

GHANA INSTITUTE OF JOURNALISM (GIJ)

**AN ASSESSMENT OF THE PREVALENCE OF HERBAL MEDICINE
ADVERTISEMENT & ITS EFFECT ON CONSUMERS; A STUDY OF TRADITIONAL
MEDICINE IN GHANA**

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MEDIA MANAGEMENT**

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DECLARATION

I declare that, except for references to other people's work which have been duly acknowledged, this dissertation is a result of my own research conducted at the School of Graduate Studies and Research, Ghana Institute of Journalism under the supervision of Mr Yaw Odame Gyau.

A handwritten signature in blue ink, appearing to read 'E. Arthur', written above a horizontal dotted line.

Emmanuel J.K Arthur

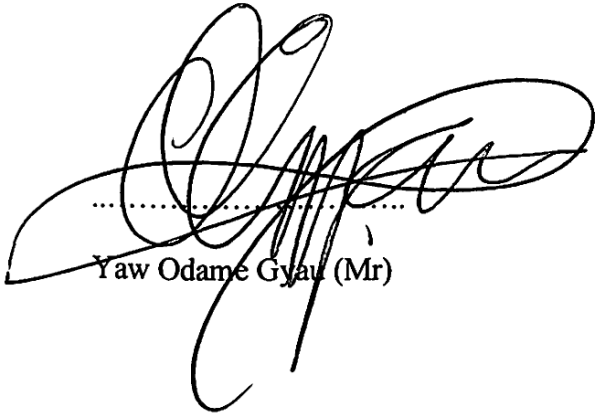
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Date

CERTIFICATION

I hereby certify that this dissertation was supervised in accordance with the laid down procedures by the Ghana Institute of Journalism.



.....
Yaw Odame Gyau (Mr)

30/10/2015.
.....
Date

DEDICATION

This piece of work is dedicated to my wife Mrs. Emelia Arthur and my children; Maureen, Andrew & Bryan.

ACKNOWLEDGEMENT

My sincere thanks go to the Almighty God for his guidance and protection throughout my year-long course of study at the Ghana Institute of Journalism and for helping me come out with this project work. A special thanks also goes to my supervisor, Mr. Yaw Odame Gyau for his sense of direction, guidance, advice and reading all my manuscript in making this work a whole. Indeed his kindness and encouragement motivated me in the completion of this project work. Sir God richly blesses you!

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ABSTRACT

The general objective of this study was to assess the effectiveness of Traditional Medicine advertising on consumer decision-making in Ghana. This study adopted the descriptive survey approach and collected data from 100 customers of five Traditional Medicine Practitioners based in the Greater Accra region. This study found that 75 % of the respondents were generally knowledgeable about traditional medicine, had positive attitudes and perceptions about traditional medicine. The study found that adverts on traditional medicines affect respondents' patronage and usage of traditional medicine. It was specifically found that 70% of the respondents agreed that advertisement of traditional medicines essentially informed them to buy traditional medicine. Factors affecting consumers' buying process include the usefulness, truthfulness and clarity of the messages in the adverts of TMs among others, in the TMAs. Based on these, a number of key recommendations are proffered, one of them being that adverts should be made to follow standards recommended by the Food and Drugs Board. That way, producers of traditional medicines would be seen practicing what they preach. The reality is that "safety" and "natural" are not synonymous. Therefore, regulatory policies on traditional medicines need to be standardized and strengthened on a national scale.

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CHAPTER ONE

1.1 Introduction

Advertising is the key for building, creating and sustaining brands (Kotler and Keller, 2006; Keller, 2006; Aaker, 1991). Advertisements play a major role in persuading, informing and reminding both potential and existing customers towards making a purchase decision (Kotler and Keller, 2006). It plays a vital role in shaping dreams and aspirations and helps customer take conscious product and brand decisions. Advertisements with endorsements create easy remembrance for the customers for the advertised brand or product as the customers associate the brand with the celebrity and can easily register the brand. Measuring the influence of Advertisement in consumer brand preference is very essential for every marketer (Alamgir et al., 2010). If advertisement does not create any positive change in consumers' brand preference, all the resources such as money, time and efforts spent on advertisement will go in vain. Advertising also helps in creating Top of the Mind Awareness of a brand and aims at facilitating brand recall (Alamgir et al., 2010).

Traditional Medicine (TM) has been described by the World Health Organization (WHO) as one of the surest alternative means to achieve total health care coverage of the world's population (Antwi-Baffour et al. 2014). For people living in the marginalized areas of the country, accessing health care is a challenge in terms of the distance and the cost (Essegbey et al. 2014). In Ghana, the estimated ratio of the Traditional Medicine Practitioner (TMP) to the population is 1:400 as against a ratio of the orthodox doctor to the population of 1:12,000 (Science and Technology Policy Research Institute (STEPRI), 2007). The TMP is therefore an important actor in the health care delivery system in Ghana (Essegbey et al. 2014). Some major TMPs in Ghana include Top

Herbal Clinic, Champion Divine Clinic, Karafi Bitters Ltd, Amen Scientific Herbal Hospital, Living Bitters, Sheikh Ibrahim Herbal Centre, Capital 02, Apaak Traditional Medicines and Clinic and Nana Boakye Herbal Centre.

However, there has been an unprecedented increase in the number of adverts on Traditional Medicine in Ghana. Consumers and patrons of TMs are constantly bombarded with rigorous adverts which trumpet the ‘one cure for all diseases’ and ‘100 percent safety’ mantra (Essegbey et al. 2014). The issue, however, is no medicine, natural or synthetic can be said to be without adverse effects. Unfortunately, regulation of herbal drugs and herbal medicine practice remains a problem and it appears Traditional Medicine Practitioners (TMPs) make spurious and fictitious claims on the efficacy of their products.

Again, these TMPS use popular Ghanaian celebrities to advertise their medicines and these may influence the unsuspecting consumers. For instance, popular Ghanaian TV and radio personality Seth Kwame Dzokoto has been banned from featuring in any commercial advertisements promoting alcoholic beverages in the country since 2015. The Food and Drugs Authority (FDA) stated that the ban is to protect the interest of underage fans of the famous ‘Edziban’ TV show host (Twum, 2015).

This study therefore focuses on the assessment of the prevalence of herbal medicine advertisement and its effect on consumers of traditional medicine in Ghana.

1.2 Background of the Study

Today, we live in a world flooded with adverts of different products and services (Latif and Abideen, 2011). Of all the marketing communications tools, advertising is renowned for its long lasting impact on consumers' minds, as its exposure is much broader (Katke, 2007). Advertising is a subset of the promotion mix which is one of the 4P's in the marketing mix i.e. product, price, place and promotion. As a promotional strategy, advertising serves as a major tool in creating product awareness in the mind of a potential consumer to take eventual purchase decision (Zain-Ul-Abideen and Saleem, 2011). The major aim of advertising is to impact on buying behavior and the principal aim of consumer behavior analysis is to explain why consumers act in particular ways under certain circumstances (Zain-Ul-Abideen and Saleem, 2011).

In the field of medicine, advertising creates awareness of non-prescription medicines, helps consumers in the search for products they need, and directs consumers to labeling that supplies details for safe and appropriate product use (WSMI, 2008). Non-prescription (or over-the-counter, OTC) medicines are medicines which are approved as safe and effective for use without a doctor's prescription. These and other self-care products are available without medical supervision and can be purchased by patients and consumers through pharmacies and, in many countries, from supermarkets or other retail outlets (WSMI, 2008).

However, Direct to Consumer Advertising (DTCA) has been accused of overemphasizing potential benefits. Frosch et al. 2010) found that most Direct to Consumer Advertising (DTC) ads emphasize drug benefits over risks. Shaw (2008) also found that the average DTC television commercial devotes more time to benefits than to risks. Disciplinary action by the FDA during 1997 to 2006 also confirmed that this has been a common problem (Donahue et al. 2007). During

this time, nearly 84% of the regulatory letters for Direct to Consumer Pharmaceutical Advertising (DTCPA) cited ads for either minimizing risks (e.g., omitting information about side effects) or exaggerating a drug's effectiveness (e.g., portraying the indication too broadly or making unsubstantiated claims of superiority over other drugs), or both (Donahue et al. 2007).

1.3 Statement of the Problem

Since Direct-To-Consumer (DTC) prescription drug promotions are becoming increasingly more prevalent, the potential for misinformation and consumer misunderstanding is a major concern to the medical community. For instance, Balazs et al. (2002) researched attitudes and information-seeking behavior related to DTC prescription drug advertising among the elderly and found DTC adverts encouraged older consumers to seek more prescription drug information from friends and doctors. Again, more than 50% of the respondents asked doctors or pharmacists about a drug seen in DTC ads and 30% requested a specific medication by name. About 20% asked about the medical condition they saw in DTC ads. While this is good news for drug companies, the impact on consumers is less clear. According to Dickerson (2000), consumers perceive DTC advertising as a meaningful educational service providing valuable medication and treatment information while other studies report that DTC ads are confusing, ineffective, and misinformative. For instance, Bell et al (2000) found in their study that DTCA ads may be inadequate in educating consumers about specific drug information related to risks, warnings, and benefits. This means that Direct-To-Consumer advertising can be ineffective, confusing and can also misinform users on the efficacy of the medicines.

Considering the spate at which Traditional Medicine adverts has completely taken over the various media in the country, critical issues such as the efficacy of the traditional medicine,

confusion about the numerous claims of the medicines and the effectiveness of the adverts in influencing consumer behaviour readily comes to mind. The issue is: Are adverts of Traditional Medicine Effective? Does it lead to increased usage of Traditional Medicine? Are consumers left confused about the efficacy and claims made during adverts on Traditional Medicine? Are consumers misinformed during adverts on Traditional Medicine? Unfortunately, there is a dearth of empirical work on the effect of Traditional Medicine advertising on consumer health care decision-making in Ghana. It was against the foregoing that this study was undertaken to find answers to these questions and also add to the academic discourse on the subject matter from a Ghanaian perspective.

1.4 Objectives of the Study

The general objective of this study was to assess the effectiveness of Traditional Medicine advertising on consumer health care decision-making in Ghana. Specifically, this study sought:

1. To determine consumers' perceptions and attitude towards traditional medicine
2. To identify consumers' perceptions and attitudes towards Traditional Medicine Advertisements (TMAs).
3. To find out if TMAs influences their health care decision making.
4. To identify factors affecting consumers' buying process.

1.5 Research Questions

The following research questions were asked in order to operationalize the above mentioned objectives:

1. What are the perceptions and attitude of consumers towards traditional medicine?

2. What are consumers' perceptions and attitudes towards TMAs.
3. Does adverts on traditional medicine influences consumers' health care decision making?
4. What specific factors affect consumers' buying process with respect to advertisements on traditional medicine?

1.6 Significance of the Study

The outcome of this study would be significant in building on existing literature on the effects of advertising on consumer purchase decision from a Ghanaian perspective. There is a paucity of literature on studies about the effect of adverts of traditional medicine and consumers' behaviour and it is hoped that this study would bridge the knowledge and research gap on the subject area in Ghana. Furthermore, given the unprecedented competition in the Ghanaian traditional medicine practice, TMPs need to find several avenues of effectively reaching and engaging with their target audience with the sole purpose of retaining them. Thus this study would allow TMPs to have a better understanding of how adverts impact on consumer' behaviour and the issues that must be addressed in order to maximize its influence. Also, the study could serve as a source of knowledge to readers who aspire to delve into the study of traditional medicine advertising. Researching into this area of study has become very necessary since it will offer the opportunity to ascertain people's choice of health care.

Additionally, given that almost all African countries share similar business environment and characteristics (especially sub-Saharan Africa, the findings of this study can be equally used and built upon by academics, students and researchers on the continent.

1.7 Scope and Limitation of the Study

There are other factors such sales promotion, price, place and products that influence consumers' purchase decisions. However, the current study focuses only on the impact of advertising on the purchase of traditional medicine. The main anticipated limitations of this study will be the difficulty in getting customers of various TMPs to participate in the study and the lack of the wherewithal to increase the sample size. In terms of geographical limitations, because of inadequate time and funding, the study was limited to Accra. Its findings therefore cannot be extrapolated to reflect the situation in other parts of the country even though the findings threw more light on the link between Traditional Medicine Advertising and consumers' responses.

1.8 Definition of Terms

a) Traditional Medicine (TM)

WHO defines TM as diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2002). Buor (1993) in his study on impacts of TM in the health care delivery services in Ghana argues that TM involves the use by the folk population primarily of unorthodox and unscientific method for curative and prevention of diseases.

b) Advertising

Advertising is one of the elements of the promotion mix which is considered prominent in the overall marketing mix. This attribute is as a result of its visibility and pervasiveness in all the other marketing communication elements. It refers to any paid form of non-personal presentation

and promotion of ideas, goods or services by an identified client or sponsor (where the source is the sponsoring organization) (Kotler and Armstrong, 2010).

c) Consumer Behavior

Consumer behaviour is the study of when, why, how, and where people do or do not buy a product (Bakshi, 2012). It attempts to understand the buyer decision making process and studies characteristics of individual consumers as well as groups in an attempt to understand people's wants and needs.

1.9 Organization of the Study

This study comprises five chapters. Chapter one serves as the introduction to the research and it gives a synopsis of the rationale for the study, its objectives, significance and specifies the problem statement. Chapter two on the other hand is a review of literature pertaining to the subject area under study. The third chapter four presents a detailed account of the methodology used in conducting the study. The methodology comprises of the data type and the methods used in analyzing collected data. Furthermore, in this chapter the justification of the choice of analysis tools are stated and explained. It also contains the sampling techniques used, the sample size, and the data source. Chapter four examines the results of the study in relation to the stated objectives. It refers to the analysis of the survey and other data collected. The final chapter which is chapter five is dedicated to conclusions, recommendations, and potential research topics emanating from this research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed the literature on the subject matter of the study. This chapter explores relevant literature with regards to the concept of consumer attitude towards their purchase decision and the role of advertisement as applied in marketing and the review of work of other writers, and a collection of personalities.

2.1 Consumer Behaviour

Consumer behaviour is a topic of great interest for marketers because a command of this field can be crucial in terms of choosing the right marketing strategy, and so make business prosperous (Solomon and Stuart, 2002). Consumer behaviour can be seen according to Solomon and Stuart (2002) as the knowledge of a process that an individual or a group go through to satisfy a need, by choosing and buying as well as using and disposing products. This process is not only related to products as it can likewise be ideas and experiences that satisfy the need. The same idea is also supported by Kotler (2003). Consumer behavior is the total of consumers' decisions with respect to the acquisition, consumption, and disposition of goods, services, time, and ideas by (human) decision-making units (Blackwell et al. 2001). In other words, consumer behavior involves the thoughts and feeling people experience and the actions they perform in consumption processes. Moreover, it includes all the things in the environment that influences thoughts, feeling, and actions.

2.1.1 Factors Influencing Consumer Behavior

The way that consumers behave and how they purchase goods and services is influenced by different factors. Not all individuals or groups follow the same manners, and organizations need to consider cultural, social, personal and even psychological factors when they study consumer behaviour (Kotler *et al.* 2005). According to Bakshi (2012), the following factors can influence the buying decision of the buyer:

Cultural Influence

Culture is the fundamental determinant of a person's wants and behaviors acquired through socialization processes with family and other key institutions. Even though different societal groups have their own culture that affects consumers' buying behaviour, the extent to which it influences the behaviour might vary from country to country (Kotler *et al.* 2005). Each cultural group can be divided into groups consisting of people with common life experiences and situations, also known as subcultures such as nationality, racial groups, religion, and geographical areas (Blackwell *et al.* 2001). The third cultural factor is social class, which is constituted upon among other variables: occupation, income, education, and wealth (Blackwell *et al.* 2001).

