who asserts that traditional medical knowledge has social, cultural and scientific value and is important for many indigenous people and local communities. It can be deduced therefore that African traditional medical practices have been the strength of African medicine from time immemorial being passed from generations to generations (Erinosh & Oke, 1994).

The advent and development of modern medicine has pushed traditional medicine to a mediocre status now referred to as alternative medicine. The process of urbanization and civilization has also changed a lot of things about traditional medical practices. The mentality of an average Nigerian has changed about traditional medicine seeing it as a negative influence on their religious belief. Therefore, the drastic reduction in traditional religion is the responsive backdrop to the patronage of traditional medicine for important health circumstances such as delivery of babies, treatment of bullet wound, epilepsy, etc. (Agbonlahon, 1996). Despite this drastic reduction in patronage, over Eighty percent (80%) of the population in Africa uses traditional medicine partially or otherwise to help meet their immediate health care need (WHO, 2011). The huge patronage reflects the importance of traditional medicine to Africans in general and Nigeria in particular, therefore, sustaining and passing it from generations to generations becomes vital. This could be done through a well-structured apprenticeship system.

Basically, apprenticeship is the process of skills acquisition through enlistment with a master craftsman (Walther, 2011). It is a form of education which involves the continuous effort to impose on individuals important skills which has an enormous societal value (Rao, 2012). Apprenticeship system has been an integral part of the traditional educational system which has existed before the coming of the British colonial masters (Akanbi, 2012). The whole idea of apprenticeship scheme is the enrolment of young people in learning a craft or trade under the tutelage of a master for a specific period after consultation and agreement between the parents or guardian of the apprentice and the master. The graduation of the apprentice is subject to a minimum period of learning as well as the master's approval (Adekoya 2013).

Apprenticeship has not suffered a reduced level of significance in contemporary Nigeria as this forms the basis of vocational training in the country (Akanbi 2012). The recent turnout of graduates and consequent high rate of unemployment made apprenticeship a cover up for unemployment since the informal sector is the main source of employment for youths irrespective of their academic qualifications (Sonnenberg, 2012). In recognition of the importance of apprenticeship to the economy, the government is making several efforts to incorporate vocational training in the formal education sector and there have also been calls to provide a generally binding framework for apprenticeship system in the country (Olutayo, 1999; Alam, 2012).

Despite the obvious importance of apprenticeship system, there is dearth of empirical research on traditional apprenticeship system especially among the traditional paediatricians popularly referred to as 'Elewe-Omo'. This study interrogated this scenario in order to gain a new insight and shed more light on the modus operandi of the 'Elewe-Omo' and the passage of skills from masters to apprentices. It is against this background that this study addressed the following questions: What are the criteria for enrolment and graduation? What forms of relationship exists between masters and apprentices? What are the socio-demographic characteristics of apprentices and masters?

LITERATURE REVIEW

According to Erica (2012), about forty per cent (40%) of jobless people worldwide are young. However, the Nigerian government and some African countries are not sensitive to the plight of young and vibrant youths, who spend the most important of their youthful years in search of jobs that are not in existence (ILO, 2012). To cushion the high rate of unemployment, the government comes up with various policies and programmes such as seasonal vocational training, casual jobs with governmental agencies, ministries and parastatals and some other forms menial jobs such as cleaning the streets, offices which does not commensurate with the qualification of the workers but they accept it because there is no job out there for them to do (Odunaike, Oyenuga & Olaitan, 2012).

The informal sector serves as an avenue to mop out high rate of unemployment and improve the entrepreneurial part of Nigerian economy by stimulating growth and job creation. This same sector has not been given enough attention by the government despite its importance and contribution to the socio-economic growth and development of the country (Adekola, 2013). Instead of creating menial and undignifying jobs, the government could strengthen the informal sector through a well structured apprenticeship system that would attract job seekers, high school leavers and even graduates of higher institutions of learning. Apprenticeship system plays a vital role in manpower development of a nation but the government has an important role to play in making that power supply is steady, provision of soft loan for masters and those who had concluded training, training and retraining of masters in order to expand the scope and training capacity of the system (Jawando, Samuel & Odunaike, 2012).