Social Influence

Consumer Behaviour is also influenced by social factors like reference groups, family, social role and status (Bakshi, 2012). According to Kotler *et al.* (2005), some of these groups have a direct influence on a person, i.e. membership groups, groups that a person can belong to and

reference groups which serve as direct (face-to-face) or indirect points of comparison or reference in forming a person's attitudes or beliefs.

Personal Influence

A buyer's decisions are greatly influenced by personal characteristics like gender, age, stage in lifecycle, occupation, income, and lifestyle (Bakshi, 2012). Moreover, depending on a person's occupation and financial situation, as well as the stage in life a person is in, his/her demands for products shift (Armstrong et al. 2005). A person's lifestyle forms his/her world and the way he/she decides to act, thus a person's activities, interests, and opinions constitute their lifestyle, as well as affecting the choice of products. Furthermore, all people are individuals; hence have a distinctive and unique personality of different characteristics, which is often depicted with traits, such as self-confidence, dominance, sociability, autonomy, defensiveness, adaptability, and aggressiveness (Blackwell et al. 2001).

Psychological Influence

According to Bakshi (2012), psychological factors like motivation, perception, beliefs & attitudes of consumers also have a deep impact on the buyer decision. When a person is motivated, he/she acts accordingly and the actions taken are affected by the person's perception of the situation (Kotler et al. 2005). Perception is the individual selection, organization and interpretation of the information which flows through people's senses, and consequently a meaningful picture of the world is formed (Kotler et al. 2005). When people experience new things, changes take place in their behaviour, i.e. they learn new things when they take action. As

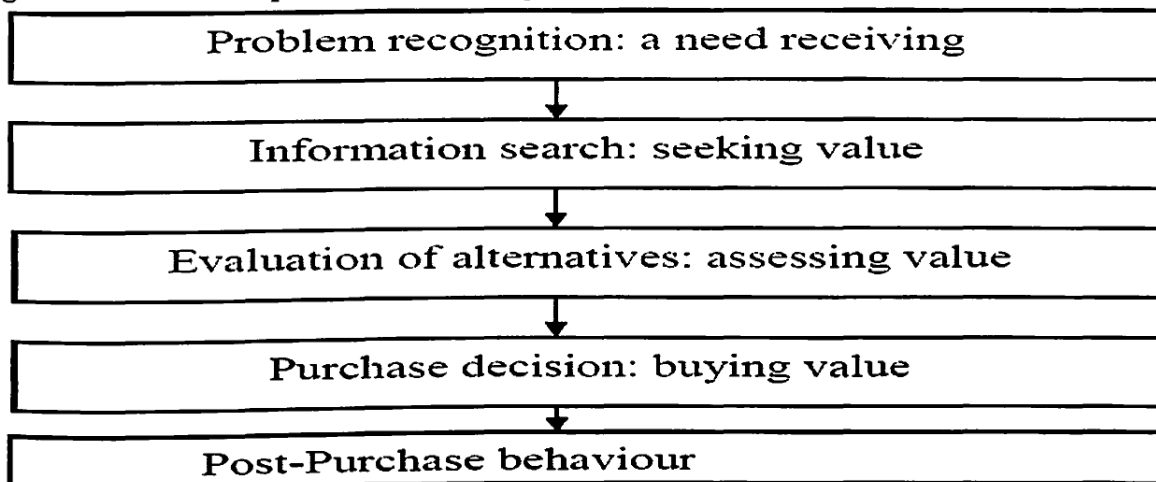
a result, beliefs and attitudes are acquired and hence affect the buying behaviour (Armstrong et al. 2005).

2.1.2 Consumer Decision Making Process

The consumer decision making process and its dynamics are presented in this section. Understanding consumers' purchase decision-making process allows marketers to gain more knowledge about their consumers (Bakshi, 2012). Moreover, it can be a foundation for them to create more suitable marketing strategies for their target consumers. If marketers understand this process of their consumers, they will know how their consumers search for information before buying, which criteria can encourage them to buy, and what factors influence their purchase decision-making (Solomon, 2006).

In many consumer behaviour studies, the classic view of consumer behaviour principle is the five stage of decision-making model, which is based on the idea that considers consumers as an information-processing machine (e.g. Blackwell et al. 2001; Armstrong et al. 2005; Solomon, 2006; Bakshi, 2012). The classical five stages of consumer decision-making process as shown in Figure 2.1 are (1) problem recognition, (2) information search, (3) alternatives evaluation, (4) product choice, and (5) post-purchase evaluation (Solomon, 2006).

Figure 2.1 Consumer purchase decision process



Source: Solomon (2006)

Each of the five stages is as briefly explained below:

I. Problem Recognition

Problem recognition is the first stage of consumer decision-making process (Bakshi, 2012). It happens when consumer realizes that there are some differences between their actual state and ideal or desired state (Bakshi, 2012). Problem recognition is the perceived difference between an ideal state and an actual state. The ideal state is a perception, expectation, or an aspiration of their circumstances to be across each consumption context. The actual state is the consumers' perception of the situation existing now. Sources of problem recognition may range from very complex and may result from changes in the consumer's current or desired state. In addition, these causes may be influenced by internal as well as external factor such as out of stock; dissatisfaction; new needs or wants; related products; marketer-induced problem recognition and new products.

II. Information Search

The second stage in the consumer decision-making process is information search. When consumers perceive a problem or need that can be satisfied by the purchase of a product or service, they begin to search for information needed to make a purchase. The initial search efforts often consist of an attempt to scan information stored in memory to recall past experiences or knowledge regarding various purchase alternatives (Bakshi, 2012). To help themselves to make a decision, consumers will look for information from their environment. (Solomon, 2006) Information search process can be classified into two types. Firstly, the pre-purchase search process is the process when consumers seek for the information to satisfy their needs or solve their problems, which begin after consumers realize their needs or problems. Secondly, an ongoing search is the process when consumers browse the information for their pleasure and to keep them up-to-date with new products or current situations of the products' market (Bloch et al., 1986).

III. Alternative Evaluation

In this stage, consumers have to evaluate their available alternatives that they have received from the previous stage, information search. (Solomon, 2006) Since there are a great number of brands in the marketplace, consumers will create their own evoke set which consists of brands which are already in their minds (Jobber, 2007). The brands that are included in the consumers' evoke sets will have more opportunities to be selected by the consumers (Bakshi, 2012).

IV. Product Choice

Consumers have to choose one brand among after evaluating their brand choices from the previous stage (Bakshi, 2012). Choosing product choice can be either a simply and quick or a complex stage (Solomon, 2006). Consumers' product choices can be affected by various source of information during the process of decision-making. Consumer's compare various products and features and reduce the list of option to a manageable number which is known as evaluation criteria. They select certain featured that are important and use them to judge alternatives. Advertising is important in this evaluation process because it helps sort out products (Herbal drugs) on the basis of tangible and intangible features. Marketers of new brands or those with a low market do this through methods such as comparative advertising whereby a brand is compared to market leaders, this encouraging the customer to consider it when making a purchase (Solomon, 1999).

V. Post Purchase behavior and disposal

The consumer decision process does not end once the product or service has been purchase (Bakshi, 2012). Jobber (2007) stated in his study that the quality of product and service is a main determinant in post-purchase evaluation. After using the product or service, the consumers compares the level of performance with expectation and sees whether satisfied or dissatisfied. Satisfaction occurs when the consumer's expectation is met, over satisfied or delighted when consumer expectation is exceeded, while dissatisfied results when performance falls shorts of expectations. The post purchase evaluation process is very important to the marketers because the feedback required from actual use of a product or service will influence the possibility of repeat purchase or elimination of the brand from the consumer's "Evolved set" (Solomon, 2006).

This experience determines whether consumers will purchase the product or return it or refuse to purchase the product again. Marketers must recognize the importance of the post purchase evaluating stage. Dissatisfied consumers who are still experiencing dissonance are not only unlikely to repurchase the marketer's product, but they may also be a source of negative word-of-mouth information that might deter other from purchasing the product or service. The best guarantee of favourable post purchase evolution among consumer is to provide consumers with a quality product or service at always to meet their expectations or exceed their expectations (Bakshi, 2012).

2.1.3 Consumer Attitude

The attitude held by consumers have a direct influence on their purchasing decisions and these decisions, in turn, may reinforce a particular attitude or lead to its modification (Best and Coney, 1992). An understanding of the way in which consumer attitude are formed, reinforced and modified is therefore of prime importance to the marketer (Goldsmith and Lofferty, 2002). If the marketer is able to identify the attitudes held by different market segments towards his product, and also to measure changes in those attitudes, he will be well placed in his marketing strategy. Attitude research can also provide a useful basis forecasting of changes in the pattern of purchasing behavior. The concept of attitude has long been of critical importance in attempts to explain man's social behavior. However, for more than other concepts in social science, it is an abstraction that has no one absolute and correct meaning or definition. In an examination of the literature it may be seen that there are many definitions of attitude but the most widely used is probably that of Allport who defines it as "a mental and neutral state of influence upon the

individual's response to all objects and situations with which it is related (Goldsmith and Lofferty, 2002).

Similarly, Best and Coney (1992), define attitude as an enduring organization of motivation, emotional, perceptual and cognitive processes with respect to some aspect of our environment. Thus, an attitude is the way we think, feel and act toward some aspect of our environment such as a retail store, television program, or product. Attitudes help consumers to make many kinds of choices. Some of these choices are relatively minor (e.g. what to have for lunch); others are quite important (e.g. what college to attend). Thus a consumer could have an attitude toward a restaurant and an attitude toward a college. Also as mentioned at the onset, a consumer can have an attitude toward a friend or an attitude toward a marketing message (e.g. an ad). Consumers can also have attitudes about themselves (e.g. a self concept) (Goldsmith and Lofferty, 2002).

2.2 The Nature of Advertising

Over the years, advertising has been defined in many ways. According to Bovee and Arens (1996), advertising is the non-personal communication of information, usually paid for and usually persuasive in nature about products (goods and services) or ideas by identified sponsors through various media. Arens (1996) defined advertising as the non-personal communication of information, usually paid for and usually persuasive in nature, about products (goods and services) or ideas by identified sponsors through various media. Belch and Belch (1998) also defined advertising as any paid form of non-personal communication about an organization, product, service, or idea by an identified sponsor. According to Armstrong and Kotler (2000),

advertising is any paid form of non-personal presentation and promotion of ideas, goods, or services by an identified sponsor.

Several aspects of these definitions should be noted. First, in paid aspect of this definition should be the fact the space or time for an advertising message generally must be bought sponsors pay for must advertising. The non-personal component indicates that advertising involves mass media (e.g. television, radio, magazines, newspapers) whereby a message can be transmitted to large groups of individuals, often at the same time. The non-personal nature of advertising means there is generally opportunity for immediate feedback from the message recipient (except in direct response advertising).

Given these elements, one can capture the essence of most definitions in a single prototypical phrase (referred to subsequently as the Current Definition): Advertising is a paid non-personal communication from an identified sponsor, using mass media to persuade or influence an audience. Although this definition may have been appropriate in years past, many technologies and approaches developed since then may affect the applicability of the five elements. The most obvious, new technology is the Internet, which makes advertising more "personal" and calls the "non-personal" element into question. Curran (2002) suggests that this makes the Internet a form of direct marketing, not advertising. But most technological advancements in advertising (e.g., narrowcasting, database mining, and selective binding) have contributed to making advertising more and more interpersonal, more like personal selling.

2.2.1 The Aims of Advertising as a Marketing Strategy

Even though the critics of advertising charge that the only aim of advertising is raising sales, according to marketers, advertising has different aims besides raising sales. Without any doubt, raising the sales of a product is the most important aim but marketers claim that advertising has some other important functions, such as informing consumers about the product, raising brand awareness, positioning brand-image of a product and so on. To realize these aims, advertisers claim that, in contrast to critics, they do not affect consumers' purchasing decisions in a manipulative way but inform consumers about the product to maximize consumers' benefits from the product. As a marketing strategy, the basic aims of advertising can be categorized into six sub-sections:

Raising Sales of the Product

The first and basic aim of advertising is defining the product specialties and determining differences of the product from its competitors. Even though some critics claim that advertising is the most important tool for a product to be purchased, according to advertisers, advertising is just one the factors that affects sales. According to Stanton et al (1990), raising sales is a long-term effect of advertising. Only constant advertising with correct media planning can raise the sales. If the other marketing tools are well planned, which means that the pricing of the product is considerable, distribution channels are sufficient, and the quality of a product is adequate for satisfying needs of consumers, advertising can raise the sales of the product.

Creating Brand Image, Awareness and Loyalty

According to advertisers, to successfully launch a product, advertisements should first of all create awareness and a brand image. These advertisements are known as “image advertisements” created to take a place in the consumer’s mind. When the brand name and image are placed in the mind of the consumer, sales advertisements are successful in directing the consumer to action. Advertising is a marketing tool that causes consumers to purchase the product (Stanton et al, 1991). In the first phase, consumers do not know anything about the product therefore they should be informed about it. In the second phase, consumers comprehend the product’s specialties and utilities. Then, in the third phase, they are persuaded to purchase the advertised product and lastly in the fourth phase, advertisers try to create loyalty for the product. The aim of every phase is different so marketers create different advertising strategies for every phase (Stanton et al, 1991).

Correcting Negative Impressions about the Company or the Product Image

According to advertisers, this is the most difficult aim to be achieved. Creating a brand image for a new product is easier than correcting a negative image because, in the latter case, consumers have already formed an image in their minds. On the other hand, for a new product, there is no positive or negative image in the consumer’s mind; therefore, directing them to something positive is easier for advertisers. At this point, the advertising strategy must be well established because while an advertisement tries to correct negative impressions, it can cause more damage for the company or the brand image (Dyer, 1995).

Creating Competitive Advantage for the Company or the Product

Advertising creates competition among companies and their products. Differentiating a product from its competitors is one of the most important aims of advertising. Such kinds of advertisements direct consumers to choose the advertised brand because of its different specialties and utilities from competitors (Stanton et al, 1991). For instance, all detergent products are produced for cleaning but one can differentiate itself because of its perfume. This specialty is the unique selling purpose, meaning main differentiation point for the product from its competitors. In advertisements, products' unique selling purpose is highlighted.

Informing and Educating Consumers

As has been discussed in the previous chapters, this aim of advertising is the most commonly criticized one. According to critics, advertisements do not give enough or accurate information about the product. In contrast, advertisers claim that advertising is a tool which informs consumers about the benefits of the product and they accept that this is the most important mission of advertising (Dyer, 1995).

Reaching the Masses

Another aim of advertising is to present the product to masses. This is the reason that companies allot the biggest part of their marketing budget to advertising. With the help of advertising, companies reach their target consumer groups through different channels. For instance, a product that targets masses is presented to consumers through national TV but an expensive jewelry brand is presented to consumers through a magazine whose readers have high income (Stanton et al, 1991).