Traditionally, apprenticeship system has diverse forms which are hereditary but are now being replaced by some other forms of vocational training which takes lesser time to learn. Apprenticeship existed in the form of a quite well developed and organized informal education system in the traditional crafts, it was not difficult to introduce, adapt and incorporate the new occupations into the existing apprenticeship system (Agboola & Olaoye, 2008). Onasanya (1998) observed that apprenticeship is a good means of teaching skill but it has some disadvantages, which include lack of programmed training and informal social relationships.

The practice of traditional apprenticeship has been facing series of problems. These problems make it difficult for the master craftsmen and the apprentice to practice effectively in a conducive atmosphere. One major problem of apprenticeship system is that, it is generally believed to be meant for people who cannot do well in the formal education system or those whose parents cannot afford to sponsor their education. This particular problem makes it difficult to attract young graduates and youths of school age into the system (Sonnerberg, 2012). The apprentice only learns according to the available job type in the workshop, day by day.

In practice, learning is not sequential, does not follow any pattern or move from simple to complex. Topics under the apprenticeship system are haphazardly learnt without any specific method of assessment. The attitude of the masters in most cases constitutes a hindrance to the practice of apprenticeship. This is caused by the fact that they are not trained in the act of teaching (Onasanya, 1998).

THEORETICAL FRAMEWORK

The Cognitive Apprenticeship Theory (Collins, Brown & Newman, 1989)

Using the four important concept of Cognitive Apprenticeship theory that is Situatedness, Legitimate peripheral participation, Guided participation and Community of practice, the apprenticeship system among the 'Elewe-Omo' entails learning from masters through observation and continuous assessment of the apprentices. Learning among this category of practitioners involves a context in which knowledge is developed through direct observation and practice. Apprentices learn from their masters in daily activities which includes direct sales at request from customers and also prescription in situations where the patient or customer has no prepared prescription. It is necessary to note that apprentices learn from the periphery by mere observing the masters and after sometimes move to the level of attending to customers who have a ready-made list of items to buy. The last stage is when the apprentice becomes a practitioner thereby having the competence to prescribe herbs after observing the patient.

Observing a patient at this level of apprenticeship, is under strict guidance of the master and other more experienced apprentices and practitioners. This is because the practice of the 'Elewe-Omo' has to do with life and death, therefore having an apprentice solely treat a patient is like having a medical student treats a patient without adequate supervision. Also, among the Elewe-Omo, is there is forms of association where by apprentices learn from other masters aside theirs, apprentices learn from themselves, and masters also learn from themselves. This is made possible because they share common interests, identity, tasks, expectations and vocabulary. Just as among the orthodox medicine practitioners, it is believed by the Elewe-Omo that there is no one that is an island of knowledge and that learning is a life-time phenomenon.

METHODOLOGY

The study employed descriptive research design to describe the apprenticeship system among the Elewe-Omo in Oja-Okò market in Ojo area of Lagos in order to gain an insight into the subject matter due to dearth of empirical documentation. The design relied on qualitative method of research which gave room for face to face interaction, observing body language and gestures. The study area was Ojo town specifically Oja-Ojo market located along the coastal line where people from remote areas come to showcase their wares. It also has a larger concentration of Elewe-omo compared to other markets in the area.

The study population comprised ten (10) masters and fifteen (15) apprentices purposively selected for their engagement in the prescription and sales of traditional herbs. The masters were selected because of their experience in the trade. However, the apprentices were selected because of their exposure to the current trend of learning the trade. Data was collected using in-depth interview guide which contained two sections. Section A contained the socio-demographic characteristics of respondents while section contained B four segments which concentrated on the subject matter of the study. Therefore, information gathered from in-depth interviews was coded, transcribed and analyzed using content analysis. The content analysis was done in such a way that responses from respondents were arranged and summarized so as to provide answers for the research questions of the study. Verbatim quotations of responses were employed in order to bring out important points that complemented group of responses from the content analysis. However, all data collected were translated to English language where interviews were held in Yoruba language.