2.2.2 Consumer Attitude toward Advertising

Advertising is to create brand awareness, preference, and selection of product or services. The most influencing theory in marketing and advertising research is attitude-towards-the-advert. However, the attitude that is formed towards the ad help in influencing consumer's attitudes toward the brand until their purchase intent (Goldsmith and Lofferty, 2002). Consumer buying behavior is based on the concept and idea that he/she simply decided to purchase a product or service at the spot (Adelaar et al. 2003). As the goal of effective advertising is to form positive attitude toward ad and the brand, to increase the number of purchase, then a positive emotional response to an ad may be the best indicator of effective advertising (Goldsmith and Lofferty, 2002). That's why basic aim of advertising to encourage people to buy things and creates awareness (Zain-UI-Abideen and Saleem, 2011).

According to the traditional attitude theory consumer behavior is predicted from consumer attitude when consumers buy the brand, which they like the most (Ayanwale et al. 2005). An attitude may be defined as "*acquire behavioral disposition*" (Smith and Swinyard, 1983). When consumers make decisions, they form attitudes about brands and attitudes about products (Zain-UI-Abideen and Saleem, 2011). It is important to realize that in a decision making situation consumers form attitudes toward objects other than the product itself and these attitudes can influence their ultimate selections. For instance, consumers form attitudes toward the advertisements that they see. These are called attitudes toward the advertisements or ad and defined as a predisposition to respond in a favourable or unfavourable manner to a particular advertising stimulus during a particular exposure occasion value. Positive feelings are generated

by an ad and consumers experience a variety of emotional response when they are exposing to ads (Zain-Ul-Abideen and Saleem, 2011).

Determinants of ad include attitude towards the advertiser, evaluation of the ad execution itself (Ayanwale et al. 2005). The mood evoked by the ad, and the degree to which the ad affects viewer arousal levels. It is generally agreed that commercials have the potential to stimulate at least two kinds of positive emotions. That is pleasure and arousal negative emotions such as intimidation, are also possible mood- management theory assumes that consumers strive to eliminate or at least diminish bad moods and perpetuate good ones by selections appropriate media. Arnold et al (2002). For many businesses, advertising performs several functions, and its effects may be dramatic (Ayanwale et al. 2005). Consumer attitude differs from person to person based on the attitudes toward the advertisement. This refers to consumers general liking or disliking for a particular advertisement stimulus during a particular advertising exposure. Attitude toward advertisements depend on a number of factors, including the consumer's mood, the emotions the advertisement elicits to the consumer and the consumer likes for the television program in which the advert is embedded (Batra and Aaker, 1996).

2.3 Traditional Medicine

The term traditional medicine was historically perceived to be a type of health care practice that could not be classified in the same category as that of Modern Medicine (Patwardan, 2005). However, traditional medicine has now become more clear-cut in terms of its identity with orthodox medicine (Essegbey et al. 2014). Traditional medicine is broad and diverse and this explains the reason why there is no single universally accepted definition of the term. This

notwithstanding, one of the most acceptable definitions of TM has been provided by the World Health Organization (WHO). Traditional medicine is defined as all knowledge and practices used in the diagnosis, prevention and treatment of physical, mental or social imbalance which rely on practical ancestral experience and observation handed down verbally or in writing (WHO, 1978). This earlier WHO definition presupposes that traditional medicine is based only on empiricism. This definition also does not explicitly recognize the spiritual or esoteric component of traditional medicine and health care practices.

According to the WHO (2002), Traditional Medicine (TM) is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and social imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. The authors take note of the physical and social imbalance in the definition as it reflects a typical worldview of the Traditional Medical Practitioner (TMP) and his or her patient. In the particular context of Ghana and for that matter Africa, health care goes beyond the physical reaching to the social and psychological dimensions. In this regard, healthcare delivery must be situated in the socio-cultural setting to have effect.

In Ghana, the working definition for traditional medicine is that it is the diverse health practices of the people based on the traditional knowledge and beliefs incorporating plant, animal, mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or combination to maintain well-being, diagnose, treat or prevent illness or physical, mental, social and spiritual imbalances (Essegbey et al. 2014). Herbal medicine is a product obtained from

plant, animal, naturally occurring inorganic substances and may be in the form of concoctions, decoctions, powders, infusions, lotions, ointments, suppositories, inhalations and which does not contain any active substances used in allopathic medicine. Herbal medicine involves more than plant medicine (Essegbey et al. 2014).

2.3.1 The Role of the Traditional Medicine

In many developing countries including Ghana, traditional medicine has assumed a greater role in the primary health care of individuals and communities (WHO, 2002). Like other developing countries, herbal medicine continues to be part of the people's health care systems. In a market survey, van Andel et al. (2012) estimated that about 951 tons of crude herbal medicine was sold on Ghana's herbal medicine market in 2010 with an approximate value of \$7.8 million. This comprised of different parts of the plants from the dried leaves to the barks and used against a range of ailments including malaria, fever, asthma, intestinal problems and sexually transmitted diseases.

Globally, studies have shown that even in the advanced countries, more people with the most advanced orthodox medicine system are making use of herbal medicine to cater for their health care requirements (WHO, 2001). For instance, a survey conducted in the member states of the European Union in 1991 revealed that 1,400 herbal drugs were used in the European Economic Community by patients (WHO, 1996). One-third of American adults have also used alternative treatment and there is a fast growing interest in traditional medicine system in the developed world (WHO, 2001). Also in Africa, the percentage of the population that uses traditional medicine ranges from 90% in Burundi and Ethiopia, to 80% in Burkina Faso, the Democratic Republic of Congo and South Africa; 70% in Benin, Cote d'Ivoire, Ghana, Mali, Rwanda and

Sudan; and 60% in Tanzania and Uganda (WHO, 2000). The widespread usage of herbal medicines in Ghana and elsewhere in Africa is a clear indication of the attitude and beliefs people have about the medicine.

A number of factors have been identified as responsible for the widespread use of herbal medicine. Research has shown that traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases some of which may not be effectively managed using Western medicines. According to Mander et al. (2007) among South African black population, traditional medicine apparently desirable and necessary for treating a range of health problems that Western medicine cannot adequately treat. Traditional medical practice comes in forms which can be confounding at times. For example, in Nigeria, arthropods are reportedly used to cure thunderbolt ('magun'), child delivery ('igbebi'), bedwetting ('atole'), yellow fever ('ibaapanju') and a host of many other ailments that cannot be treated using Western medicines and therapy (Lawal and Banjo, 2007). The link between arthropods and healthcare may be far-fetched when assessed through the lenses of modern orthodox medicine. Yet, set in the belief systems of the human communities, and the aura of the TMP, healthcare may be successfully delivered culturally or psychologically.

Besides, inadequate accessibility and inability to afford modern medicines and drugs to treat and manage diseases in middle and low income countries, especially in Africa, may have contributed to the widespread use of TM in these regions especially in poor households. A study conducted in 36 low and middle-income countries by the World Health organization and Health Action

International (HAI), drugs were inaccessible to a large section of the populations (Cameron et al. 2008). This indicates that the usage of traditional medicine can be attributed to its accessibility. The acceptance of Western religion, education, urbanization and globalization phenomena in Africa is also affecting the use of traditional medicine.

2.3.2 Challenges of Traditional Medicine Practices

In spite of the positive perception of patients on the use of herbal medicines and alleged satisfaction with therapeutic outcomes coupled with their disappointment with conventional allopathic or orthodox medicines in terms of effectiveness and/or safety (Abbot and Ernst, 1997), the problem of safety of herbal remedies continues to remain a major issue of concern. The key challenges of Traditional Medicine practices are as presented below:

Challenges Associated With Monitoring Safety of Herbal Medicines

There is no doubt that the increasing cases of poisoning associated with the use herbal medicines in many parts of the world in recent times, is necessitating the need to ensure thorough toxicity assessment alongside active pharmacovigilance on these products in order to promote their safe use and protect public health (Zhou et al., 2013). The development as well as implementation of the regulation of traditional or herbal medicines in different parts of the world is often confronted with several challenges (WHO, 2004, 2005b). Challenges often encountered and common to many countries are those related to regulatory status, assessment of safety and efficacy, quality control, safety monitoring and inadequate or poor knowledge about traditional, complementary/alternative, and herbal medicines within national drug regulatory authorities (WHO, 2005b).

Challenges Related to the Regulatory Status of Herbal Medicines

The definition and categorization of herbal medicines vary from one country to another. Depending on the regulations applying to foods and medicines, a single medicinal plant may be categorized as a food, a functional food, a dietary supplement, or a herbal medicine in different countries. This introduces serious difficulty in the definition of the concept of herbal medicines for the purposes of national drug regulation while at the same time also confusing patients and consumers (WHO, 2005b). Additional major challenge in many countries is the fact that regulatory information on herbal medicines is often not shared between regulatory authorities and safety monitoring or pharmacovigilance centers (WHO, 2004).

Challenges Related To the Assessment of Safety and Efficacy

There is no gainsaying the fact that the requirements as well as the research protocols, standards and methods needed for the evaluation of the safety and efficacy of herbal medicines are much more complex than those required for conventional or orthodox pharmaceuticals (Zhou et al., 2013). A single herbal medicine or medicinal plant may contain hundreds of natural constituents, and a mixed herbal medicinal product may contain several times that number. Suppose every active ingredient were to be isolated from individual herb from which the herbal medicine is formulated or produced, the time and resources required would be tremendous. Such an analysis may practically be impossible especially where an herbal product is a mixture of two or more herbs (WHO, 2005b).

Challenges Related to Quality Control of Herbal Medicines

One of the major challenges often encountered in the quality control of finished herbal medicinal products, especially mixture herbal products, is the difficulty in ascertaining the inclusion of all

the plants or starting materials (WHO, 2005b). Thus, the general requirements and methods for quality control of finished herbal products remain far more complex than for other pharmaceuticals (WHO, 2004, 2005b). To ensure safety and efficacy of herbal medicines, therefore, WHO continues to recommend the institution of quality assurance and control measures such as national quality specification and standards for herbal materials, GMP for herbal medicines, labeling, and licensing schemes for manufacturing, import and marketing, in countries where herbal medicines are regulated (WHO, 2004).

Challenges Related to Safety Monitoring of Herbal Medicines

In recent years, issues relating to increasing use of herbal products in developed countries, dependence of many people living in developing countries on plants as a major source of medicines coupled with absence or weak regulation of herbal medicines in most countries and the occurrence of high-profile safety concerns, have increased awareness of the need to monitor safety and deepen understanding of possible harmful as well as potential benefits associated with the use of herbal medicines (Rodrigues and Barnes, 2013). Adverse events arising from consumption of herbal medicines are attributable to several factors among which include the use of the wrong species of plant by mistake, adulteration of herbal products with other, undeclared medicines, contamination with toxic or hazardous substances, overdose, misuse of herbal medicines by either healthcare providers or consumers and use of herbal medicines concomitantly with other medicines. Although, the assessment of the safety of herbal medicines has become an important issue for consumers, regulatory authorities, and healthcare professionals, analysis of adverse events related to the use of these products is much more complex than in the case of conventional pharmaceuticals (WHO, 2005b; Zhou et al., 2013).

2.4 Direct-To-Consumer Pharmaceutical Advertising (DTCPA)

DTCPA can be defined as an effort (usually via popular media) made by a pharmaceutical company to promote its prescription products directly to patients (Abel and Penson, 2006). Direct-to-consumer pharmaceutical advertising (DTCPA) has grown rapidly during the past several decades and is now the most prominent type of health communication that the public encounters (Kuehn, 2010; Greene and Herzberg, 2010). Although only limited data exist, research suggests that DTCPA is both beneficial and detrimental to the public health (Abel and Penson, 2006). The number of arguments that favor or oppose DTCPA is fairly evenly balanced, and viewpoints presented by both sides can be supported with evidence (Almasi et al. 2006). Although there have been calls to ban or severely curtail consumer drug advertising, remedies to maximize the benefits and minimize the risks of DTCPA are more frequently suggested (Almasi et al. 2006).

2.4.1 Types of Advertisements of DTC Drug Advertisements

There are currently several types of DTC drug advertisements (Connors, 2009). One type is the “help-seeking ad,” which provides only information about a medical condition and encourages patients to contact their physician but does not mention a product (Connors, 2009). Another category is the “reminder advert,” which includes the product name; this type may provide information about strength, dosage form, or price, but it doesn’t mention the indication or make any claims (Morgan, 2007). The third and most common type is the “product claim ad,” which mentions the product and its indication and includes efficacy or safety claims (Abel and Penson, 2006).

2.4.2 Media That Distribute Direct-to-Consumer Drug Ads

Channels used to distribute DTCPA most commonly include television, print (magazines, newspapers), radio, the Internet, and other forms of mass media (billboards and direct mailings) (Abel and Penson, 2006). Promotional brochures that are supplied to health care professionals to distribute to patients can also be considered DTCPA, even though they aren't provided directly to the consumer by the manufacturer (Abel and Penson, 2006). Many marketers are also beginning to recognize the enormous potential of online DTCPA, which reaches millions of potential consumers globally. Though the vast majority of DTCPA budgets are still allocated to traditional media (television, newspaper, magazine, radio), marketers are beginning to shift some of their promotional spending to digital promotion, such as product Web sites, online display advertising, search engine marketing, social media campaigns, and mobile advertising.

2.4.3 Skepticism toward Advertising

A widely adopted definition of skepticism toward advertising in general is the tendency toward disbelief of advertising claims (Obermiller and Spangenberg, 1998). Advertising skepticism is conceptually different from a general attitude toward advertising. One consumer can be skeptical, but still like DTCA; a second consumer may not like DTCA, but exhibit no skepticism toward the advertising form (DeLorme et al., 2009). Advertising skepticism is also different from trust in advertising in general (DeLorme et al., 2009), which will be discussed later. Based on the persuasion knowledge hypothesis Obermiller and Spangenberg (1998) perceived advertising skepticism as a socially learned psychological state that develops and changes over time as part of persuasion knowledge about advertising (i.e., knowledge of persuasion strategies influences response to advertising). As a psychological state, advertising skepticism was reasoned to be

shaped by the same factors that shape persuasion knowledge (e.g., folk wisdom, conversations, media commentary, and exposures), but especially by the antecedents: individual-specific characteristics (e.g., age, education, self-esteem, personality trait of general cynicism), marketplace experiences, types of advertised products, and ad-specific elements (Obermiller and Spangenberg, 1998). They argued that advertising skepticism is a moderator of the persuasive effects of advertising and thus a key construct for studying ad effects (Obermiller and Spangenberg, 1998).

Several studies (e.g. DeLorme et al. 2009, Diehl et al., 2007; Huh et al., 2012) examined consumer skepticism in the context of pharmaceutical advertising. Diehl et al. (2007) reported findings from the same survey in three different articles. They found that levels of OTCA and DTCA skepticism were neutral (M=2.44 for OTCA; M=2.41 for DTCA, on a 5-point scale, a higher score indicated a higher level of skepticism), skepticism toward advertising in general was positively related to skepticism toward DTCA and OTCA respectively, and the level of skepticism toward pharmaceutical advertising was found to be lower than the level of skepticism toward advertising in general. The attitude toward pharmaceutical advertising, however, was more negative than the attitude toward advertising in general. Respondents showed more negative attitude toward DTCA than toward OTCA, but the levels of skepticism toward DTCA and OTCA were not significantly different.

2.4.4 Information Utility of DTCA and OTCA

Some studies examined consumers' perceptions of the information utility of DTCA in their decision making processes. Deshpande et al. (2004) found that (1) consumers have positive

opinions of DTCA's information utility (M=2.5 on a 4-point scale, a higher score indicated a higher level of information utility), (2) consumers' perceptions of the quality of risk and benefit information and the clarity of the ad predicted consumers' perceptions of the utility of DTCA, (3) consumers in poorer health and females had more positive opinions of DTCA's utility in their health care decision making than their counterparts (race, age, education, ad exposure, and drug use were not found to be significant predictors of information utility), and (4) consumers were more likely to use DTCA in their health care decision making (e.g., talking to doctors about advertised drugs and medical conditions, requesting prescriptions of advertised drugs) when they perceived greater usefulness of DTCA.

Huh et al. (2004a) found that (1) consumers' perceived information utility was somewhat negative (M=3.86 on a 7-point scale, a higher score indicated a higher level of information utility), (2) older consumers (M=4.18) perceived information utility of DTCA more positively than younger consumers (M=3.69), (3) consumers' attitude toward DTCA and Rx drug use were positive predictors of their perceptions of DTCA's information utility, and (4) regardless of age, perceived information utility of DTCA was positively correlated with health care decision making behaviors.

2.4.5 Trust in DTCA and OTCA

Soh et al. (2009) developed a scale that examines trust in advertising. They defined the concept of trust in advertising as confidence that advertising is a reliable source of product/service information and willingness to act on the basis of information conveyed by advertising. Their definition of trust in advertising consists of cognitive, emotional, and behavioral dimensions.

They perceived trust in advertising as conceptually different from advertising credibility (they perceive advertising skepticism as the same construct, but in the opposite direction, as advertising credibility) and attitude toward advertising in general; trust in advertising is a multi-dimensional concept that is more comprehensive than the other two concepts. From their validation processes of the scale, they found that the Ad Trust scale indeed consists of three dimensions: (1) cognitive (perception of reliability and usefulness of advertising), (2) affective (affect toward advertising), and (3) behavioral dimensions (willingness to rely on advertising). The cognitive dimension was the most salient dimension that has more explanatory power of the construct. They pointed out that they did not find sufficient discriminate validity between Ad Trust and related variables such as attitude toward advertising in general and advertising credibility. In order to reduce overlap between these variables, the current model uses the cognitive dimension of the Ad Trust scale.

Some studies have examined trust related variables such as credibility and believability of DTCA. Huh et al. (2004b) examined DTCA's credibility by the various media types in which the ads were placed. They defined *credibility* as the degree to which the consumer sees the source or medium as conveying trustworthy, believable, accurate, or expert information. From a survey of older consumers (N=472), they found that the overall credibility of DTCA was neutral (M=3.98, on a 7-point scale, a higher score indicated a higher level of credibility) and that the attitude toward DTCA and DTCA familiarity were the most significant predictors of the perceived credibility of DTCA across various media types. Age, media use, and DTC ad recognition were other predictors of DTCA's credibility in some of the media types.

2.4.6 Arguments in Support of Direct-to-Consumer Drug Ads

Although one might think that positions against DTCPA would predominate, the debate is actually quite balanced. Opinions and data in support of DTCPA are as follows.

I. DTCPA Informs, Educates and Empowers Patients

Proponents claim that DTCPA educates patients and allows them to take charge of their health (Connors, 2009). Consumers can benefit from having access to multiple information sources about drugs and other treatment options rather than relying solely on health care providers. The Internet, including online DTC ads, has become an increasingly popular source of medical information for consumers. The results of a 2005 study of more than 6,000 adults indicated that although the physician was still the most trusted source of information, 48.6% of the subjects went online first and then consulted their physician, whereas only 10.9% talked to their physician first (Connors, 2009). Online DTCPA or other pharmaceutical company-sponsored Web sites can also be used to inform patients by communicating safety risks and public health information, public and private health warnings about topics such as online drug purchasing, and adverse reactions.

II. DTCPA Encourages Patients to Contact a Clinician

A common claim is that DTCPA prompts patients to consult a health care provider to seek medical advice (Boden and Diamond, 2008). A 2004 FDA consumer survey found that exposure to DTCPA prompted 27% of Americans to make an appointment with their doctor to talk about a condition they had not previously discussed. Another study found that the small print in a drug ad was strongly associated with patients contacting their health care providers (Boden and

Diamond, 2008). The effect of DTCPA in increasing patient contact with health care providers could also be beneficial by promoting dialogue about lifestyle changes that improve patients' health, whether or not a drug is prescribed (Boden and Diamond, 2008).

III. DTCPA Promotes Patient Dialogue With Health Care Providers

Most health care professionals seem to agree that DTCPA is beneficial because it promotes dialogue with patients (Aikin et al. 2004). In the 2004 FDA survey, 53% of physicians said DTCPA led to better discussion with patients and 73% believed that consumer drug advertising helped patients ask more thoughtful questions. In addition, in a survey of 221 American oncology nurse practitioners (ONPs), 63% of participants felt that DTCPA promoted dialogue with patients (Abel and Penson, 2006). DTCPA may also benefit patients by promoting heightened awareness and detection of adverse reactions, which also may lead to a discussion with a health care provider. There is evidence that dialogue inspired by DTCPA does not always benefit the manufacturer of the advertised drug, because physicians do not usually prescribe a medication simply because it is requested by a patient (Lee, 2009).

IV. DTCPA Strengthens A Patient's Relationship With A Clinician

Studies generally agree that participation of an informed patient in clinical decision-making benefits the patient-clinician relationship (e.g. Delbaere and Smith, 2006). One research study of print DTCPA suggested that DTC ads reinforced the patient-clinician relationship: 83% of the ads focused on physician-patient communication, 76% explicitly promoted dialogue with health care providers, and 54% clearly placed the doctor in control (Auton, 2009). Another study showed that the small print in DTCPA encouraged patients to seek the advice of their doctor,

whom they described as their most preferred and trusted source of information (Delbaere and Smith, 2006).

V. DTCPA Encourages Patient Compliance

The data consistently show that small, but statistically significant, improvements in adherence occur among patients exposed to DTCPA (Kuehn, 2010). This increased compliance is believed to be due to drug ads serving as a reminder about a patient's medical conditions and prescriptions (Frosch et al. 2010). DTCPA is also thought to reinforce physician recommendations and make patients more likely to follow treatment instructions. The beneficial effect of DTCPA on patient adherence has been detected in several research studies. In a study by Harvard University/Massachusetts General Hospital and Harris Interactive, 46% of physicians said that they felt DTCPA increased patient compliance (Auton, 2009).

VI. DTCPA Reduces Under Diagnosis And Under Treatment Of Conditions

DTCPA has been credited with decreasing the under-diagnosis and under treatment of medical conditions (Frosch et al. 2010). Drug ads enhance patient perceptions about conditions that could be medically treatable and encourage dialogue with health care providers (Frosch et al. 2010). The 2004 FDA survey also found that DTCPA improved the under diagnosis of illnesses, since 88% of patients who had inquired about a medication in response to a drug ad had a condition that the drug treated. The 2003 Harvard University/Massachusetts General Hospital/Harris Interactive study also found that 25% of patients who visited their doctor after seeing DTCPA received a new diagnosis; of these, 43% were considered to have a high-priority health condition.

VII. DTCPA Removes The Stigma Associated With Certain Diseases

Consumer drug advertising for health problems that could be embarrassing to a patient, such as depression or erectile dysfunction (ED), can reduce the stigma associated with these conditions (Connors, 2006). For example, an advertising campaign for finasteride (Proscar, Merck), a treatment for benign prostatic hyperplasia, is widely regarded as having successfully raised awareness of a medical condition that men had been reluctant to discuss with their doctors (Auton, 2009). A poll of people who called a toll-free number in response to a 1997 DTC campaign for a genital herpes treatment was also conducted. The poll revealed that 45% of callers had been prompted to make an appointment to discuss the problem with a doctor within three months after seeing an advert (Connors, 2006).

VIII. DTCPA Encourages Product Competition And Lower Prices

DTCPA is often assumed to be a major driver of rising pharmaceutical costs; however, economic theory and evidence suggest that pharmaceutical prices are instead largely influenced by consumer, physician, and payer perceptions of product value rather than advertising costs (Donahue et al. 2007). Consumer drug ads may spur manufacturer price increases because of demand, but the evidence for this is mixed (Donahue et al. 2007). Supporters of DTCPA also claim that drug advertisements stimulate increased competition, which leads to lower prescription drug prices (Connors, 2006). They argue that DTCPA also encourages early pharmacological management, resulting in cost-savings from avoiding more expensive surgical interventions. Unfortunately, these claims are not verifiable, because data available regarding the effect of DTCPA on drug costs are limited (Connors, 2006).

2.4.7 Arguments Opposing Direct-to-Consumer Ads

Critics also commonly voice arguments against DTCPA. Opinions and data opposing DTCPA are as follows. DTCPA:

I. DTCPA Misinforms Patients

Although DTC advertising may educate patients, it also has the ability to misinform them (Abel and Penson, 2006). A common complaint is that DTCPA omits important information. For example, in one study, 82% of DTCPA ads made some factual claims and rational arguments for use of the advertised drug; however, only 26% of the ads described risk factors or causes of the condition, and only 25% mentioned prevalence. DTCPA also tends to suggest that health improvement comes from a medication, perhaps in combination with healthy activities, but never from behavior modification alone (Shaw, 2008). By promoting a drug as the solution to a health problem, these advertisements may lead viewers to believe that adopting healthy behaviors, such as a good diet and exercise, are ineffective or unnecessary (Shaw, 2008). Patients may also lack the skills needed to evaluate comprehensive medical information, even if it has been provided (Frosch et al. 2010). In addition, few lay-people have the advanced skills that are required to evaluate the psychology, logic, economics, and semiotics behind DTCPA. Consumers have also been found to place unwarranted trust in DTC ads. One survey of consumers found that 50% of respondents thought that the ads were approved by the government, 43% thought that a medication had to be completely safe for it to be advertised; and 22% thought that a drug known to have serious side effects could not be advertised (Frosch et al. 2010).

II. DTCPA Overemphasizes Drug Benefits

Opponents to DTCPA warn that ads for drugs overemphasize potential benefits. In support of this view, content analytic studies have found that most DTC ads emphasize drug benefits over risks (Frosch et al. 2010). Physicians also report that most patients who initiate a request for a new drug understand the benefits much better than they understand its risks (Donahue et al. 2007). Studies have found that when a claim presents a drug as being very efficacious, consumers do not make much effort to process the rest of the information within the message and information about risks is also typically presented in often-ignored smaller print or as part of a large, undifferentiated block of text or audio (Delbaere and Smith, 2006).

III. DTCPA Promotes New Drugs Before Safety Profiles Are Fully Known

New drugs have been associated with previously unknown serious adverse events after they have been introduced to the market and a substantial amount of use has occurred (Schuchman, 2007). This is particularly true for “first-in class” drugs (Schuchman, 2007). Clinical trials required for FDA approval are typically not designed to detect rare adverse effects, and current methods of post-marketing surveillance often fail to connect adverse events that have a high rate of background prevalence with the use of a particular drug. Drugs that are expected to be “blockbuster” sellers are also most heavily promoted early in the product’s life cycle, which can present a public health risk because the drug’s safety profile is not fully known at that point (Schuchman, 2007).

IV. DTCPA Manufactures Disease And Encourages Drug Over-Utilization

DTCPA has been criticized as contributing to the “medicalization” of natural conditions, cosmetic issues, or trivial ailments, resulting in an overmedicated society (Connors, 2009). For this reason, some commentators have even referred to DTCPA as a threat to public health. One often-cited example is DTC ads for ED drugs, which seem to target men who may be experiencing normal variations in sexual performance. Studies show that only 10% of American men experience a total inability to achieve an erection. Therefore, many requests for ED drugs seem to be for occasional problems, which may actually be “normal (Connors, 2009). Similarly, DTC drug ads have also been criticized for redefining menopause as a hormone-deficiency disease rather than a normal midlife experience (Connors, 2006).

V. DTCPA Leads To Inappropriate Prescribing

If a patient’s request for an advertised drug is clinically inappropriate and the health care provider is unable or unwilling to correct the patient’s perception that it is a good choice, this situation may lead to unnecessary or harmful prescribing (Frosch et al. 2010). An additional problem mentioned by critics is that patients may withhold information to fit a particular profile that they saw in DTC ads in an attempt to get the doctor to prescribe a drug they want but that might not be appropriate for them (Connors, 2009). Furthermore, more than half of the physicians in this study said that they prescribed the drug in order to accommodate the patient’s request. Similarly, 94% of ONPs (n = 221) reported having had a patient request for an advertised drug, and 40% said they experienced one to five requests per week (Abel and Penson, 2006).

VI. DTCPA Strains Relationships With Health Care Providers

DTCPA is often criticized for its potential impact on the patient–clinician relationship (Abel and Penson, 2006). Drug ads can have an influence in diminishing a patient’s trust in their health care provider’s clinical decisions. Clinicians may also find themselves challenged with increased work and frustration when a patient questions their clinical authority with a piece of “evidence” obtained from an advertisement or Web site (Abel and Penson, 2006).

VII. DTCPA Wastes Appointment Time

Supporters of DTCPA argue that doctors should act as learned intermediaries and should educate consumers about prescription drug indications, benefits, and alternatives (Connors, 2009). However, many physicians oppose DTCPA because they feel it is difficult and time-consuming to have to convince patients that a requested drug is inappropriate. Data suggest that the average patient–doctor visit lasts between 16 and 21 minutes. If discussion of an inappropriate prescription request needs to occur, this leaves little time for a doctor to address other more important issues (Frosch et al. 2010). Discussions about advertised drugs can affect patient goals, divert time away from disease screening or examinations, or pre-empt dialogue about healthy lifestyle changes or mental health issues.

VIII. DTCPA Is Not Rigorously Regulated

Some critics argue that regulations concerning DTCPA are too relaxed (Connors, 2009). They complain that FDA rules don’t prevent DTCPA violations, because drug manufacturers are held liable only after a violation has been identified (Connors, 2009). Because drug companies are not required to obtain clearance for DTCPA prior to dissemination (“pre-clearance”), a misleading

advertisement could complete its run by the time the DDMAC issues a letter. The FDA can request that a DTC ad be amended in response to a violation; however, critics say that this will not make consumers forget the misleading information they saw in the original ad (Connors, 2009).

IX. DTCPA Increases Costs

Another common complaint is that manufacturers often use DTCPA to promote expensive “me-too” or “copycat” drugs that might not offer any significant benefits over older and cheaper medications (Shaw, 2008). Critics say that cost information that could benefit consumers is rarely included in DTCPA (Frosch et al. 2010). They suggest that, at a minimum, ads should note whether generic drugs that might be a less expensive alternative are available (Frosch et al. 2010). Patients also do not know that they might not be able to obtain a new drug that they saw advertised, because it costs 10 times more than an older, equally effective drug and is not on formulary. Some opponents also suggest that DTCPA increases health care costs because visits to the physician prompted by a drug ad can be a waste of time and money.

2.5 Suggested Remedies

Both supporters and opponents of DTCPA agree that even though it might not be possible to severely curtail or ban DTC ads, measures should at least be undertaken to maximize the benefits and minimize the risks of consumer drug advertisements. Some measures that have been suggested to achieve those goals are summarized as follows.