RESULTS

Table 1: Socio-demographic characteristics of respondents

Characteristics	Frequency	Percentage
Age		
20-29	09	36
30-39	06	24
40-49	03	12
50-59	07	28
Total	25	100
Sex		
Male	01	4
Female	24	96
Total	25	100
Marital Status		
Single	04	16
Married	21	84
Total	25	100
Religion		
Christianity	05	20
Islam	20	80
Traditional	00	00
Total	25	100
Ethnic Background		
Yoruba	25	100
Total	25	100
Educational Qualification		
Primary	10	40

JSSCE	06	24
SSCE	06	24
Unlettered	03	12
Total	25	100
Working Experience		
1-9	05	20
10-19	06	24
20-29	04	16
Inherited	10	40
Total	25	100

Source: Odunaike & Idowu (2015)

The result for this study as presented on table 1 showed that majority of the respondents were females (96%) while only 4% were males. This might be due to the fact among the Yoruba ethnic group, females were traditionally saddled with the responsibility of taking care of children. Secondly, the study found out that the males were prominent among the ‘LEKU-LEJA’, that is, those who engaged in the sales of dried animal parts such as skin, bones, skull, etc. Majority of the respondents fell between the ages of 20-29 (36%) while the least (12%) fell between the ages of 40-49. Moreover, majority of the respondents (84%) were married while few (16%) were single. This might be due to the fact that Elewe-omo was female dominated and traditionally females get married earlier than the males because of the responsibility roles males as heads of the family. On religion, majority (80%) of the respondents were Muslims, few (20%) were Christians and it was stunning that none of the respondents claimed to practice the traditional religion. This seems to be the effect of the embrace of western religion over the traditional ones. All respondents were Yorubas. This may actually resulted from the study area being dominated by Yoruba people. Furthermore, majority of the respondents (40%) had primary school education while the least (12%) were unlettered. This implies the little importance given to formal education in apprenticeship system. Lastly, work experience showed that majority (40%) inherited the trade or were learning from their parents. This showed that Elewe-omo is a generational occupation.

Criteria for Enrolment and Graduation

The duration for apprenticeship differs from one master to another. The range was between four to seven years (4 – 9 years) of apprenticeship but many respondents said that it is also based on how fast the apprentice could learn. Also, some revealed that their enrolment was by ascription.

A master in her forties said:

When I was an apprentice, I spent a total of nine years serving my master, actually, after spending about three years, I had known much about the job, but my master believed that since this job has to do with the handing of human life so she insisted I spend more years learning. But as for me, if an apprentice could learn faster, a total of four (4) years is enough.

Another female master in her fifties said:

Learning is a continuum which does not have an end and this is why an apprentice could spend more than the years she had signed when she enrolled. Even as a master I still learn from other people in this business because no one is an island of knowledge.

A 26 year old apprentice also said:

My parents signed five years with my master. I have spent three years now and I believe I have known more than enough to graduate and practice on my own. Therefore the duration of apprenticeship depends on how fast one could learn and also on the discretion of the master.

On age preference for enrolment, majority of the masters mentioned that age should be a criterion to engage in apprenticeship since it is at times difficult to teach children, also, there are sensitive issues such as sexual intercourse which are not meant to be discussed in the presence of a minor. A 52 year old female master said:

I can't teach a child that is less than fifteen years because I believe she is still very young. This work involves people's life not animals, one need to be very careful and you will agree with me that maturity has a lot to do with individuals' disposition.

Another master said:

Age at enrolment does not matter. Some of us inherited this work and we have started learning right from when we were born. I had known the names of many herbs as at the age of 6, so the age at which one enroll does not matter but what matters is the age at graduation. A child who started learning from a tender age has a lot of years to learn the work which is a great advantage.

A female apprentice said:

I was enrolled at the age of 21 after the conclusion of my secondary education. I believed that I could have started earlier if my parents had advised and introduced me to the trade. Age for enrolment doesn't really matter because certain criteria must be met before graduation and maturity is one of them.