2.5.1 Delay Advertising for New Products

The Institute of Medicine (IOM) concluded that DTCPA contributes to early widespread use of new drugs and recommended a two-year advertising moratorium to conduct adequate post marketing safety surveillance (Schuchman, 2007). The IOM recommended that a special symbol appear on packaging for the first two years that a new drug is on the market (Schuchman, 2007). Despite endorsement of the delay in DTCPA by many sources, governmental regulations for such a moratorium have not been established (Schuchman, 2007).

2.5.2 Ban Product-Specific Ads

DTCPA is said to be designed to instill product preferences in people who often do not have the information, training, or incentive to compare risks, benefits, and costs of available treatment options (Abel and Penson, 2006). It has therefore been proposed that DTCPA be replaced with non-branded informational campaigns, which would have comparable educational benefits but would be safer, more effective, and more economical than DTCPA. Rather than invest so much money in DTCPA, it has been proposed that drug manufacturers could sponsor an informational advertisement that lists the benefits of a drug class and encourages patients to see their doctors to discuss treatment choices (Abel and Penson, 2006).

2.5.3 Establish Regulations for Online Advertising

The establishment of regulations for online DTCPA has also been urged. These regulations could include mandatory public notification when online content is sponsored by a pharmaceutical company. It has also been recommended that drug companies be made responsible for correcting user-generated content that makes unverified, negative, or clinically inappropriate comments.

Proposals for drug manufacturers to use the Internet to collect adverse-event reports from consumers have also been presented.

2.5.4 Include Quantitative Information

It has been suggested that Ads could provide specific quantitative information about potential benefits and risks of advertised drugs instead of the current qualitative and often emotionally driven messages (Frosch et al. 2010). It has been shown that exaggerated perceptions of drug benefits can be easily corrected by including quantitative data in DTCPA ads (Frosch et al. 2010). A series of studies found that the addition of a table displaying quantitative data to DTCPA led to a more realistic appraisal of a drug's benefits relative to a standard print ad that lacked this information, even for participants with little formal education (Frosch et al. 2010).

2.5.5 Improve Patient Comprehension

All information included in DTCPA, including product risk, could be presented at an eighth-grade literacy level to ensure comprehension by a larger segment of the population. Health centers with computers should include user-friendly interfaces, such as touch screens, voice recognition, and hand-held remote controls, to reach patients who lack computer skills or have low literacy levels.

2.5.6 Include Drug Cost Information

Consumers would also benefit from being provided with drug cost information. However, price comparisons of different drugs are difficult because this information is rarely publicly

accessible. Until such data are disclosed, ads could, at a minimum, note when a generic alternative is available.

2.6 Theoretical Framework of the Study

To operationalize the study's objective, the hierarchy of effects model will be adopted as the theoretical framework of the study. Effective advertising strategies influence customers mind and avoid wasted expenditure (Kotler and Armstrong, 2010). To assess the effectiveness of advertisement, the academic researchers and advertisement practitioners are widely using the hierarchy of effects model (e.g. Weilbacher, 2001). Hierarchy of effect is a marketing theory presumes the process of purchasing that customers go through a series of steps that take place with attention, interest, desire and then ends up in purchase decision (Kotler and Armstrong, 2010). Customer responds to a business advertisement in an ordered way that is starting from cognition than effects and finally conation (Wijaya, 2012). Conventional advertising hierarchy model is based on cognitive information processing and presume that attention is required as a first step and works as an antecedent for further information processing that proceeds in a hierarchic order from attention to action (Yoo et al., 2004).

The hierarchy of effects model is used in advertisement for more than 100 years because customers responds to a business advertisement in an ordered way usually cognition, effect and conation (Yoo et al., 2004). Consumer passes through a series of cognition, effect, conation when purchasing (Kotler and Armstrong, 2010). With the passage of time marketers and researchers described the different stages, different steps and sequences of hierarchy of effects model but always has been a generalized form as a sequence of Cognition (attention), Affect

(attitude) and in the end Conation (purchase). Dragon (2011) gave valuable suggestions about AIDA model that “AIDA is probably the oldest acronym in marketing. It is the best and will never change”

THE AIDA MODEL

The AIDA Model (Strong, 1925) is in fact an acronym for attention, interest, desire and action and describes a cognitive journey of a consumer that travels through four main stages. AIDA is an acronym used in marketing and advertising that describes a common list of events that may occur when a consumer engages with an advertisement. This model can be approached as a tool to encourage action by stimulating the purchase of a certain product or service. It is a good way for advertisers to create efficient promotional campaigns by conducting the consumer through four psychological stages, from unawareness to concrete acquisition. To obtain the desired result, marketers have to use special measures in every of the four stages of the process. These steps have the purpose of mapping the cognitive route that a consumer gets through.

1. Attract the **Attention**: The advertiser has to promote the product in such way so the customer becomes aware of the existence of that particular service. The purchase process begins from the moment when a consumer does not know about a certain brand, so he first has to find out about the existence of the product or service. This first step in cognitive hierarchy focuses on ways to catch and retain the consumer attention.

2. Leads to **Interest** in the product: Consumer interest appears when he actively expresses it in connection to a product or service that he knows about.

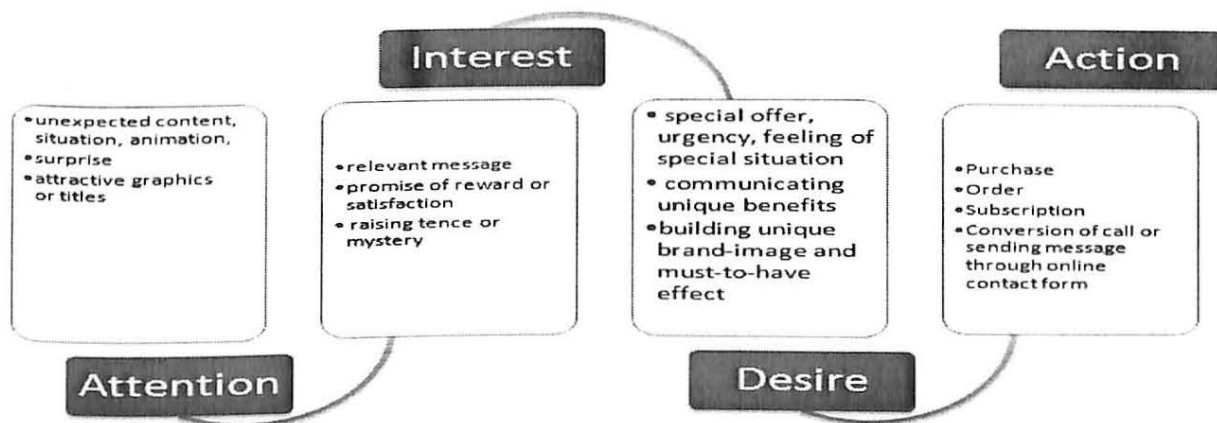
3. And thence to *Desire* to own or use the product: Desire is considered the actual aspiration to a particular product, service or brand.

4. And then finally leads to *Action*: Action represents the final step of the buying process. Taking action is actually making the next step in purchasing the selected product or service. In this stage marketers focus on determining the consumer to finalize the entire cognitive process with an actual acquisition, with the concrete action of buying the product or service.

(See Figure 1.1) (Mackay, 2005)

For the advertisement to contribute to success it has to be designed so that the customer passes through all these four phases, with all being equally important. The model implies that advertising should inject memorable and believable messages that will make customers to act in a certain way (Yoo et al., 2004).

Figure 1.1 The AIDA Model



2.7 Conclusion

In sum, these studies provide a look at the role of the perceived importance of DTCA and OTCA in consumers' decision making processes. The perceived importance of DTCA and OTCA was related to some other evaluative variables, such as the informativeness of the DTCA, the third-person effect, and skepticism of DTCA and OTCA. However, little is understood regarding other possible antecedents of the perceived importance of DTCA and OTCA, such as demographics, health related characteristics, and DTCA and OTCA exposure, as well as the possible behavioral outcomes, such as communication with doctors, pharmacists, friends or relatives, and drug requests or purchase behaviors. Thus, the current study will examine these relationships to better understand the role of the perceived importance of DTCA and OTCA in consumers' decision making processes.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents detailed account of how data were obtained for the study. It contains the research design, population of the study, sample size, sampling technique, data sources, data collection instruments, data collection procedure, data processing and analysis, data quality assurance and ethical considerations.

3.1 Research Design

According to Neuman (2007), a research design can be defined as a plan for selecting sources and type of information used to answer the research questions. The research design is used to specify the link or connection existing among the variables of the research. It further outlines every single step right from the formulation of the hypothesis to the final analysis of the collected empirical data. The survey design was used in this study. The descriptive survey as defined by Yin (2003), has furthermore the characteristics to indicate how many members of a particular population have a certain characteristic. The foremost reason for using the survey method is to make sure that any later evaluation of the attributes of the sample population are accurate, and the findings could be generalized as well as promote replication later by other researchers and/or among other samples. The survey method was also employed because it enabled the researcher to collect consistent information from the study population. This study also adopted the mixed methods in order to vividly present the findings in a more coherent and cogent manner.

3.2 Population

In Ghana, about 70% to 75% of the population relies on herbal medicine for their primary health care. Also, herbal medicine is the first line of treatment for more than 60% of children with high fever resulting from malaria (WHO, 2003a). There is, on the average, one traditional medical practitioner for every 400 people, compared to one biomedical doctor to 12,000 people in Ghana (Darko, 2009). Accra alone has over 100 TMPs and considering that it was impractical to contact all these TMPs, this selected 5 of them based on size, customer base, location and services. The five, according to the Food and Drugs Authority, are among the biggest of such companies, offers comprehensives services and have won local and international recognitions. The Convenience Sampling was used to sample the views of 100 customers of the five TMPs based in the Accra metropolis. These TMPs are:

- Top Herbal Clinic, Haatso
- Champion Divine Clinic, Taifa
- Capital 02, Bubuashie-North Kaneshie
- Agbeve Herbal Medicine & Clinic, Sowutuom and
- Amen Scientific Herbal & Clinic, Dome CFC Estates

The kind of customers contacted for this study were patients who have come to these five TMPs to seek healthcare and who have actually used traditional medicine before. The reason for choosing customers who have used traditional medicine before was to ensure that accurate and valid responses were collected. Moreover, focusing on this set of customers was deemed appropriate since they have experienced traditional medicine before and therefore were in a better position to share more light on their experiences.

3.3 Sampling Technique

A sample is referred to as the percentage or fraction of the population that answers the research question (Neuman, 2007) It can be said the reasons for undertaking surveys is to enable the researcher generalize from the sample to the population that the hypothesis regarding attitudes, behaviour among others can be made (Neuman, 2007). Thus how respondents are selected for a particular study is very critical for the success or otherwise of the study faced with constraints (for example, financial, administrative, and time), the author used the Convenience Sampling technique taking cognizance of its drawbacks and random sampling partly. Convenience Sampling is statistical method of drawing representative data by selecting people because of the ease of their volunteering or selecting units because of their availability or easy access. The advantages of this type of sampling are the availability and the quickness with which data can be gathered. This was used because, it enabled the author to have reasonable control over the sample, use his judgment to select cases or units which best allowed him to answer the research questions and achieve the objectives of the study.

Faced with constraints (for example, financial, administrative, and time), the researcher used the quota sampling technique to collect data from the target population of the study. Quota sampling is a non-probability sampling technique wherein the assembled sample has the same proportions of individuals as the entire population with respect to known characteristics, traits or focused phenomenon (Amaratunga et al, 2002). According to Yin (2003), a quota sample is a type of non-probability sample in which the researcher selects people according to some fixed quota. That is, units are selected into a sample on the basis of pre-specified characteristics so that the

total sample has the same distribution of characteristics assumed to exist in the population being studied. The quota sampling technique was used because it ensured that equal number of respondents (twenty customers each) was contacted from the five TMPs in order to ensure a more representative sample. Within the TMPs, customers were categorized into low-earned, mid-earned and high-end and to avoid a data size which is too large, 7 respondents each were picked from the mid-earned and high-earned and 6 from the low earned. This means the researcher divided the population into exclusive subgroups (five TMPs from different segments of the Metropolis). On the average, each of the 5 TMPs attends to about 50 patients daily and considering the fact some of the patients are too sick to be interviewed, the study focused on the patients who visited the Out Patients Departments (OPD). This was because, they were in the better position to participate in the study.

3.4 Sample Size of the Study

To get as many responses as possible, the researcher collaborated with the front desk officers of the five TMPs with the instruction to give the questionnaires to customers who come to transact business with the TMPs. The size of the sample of this study was largely determined by calculating what could be achieved with the resources available during the limited duration of each day. Due to the constraints of financial resources, this study collected data from 20 customers each of the five TMPs. In effect, the sample size for this study was 100 customers of five TMPs based in the Greater Accra Metropolis. Now, because the Accra Metropolis is too large an area, TMPs were carefully selected to reflect both the poor and the rich. The TMPs are located at Haatso, Taifa, Bubuashie/North Kaneshie, Sowutuom and Dome. It must be added that the strategy of contacting customers at the OPD and coupled with the fact that the questions were

closed ended, 100 questionnaires were administered and all the 100 questionnaires returned. This implies that the response rate was 100% and this is very impressive. This again implies that the simple nature of the questionnaires facilitated the rather high response rate (Yin, 2003).

3.5 Research Data Sources

Data was collected from all relevant sources, secondary (journals, periodicals, textbooks, websites, etc) and primary (questionnaires). The essence of any data collection method is the ability to unambiguously answer the research questions. The survey instrument that was used for data collection is the Questionnaire. In addition to the primary data, secondary data was employed in order to provide comparative and contextual information, relevant for discussing findings from the current study. The secondary data sources for this study included published articles, books, reports related to the subject area as well as internet sources.

3.6 Data Collection Instruments

The data collection tool used by the researcher in gathering the primary data was the survey questionnaire, using a structured questionnaire and the reason for its usage was to facilitate easy answering of the questions, considering that most of the respondents were patients and could not spare too much time. Another reason was for easy analysis. The vital goals of a questionnaire are to collect accurate data with maximum reliability and validity, and to obtain information relevant to the objectives of survey (Neuman, 2007). In the questionnaire, respondents were required to read questions, interpret what is expected and write down or record with answers independently. In essence, the survey questionnaire was used because it was relatively economical, ensured anonymity and eliminated bias (Neuman, 2007). The likert scale was employed since it was

deemed to be an excellent means of measuring the attitude of respondents towards an attribute. The likert scale is user friendly and reduces uncertainty, confusion and misunderstanding (Yin, 2002). The advantage here is that it helps to reduce non-response by eliminating respondent fatigue (high response rate is very critical for every research because it makes it more credible).

Again, this study used closed-ended questions in order to make data collection easier. The closed-ended questions were employed bearing in mind that the respondents had come to the TMPs to address their healthcare needs and therefore, using closed-ended questions allowed them to complete the questionnaires swiftly and with less stress (Yin, 2003).

3.7 Data Collection Procedure

The primary data collection method used in this survey was the self-administered questionnaire. Prior to the conduct of the study, permission was sought from the Management of the five TMPs. To evoke an interest in the study, the purpose and objectives of the study and when the study would be conducted, the confidentiality, anonymity and voluntary nature of the study were communicated to the respondents and also, an assurance given that the data acquired would only be used for research purposes. Upon getting approval, the researcher through the help of the staff of the TMPs distributed the questionnaires to patients at the Out Patients Department (OPDs). It must be added that the researcher administered the questionnaires on customers (patients) who were willing to participate in the study. Where the respondents needed assistance in filling the questionnaires, the researcher assisted them through reading out the questions to them, interpreting it into local languages of their choice and ticking appropriate responses.