Still on enrolment, prospective apprentices must present some materials and certain amount of money to be presented to President of the Association. The materials are used to pray for the apprentice and also shared among the masters and other apprentices. A male master said:

Before I enroll any apprentice, I approach the president of the association for the list of materials and amount of money to be presented by the apprentice. The amount of money and materials to be presented changes from time to time. The materials include bottles of local gin or schnapps, malt drink, biscuit, honey, sugarcane, kolanut, bitterkola, alligator pepper as well as money.

Another master also said:

Anybody who wants to learn this trade and is unable to provide these materials is not willing and ready to learn.

At the end of apprenticeship, graduation is not just conducted due to some that must be met. The major conditions include internship with another master, oral test by a panel of masters, presentation of graduation materials such as, Kolanut, Bitter kola, Sugarcane, Schnapps, beer, Honey, Aadun, Mineral, food, alligator pepper and dancing around the market to create awareness about the graduation ceremony. A female master asserts:

An oral test would be conducted for the apprentice pertaining to the work in the presence of other masters which must be passed. Therefore, apprentice should be able to answer at least six questions out of eight correctly. Failure to do so amount to the postponement of the graduation.

Another master also said:

Before I conduct graduation for any of my apprentice, he/she must have been able to mix different kinds of herbs and be able to identify various leaves and herbs. Also, being able to attend to customers very well with good manners is another criterion that must be met before graduation.

A 28 year old female apprentice also said:

I will be graduating in few months time. My boss had sent me to understudy another master for about three months in this same market. After that, my boss had left me in charge of prescription of herbs under her strict supervision for about two months now. The last phase I am waiting for is the exam to be conducted by some masters in the presence of my boss.

A fifty-two year old master said:

Aside from the materials, my apprentice also pay some amount to my own master who taught me, it is called “owo oga-oga” and I also collect money for prayer too called Owo-Adura.

An apprentice in her twenties also said:

I have witnessed about three graduation ceremonies. The practice here is that, different herbal materials would be put in a tray and the would-be graduate puts it on his/her head and dance round the market to create awareness about the graduation.

Traditional and Modern Medicine

Prior to the introduction of modern medicine, which sort of generalizes medical practices worldwide, every society of the world had developed a system of traditional medical practices which were meant to cure diseases or improve overall health of individuals and to a larger extent, the society (Ayorinde, Erinoshio & Osagie 1987). The development of traditional medical practices is deeply rooted in culture and therefore forms an integral part of the cultural and belief system.

During the study, a master said that:

Orthodox medicine has not affected the level of patronage for traditional medicine in anyway because some doctors even seek for our help whenever there are complications, some hospitals also direct patients to Elewe-Omo for cure.

Despite the existence of orthodox medicine, most people still believe that traditional method of healing is still the best because it is cheaper compared to modern medicine. A female respondent said that.

There is high level of patronage for traditional medicine now compared to before because after most people undergo test at the hospital, they come to us for herbs that they will use.

So this simply means that the introduction of modern medicine has not affected Elewe-Omo in anyway.

Some people believe so much in their culture to the extent that they don't even go to the hospitals at all, no matter what happens, they prefer to go to Elewe-Omo because of its efficacy and herbal mixtures is what they are already used to.

A respondent stated that:

One of my customers does not go to the hospital because of the fear of injection. So it depends on individuals to seek the kind of medical attention they really want.

DISCUSSION OF FINDINGS

This study discovered some interesting and salient findings about the apprenticeship system among the Elewe-omo specifically in Oja-Okoko market in Ojo area of Lagos. As regards socio-demographic characteristics, Elewe-omo is majorly dominated by females. In this study, 96% of the respondents were females while only 4% were males. Further probe on this revealed that more of the males engage in 'Leku-Leja' (that is, the sales of animal skin, skull, bones, etc) which is also an integral part of the traditional healing system. Therefore, there is an imaginary gender based division of labour in the traditional medical practice. Although, there is no rule that created the gender-based division of labour but it is just an imaginary phenomenon that existed in the minds of the people.