3.8 Data Presentation and Analysis

Analyzing and interpreting research data forms a key part of any research. Defining the analytical method is vital to any research strategy (Amaratunga et al, 2002). Different approaches actually can be used in investigating, categorizing, tabulating and or having a combination of the facts to deal with the research questions (Yin, 2003). Given the varied sources of data gathered for the study, the researcher had to address how the data would be processed and analyzed. This section discussed the mode the data collected were treated (processed and analyzed). This was done to allow for as much comparability as possible between the data sets and the survey data before discussing the way in which the data was analyzed. The essence of analyzing the information from the research questions was to summarize the data in such a way that it both answers the stated research questions and as well as meet the research objectives.

The datasets collected were then coded and translated to an SPSS (Statistical Package for Social Science) and Microsoft Excel. SPSS especially is a versatile computer package that has the ability to perform a wide variety of statistical procedures (Yin, 2003). The data was analyzed in both descriptive and quantitative forms such using frequency tables, percentages and bar charts.

CHAPTER FOUR

DATA ANALYSIS

4.0 Introduction

This section analyzes and discusses the findings based on the data collected from the field.

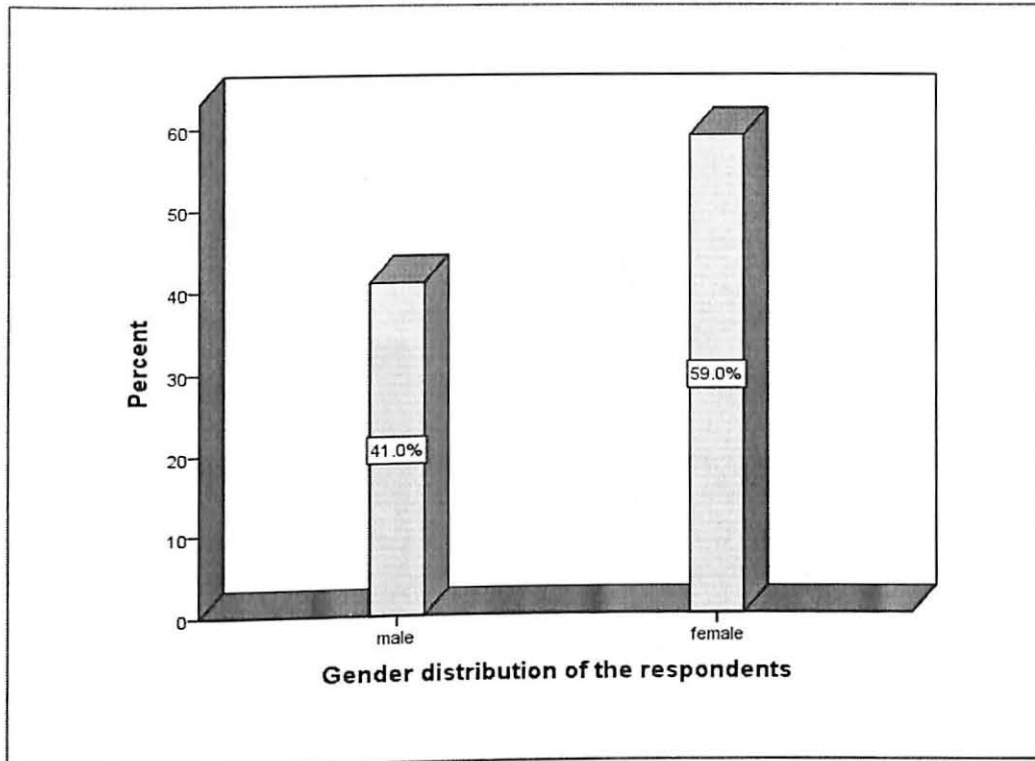
4.1 Bio Data

This section presented the findings in relation to the background of the respondents such as their gender, their ages, academic and professional qualifications and their occupations.

4.1.1 Gender distribution of the respondents

It was found that out of the hundred respondents contacted, fifty nine respondents (59.0%) were females while the remaining forty one respondents (41.0%) were males. This finding implies that more males participated in the study than females and it does not necessarily mean that more males use herbal medicine than females. See Figure 4.1 for details.

Figure 4.1 Gender distribution of the respondents

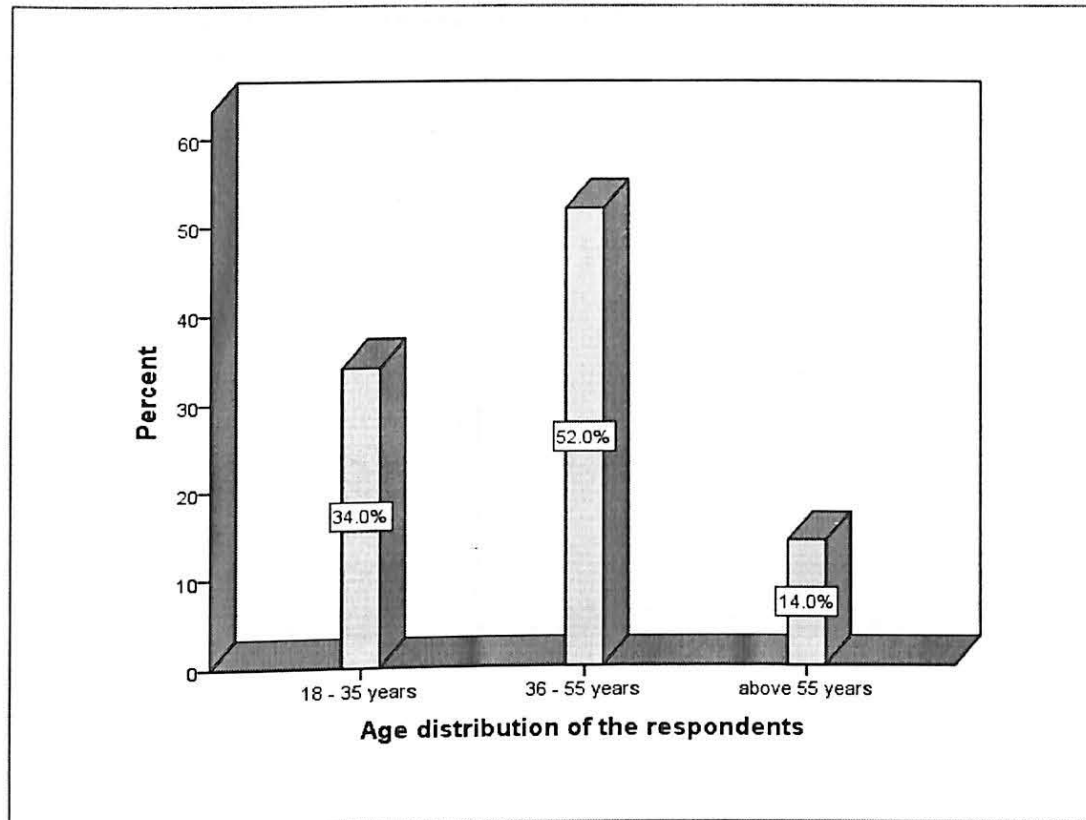


Source: Field Data (2015)

4.1.2 Age distribution of the respondents

It was also found as shown in Figure 4.2 that fifty-two respondents (52.0%) were between ages 36 – 55; old, thirty-four (34.0%) were between ages 18 – 35 while the remaining fourteen respondents (14.0%) were above 55 years old. This finding implies that most of the respondents were between ages 36 and 55.

Figure 4.2 Age distribution of the respondents

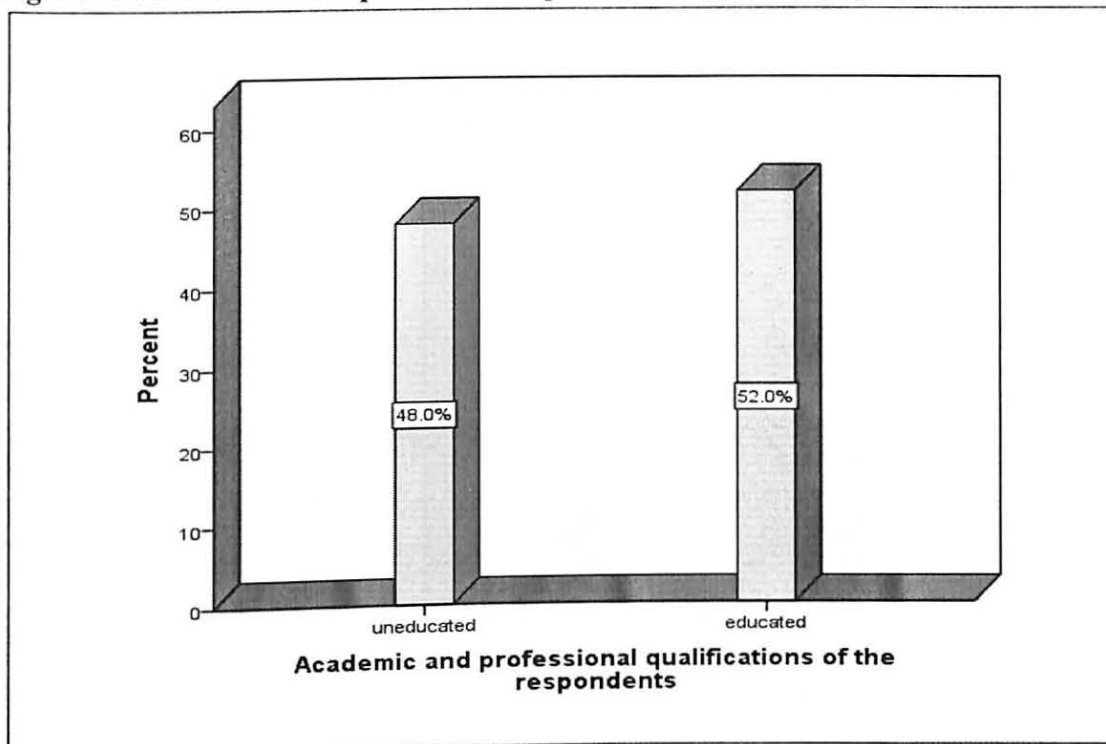


Source: Field Data (2015)

4.1.3 Academic and professional qualifications of the respondents

It was also found as shown in Figure 4.3 that fifty-two respondents (52.0%) were educated while forty-eight respondents (48.0%) were uneducated. This finding implies that both the educated and uneducated alike patronize herbal medicines. This finding confirms what the WHO (2000) and Essegbey et al. (2014) reported to the effect that herbal and traditional medicine usage is widespread in Africa and its usage cuts across educational barriers.

Figure 4.3 Academic and professional qualifications of the respondents

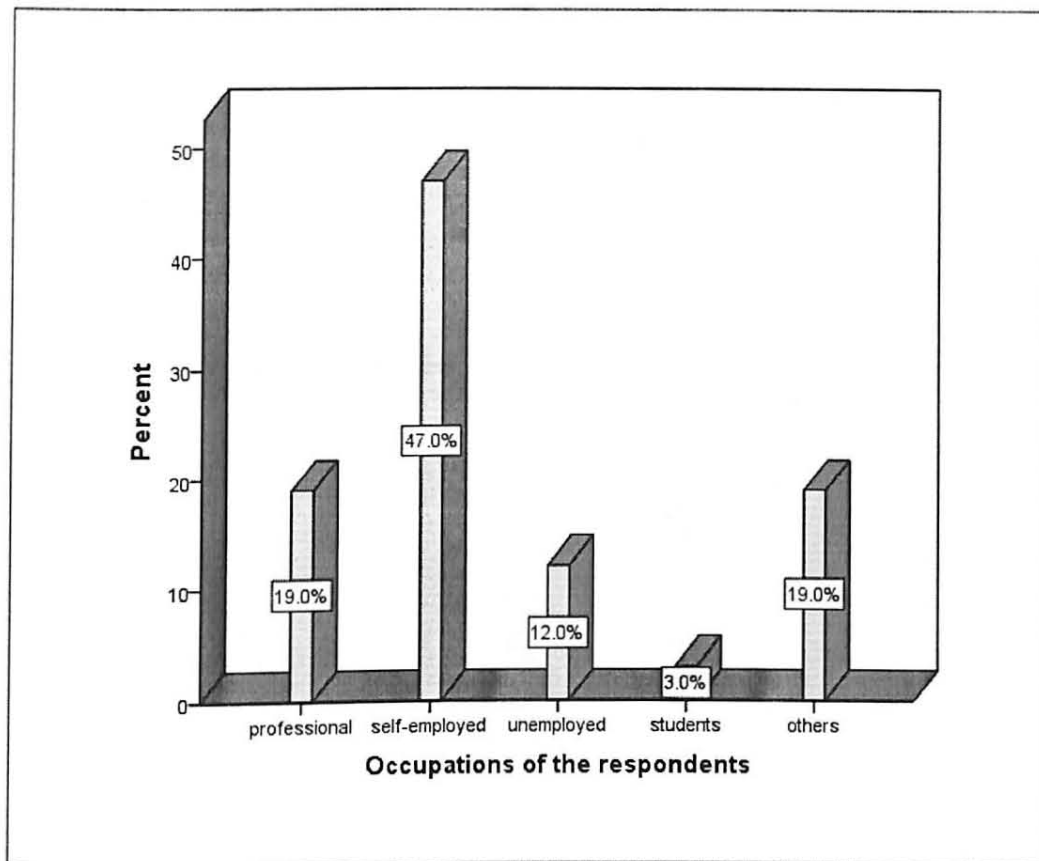


Source: Field Data (2015)

4.1.4 Occupations of the respondents

It was further found that forty seven respondents (47.0%) were self-employed; nineteen (19.0%) each were professionals and in other occupations respectively. Twelve respondents (12.0%) were unemployed and the remaining three respondents (3.0%) were students. See Figure 4.4 for details.

Figure 4.4 Occupations of the respondents



Source: Field Data (2015)

4.2 Consumers' Perceptions and Attitude towards Traditional Medicine

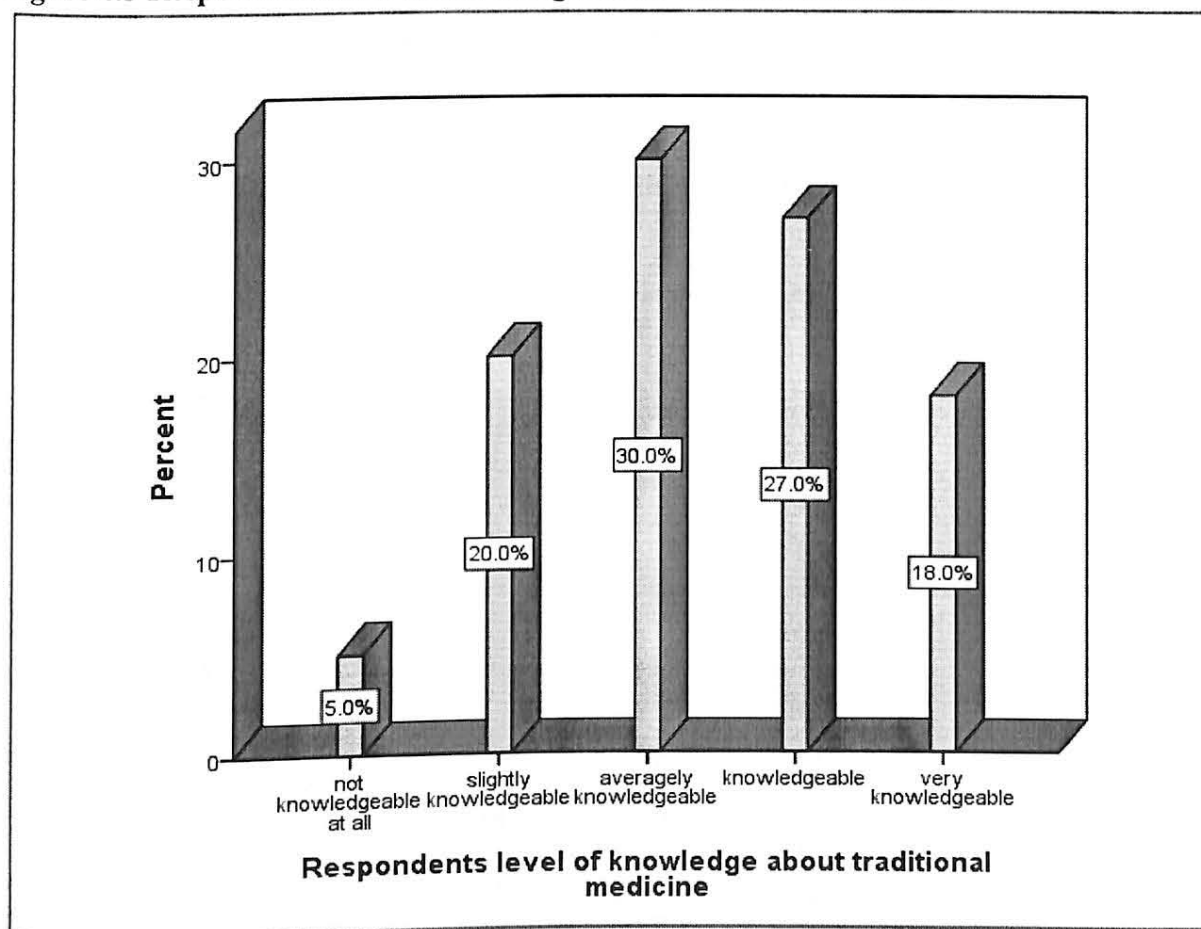
This section presented and discussed the findings in relation to the first objective of the study.

4.2.1 Respondents level of knowledge about traditional medicine

It was found that thirty respondents (30.0%) were averagely knowledgeable about traditional medicine, twenty-seven (27.0%) were knowledgeable, eighteen (18.0%) were very knowledgeable and only five respondents (5.0%) were not knowledgeable at all. This finding implies that most of the respondents have a fair knowledge about traditional medicine. This finding is unsurprising because it is not uncommon for traditional medicine practitioners to be marketing and selling their products in buses, at lorry parks, in churches, mosques funerals, outpourings etc and this therefore tend to expose most Ghanaians to the existence of traditional

medicine. As pointed out by Essegbey et al. (2014), most Ghanaians right from childbirth birth are exposed to traditional medicine in one form or the other and therefore most Ghanaians are very much aware of traditional medicine. See Figure 4.5 for details.

Figure 4.5 Respondents level of knowledge about traditional medicine



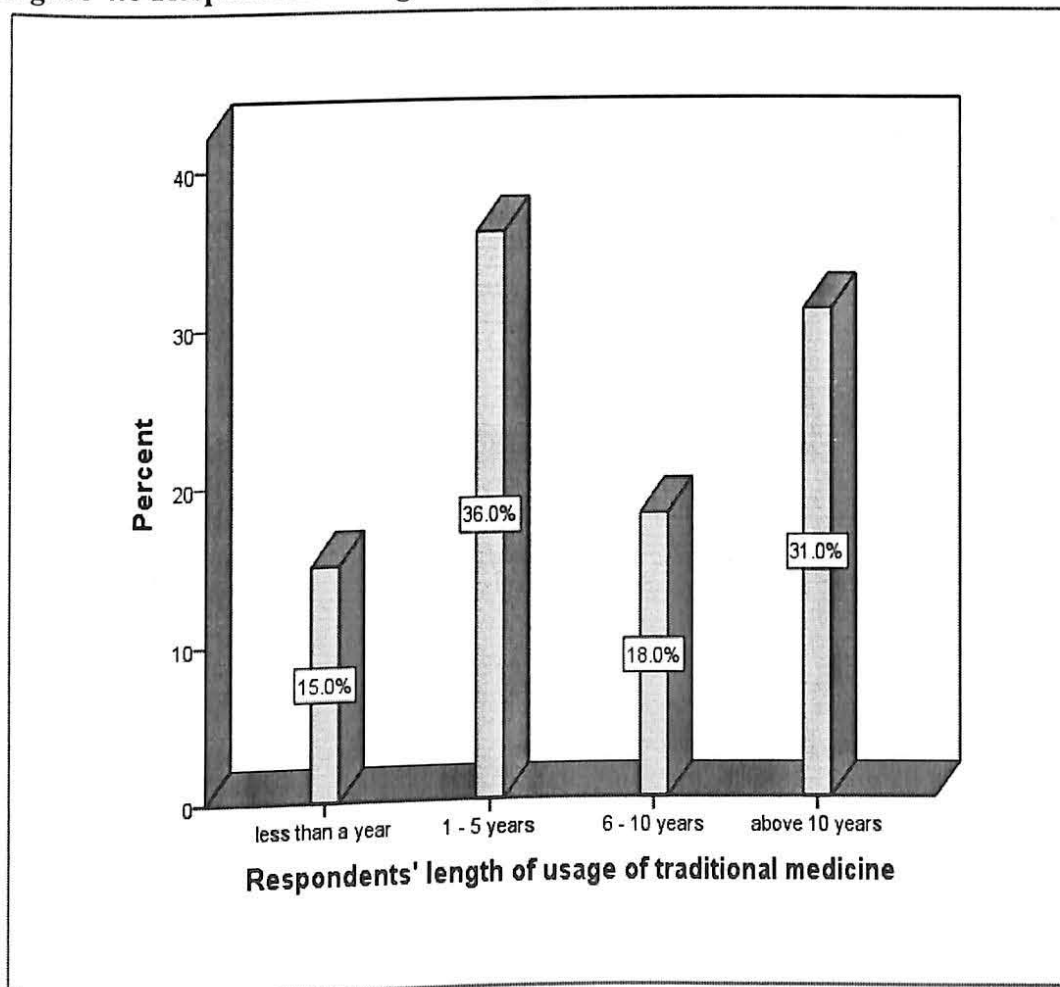
Source: Field Data (2015)

4.2.2 Respondents' length of usage of traditional medicine

It was also found as illustrated in Figure 4.6 that thirty six respondents (36.0%) claimed they have using traditional medicine for between 1 – 5years; thirty one respondents (31.0%) have been using it for over 10 years while eighteen (18.0%) have using it for between 6 – 10 years. However, the remaining fifteen respondents (15.0%) has been using it for about less than a year. This finding implies that all the respondents have experience with traditional medicine and have

been using it for an appreciable length of time. This finding resonates with what Antwi-Baffour et al. (2014) pointed to the effect that in most African societies, traditional medicine plays an important role in the lives of millions who cannot access western medicine and that in some cases, traditional medicine is part of the first set of response mechanisms for medical emergencies whilst in others the whole health system of the community is hinged on medicines rooted in local practice and belief.

Figure 4.6 Respondents' length of usage of traditional medicine

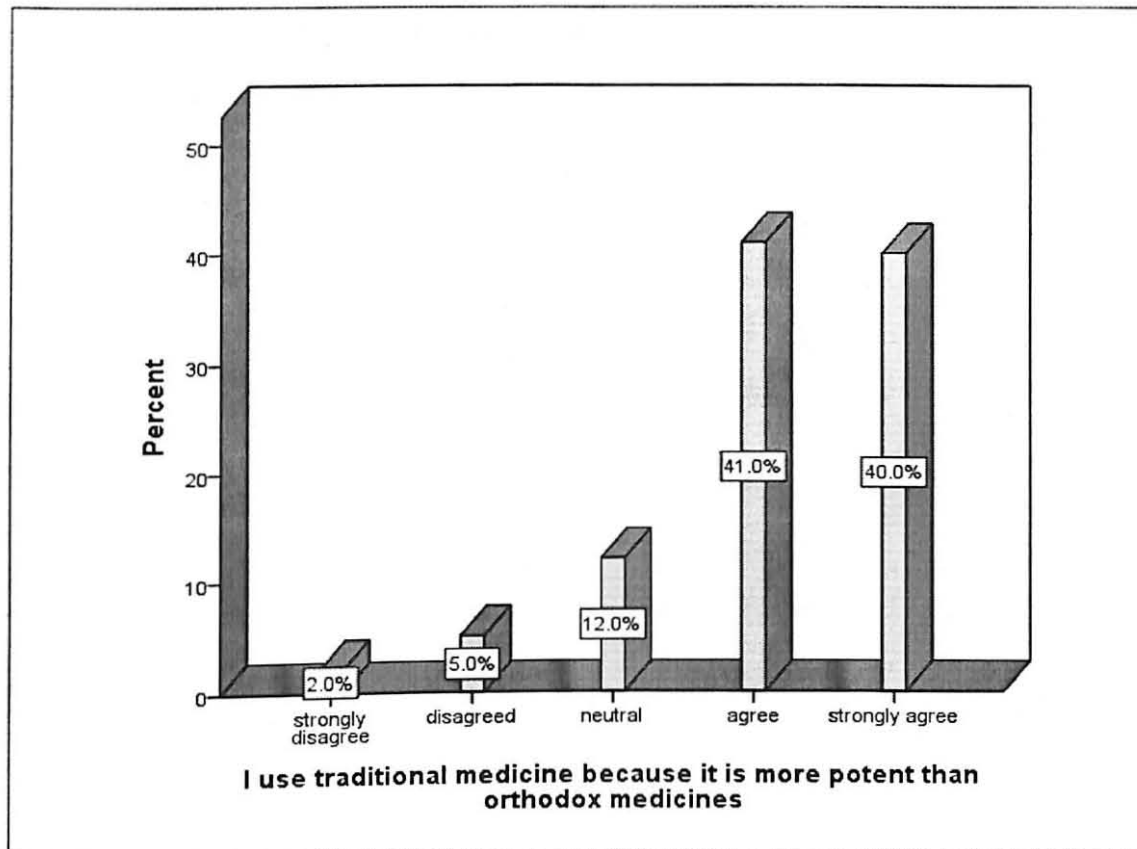


Source: Field Data (2015)

4.2.3 Respondents' Perception and Attitude towards Traditional Medicine

This study found that the attitude and perception of the respondents towards traditional medicine was generally positive. For instance and as shown in Figure 4.7, fourteen respondents (41.0%) and forty respondents (40.0%) agreed and strongly agreed respectively that they use traditional medicine because it is more potent than orthodox medicines while five respondents (5.0%) and two respondents (2.0%) disagreed and strongly disagreed respectively. Twelve respondents (12.0%) were neutral. This finding implies that most of the respondents have more faith in the ability of traditional medicines to cure their ailments than orthodox medicine. This finding confirms what Agyare *et al*, (2006) concluded to the effect that more and more Ghanaians are resorting to traditional medicine because it ultimately aims at restoring the physical, mental and social wellbeing of the patient, through alternative health care delivery to the orthodox medical system.

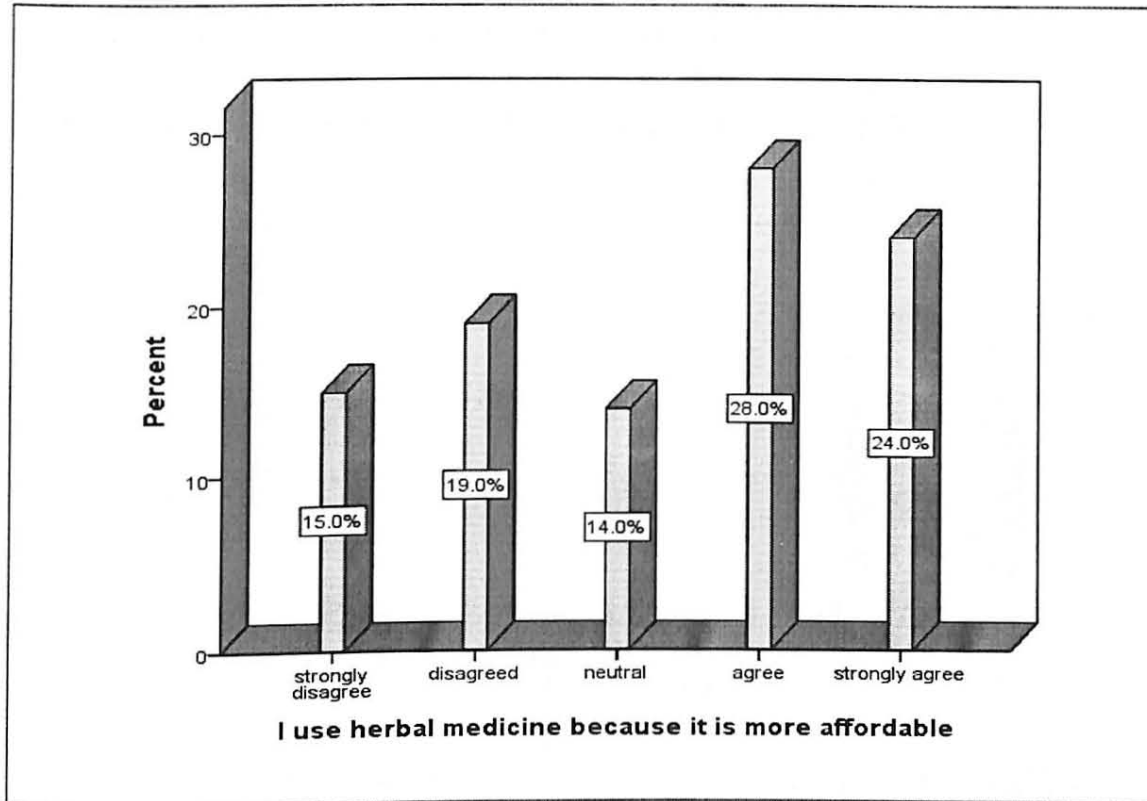
Figure 4.7 I use traditional medicine because it is more potent than orthodox medicines



Source: Field Data (2015)

It was also found as shown in Figure 4.8 that twenty eight respondents (28.0%) and twenty four respondents (24.0%) agreed and strongly agreed respectively that they use herbal medicine because it is more affordable while nineteen respondents (19.0%) and fifteen respondents (15.0%) disagreed and strongly disagreed respectively. This finding implies that affordability is another reason why people use traditional medicines. In fact this finding is in consonance with what Buor (2003) and Sowa (2002) found in their studies that most people utilized and patronized the traditional medicine because of its relative cheapness. As further opined by Buor (2003), traditional medicine is generally affordable and therefore utilized mostly by the rural poor who cannot, perhaps afford the orthodox medical care.