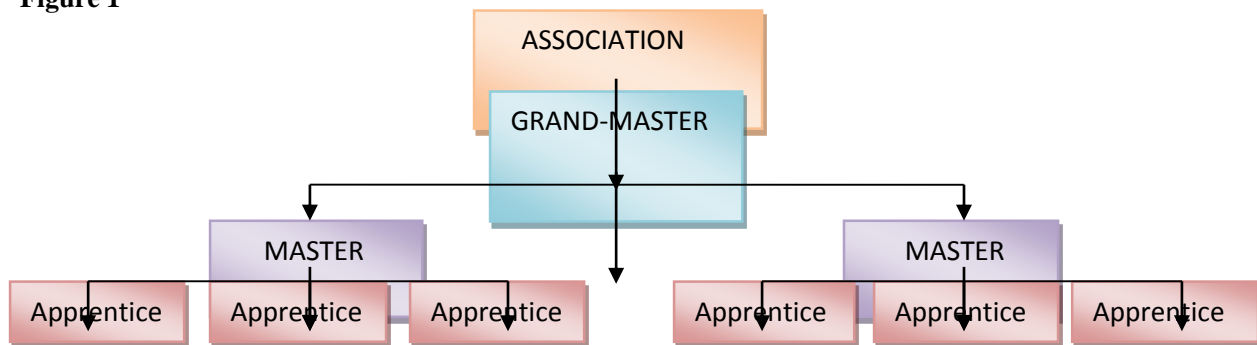
The religious affiliation of respondents is another important finding from this study. It was discovered that majority of the respondents practice Islam (80%) while the remaining few were Christians (20%). None of the masters and apprentices lay claim to traditional religion practice which ordinarily is associated with traditional medical practice. To most of the respondents, Ewe-omo is their occupation and has nothing to do with their respective religion believing that one religion had no negative impact on the other.

Enrolment into Elewe-omo is relatively low. Most masters have one apprentice and some had none. The criteria for enrolment were quite different from the ones for graduation although various materials such as bitter kola, kola, honey, gin, beer, non-alcoholic drinks, etc, are presented in varying quantities for both. The criteria for graduation included some other activities such as internship with another master, prescription and sales of herbs

under strict supervision of the master, and oral examination. The last and most important hurdle that the apprentice had to cross before graduation was the oral examination organized by the association. The examination panel consists of experienced masters and the apprentice's master as an observer. The panel asks questions on some ailments, their symptoms and cure. Ordinarily, such a serious examination might not be expected from the informal setting like the Elewe-omo but it was stunning to discover such an arrangement perceived like a project defense seminar in the formal educational setting. The apprentice must pass at least six out of the eight comprehensive questions before slated for graduation ceremony not during the ceremony which is common with other artisans. The examination is popularly called 'Oju olomo o to' which means 'in the absence of parents and guardians'. This is because the presence of the parents might be intimidating if the examination is conducted during the graduation ceremony. This opposed the findings of Onasanya, 1998 that apprenticeship lacks proper assessment within or at the end of the programme.

Aside the materials for graduation, there was what was referred to 'owo oga-oga' meaning 'money for grand-master'. A specific amount of money goes to the master who taught the direct master of the apprentice. The money is paid by the apprentice to show appreciation to the grand-master without whom the master would not have been made. This shows that structure of apprenticeship among the Elewe-omo recognised hierarchy of masters. The loyalty of the apprentice was not only to his/her direct master but also to other masters especially the grand-master. The hierarchical structure is represented in the figure below:

Figure 1



Source: Odunaike & Idowu, 2015.

CONCLUSION

Apprenticeship is a tool for the replication of the workforce. However, the concentration on formal education and the seldom neglect of informal education (through apprenticeship) affects negatively the development of the informal sector of the economy which is the backbone of developing economies. Due to the high of poverty in Nigeria, many individuals who have interest in modern medical practice may not be able to realize their dreams because studying medicine in higher institution of learning is capital intensive beyond the reach of the low income earners. But a well structured apprenticeship system devoid of unnecessary informal relationships with enormous support from governmental agencies and private sector may attract intelligent individuals who could not afford to attend a medical school and could still realize their dream being medical practitioners as well as reduce the high rate of unemployment. This could only work if the two medical practices are made to be complementary for further development of the health institution in Nigeria instead of one being run in isolation of the other.

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