Figure 4.8 I use herbal medicine because it is more affordable

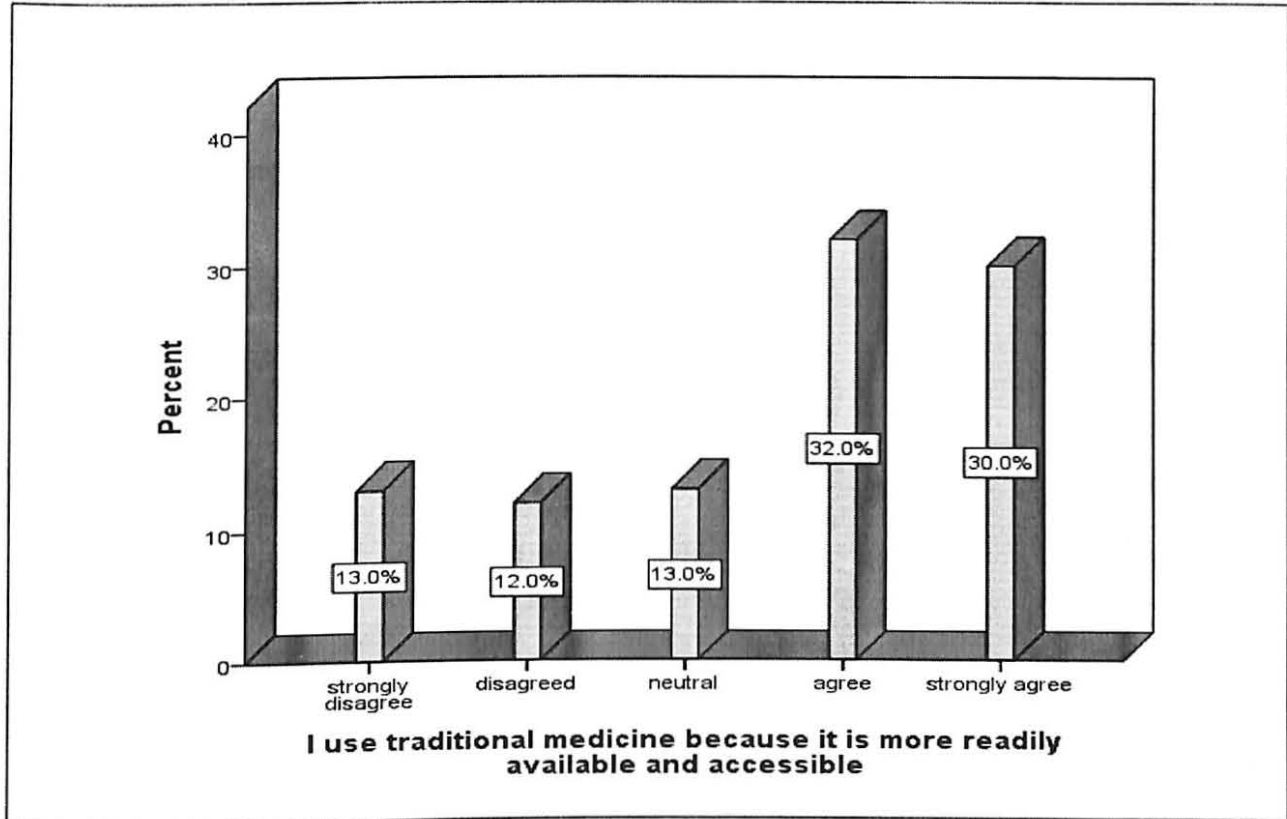


Source: Field Data (2015)

It was further found as depicted in Figure 4.9 that thirty two respondents (32.0%) and thirty respondents (30.0%) agreed and strongly agreed respectively that they use traditional medicine because it is more readily available and accessible while twelve respondents (12.0%) and thirteen respondents (13.0%) disagreed and strongly disagreed respectively. Thirteen respondents (13.0%) were neutral. This finding implies that the respondents use traditional medicine because of its ready availability and accessibility compared to orthodox medicine where patients have to travel long distances before they get attended. As pointed out by Buor (2003) and Sowa (2002), traditional medicine is very popular and almost available in all communities and households and therefore patients can almost instantly be rushed to traditional medicine practitioners or even

neighbors can readily mix some concoctions and give it to sick persons. This therefore makes traditional medicine more popular and therefore highly utilized.

Figure 4.9 I use traditional medicine because it is more readily available and accessible

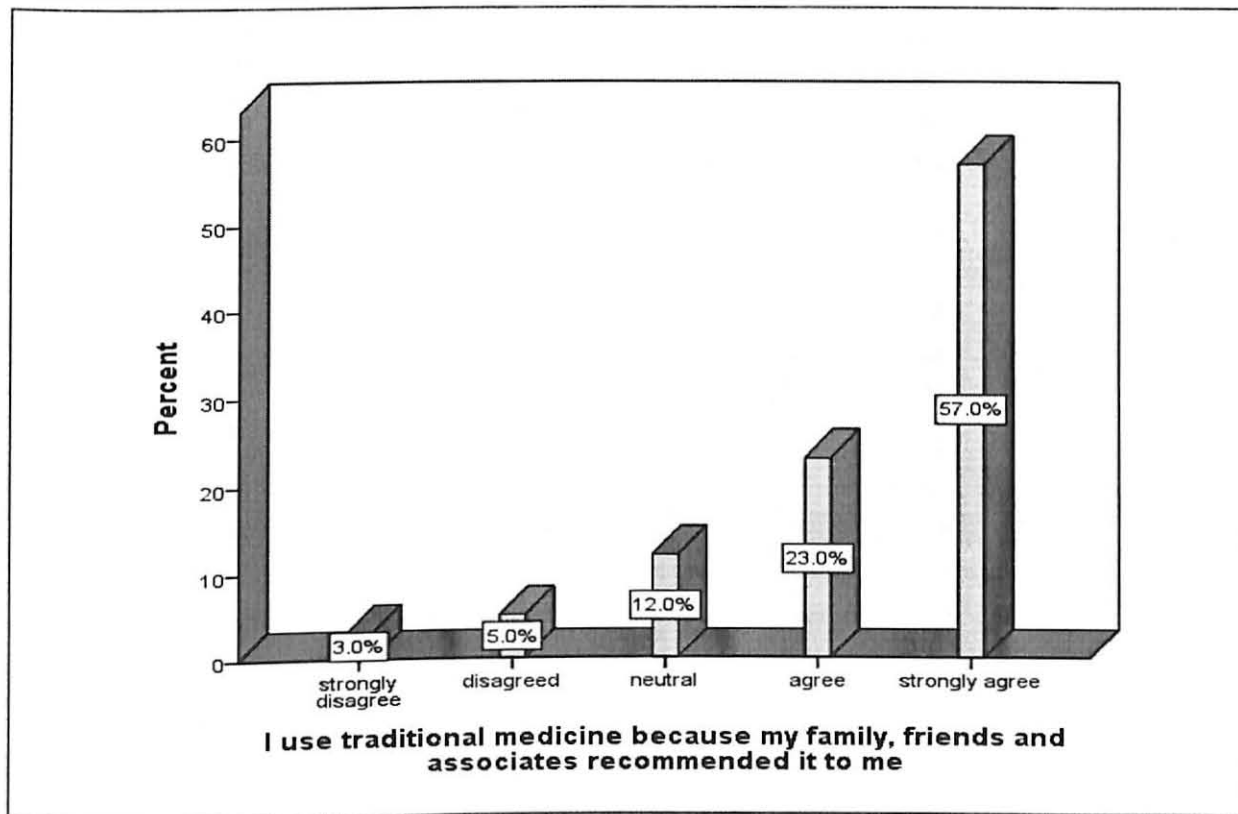


Source: Field Data (2015)

As can moreover be seen in Figure 4.10, twenty three respondents (23.0%) and fifty seven respondents (57.0%) agreed and strongly agreed respectively that they use traditional medicine because their families, friends and associates recommended it to them while five respondents (5.0%) and three respondents (3.0%) disagreed and strongly disagreed respectively. Twelve respondents (12.0%) were neutral. This finding implies that peer influence plays a major role in the utilization and patronage of traditional medicine. This finding supports what Bakashi (2012) and Kotler et al. (2005) pointed out to the effect that people live in communities and societies

and members of these societies such as family members, friends, associates etc can have an influence on what consumers purchase.

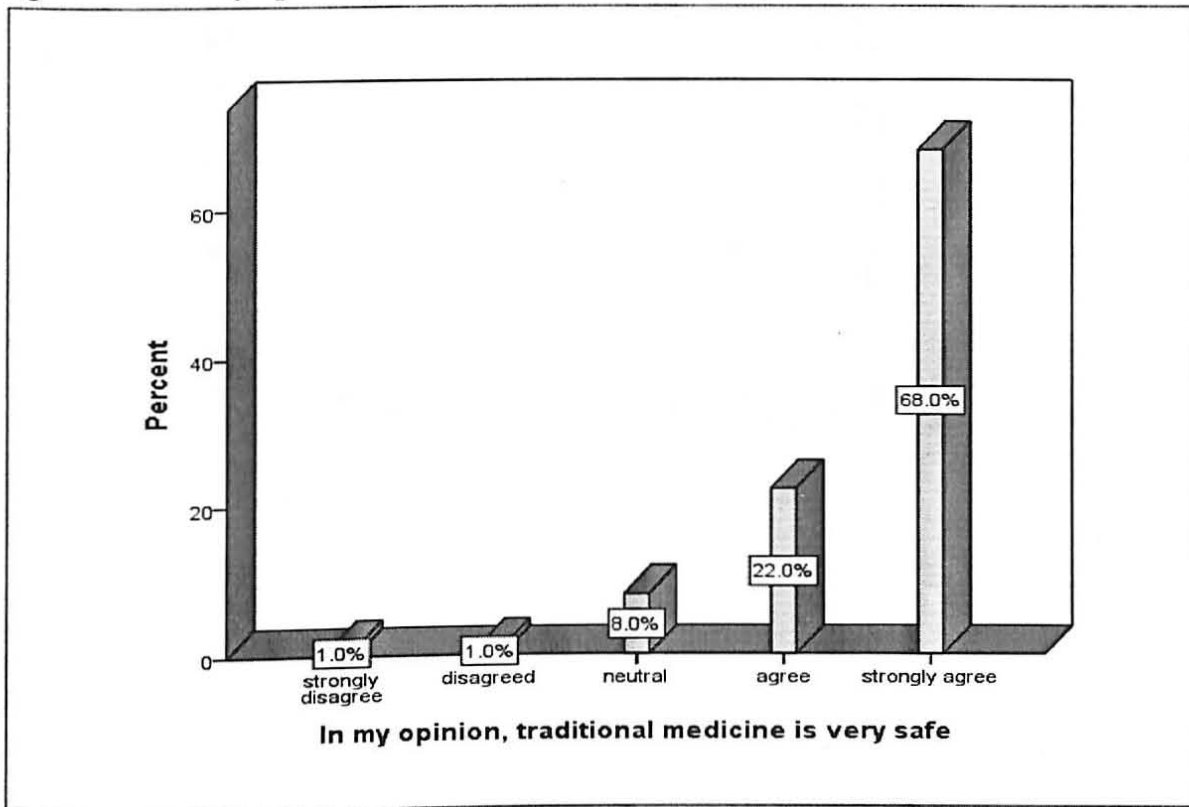
Figure 4.10 I use traditional medicine because my family, friends and associates recommended it to me



Source: Field Data (2015)

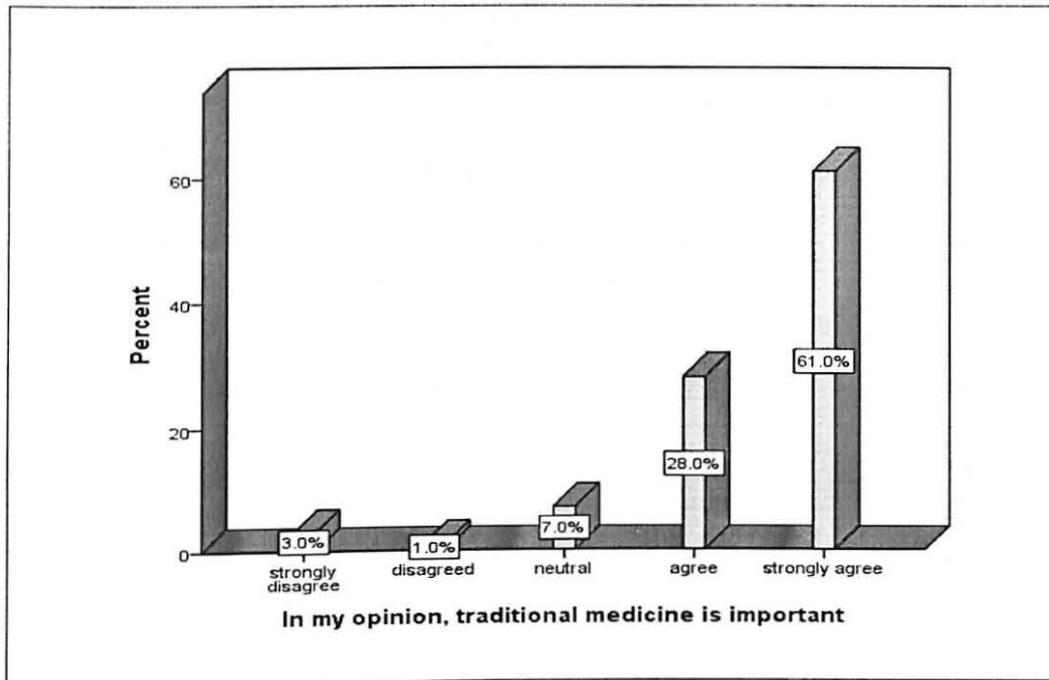
It was additionally found as shown in Figure 4.11 that twenty two respondents (22.0%) and sixty eight respondents (68.0%) agreed and strongly agreed respectively that in their opinion, traditional medicine is very safe while one respondent (1.0%) each disagreed and strongly disagreed respectively. Eight respondents (8.0%) were neutral. It was in the same vein found that twenty eight respondents (28.0%) and sixty one respondents (61.0%) agreed and strongly agreed respectively that in their opinion, traditional medicine is important while one respondent (1.0%) and three respondents (3.0%) disagreed and strongly agreed respectively. Seven respondents (7.0%) were neutral.

Figure 4.11 In my opinion, traditional medicine is very safe



Source: Field Data (2015)

Figure 4.12 In my opinion, traditional medicine is important



Source: Field Data (2015)

Based on the above findings, it can be surmised that most of the respondents have a positive attitude and perception about traditional medicine. This is because most of the respondents find traditional medicine to be affordable, readily available and accessible, safe, important and more potent compared to orthodox medicine.

4.3 The Influence of Adverts on the Usage of Traditional Medicine

With respect to the second objective, it was interesting to find that all the respondents indicate that they have heard or seen advertisements on herbal medicine before. As shown in Tables 4.1 and 4.2, it is obvious that the two most important sources of information on traditional medicine are radio (ranked number one) and television (ranked number two). This finding implies that traditional medicine practitioners still rely strongly on the traditional medium of advertising their products to target audience. It must be pointed out that radio being the number medium of

reaching target audience of traditional medicine users is unsurprising since radio is highly accessible to most Ghanaians, whether in rural areas and or in the cities. Therefore using radio is deemed the most cost effective and prudent method of reaching target audience.

Table 4.1 The advertising media for traditional medicine

Advertising media for traditional medicine	
	Percent
news paper	3.0 %
Magazine	3.0 %
Television	40.0 %
Radio	59.0 %
Billboards	4.0 %
Word-of-mouth	3.0 %

Source: Field Data (2015)

Table 4.2 Ranking of the Respondents' Access to the Forms Advertising Media of Information on Traditional Medicine

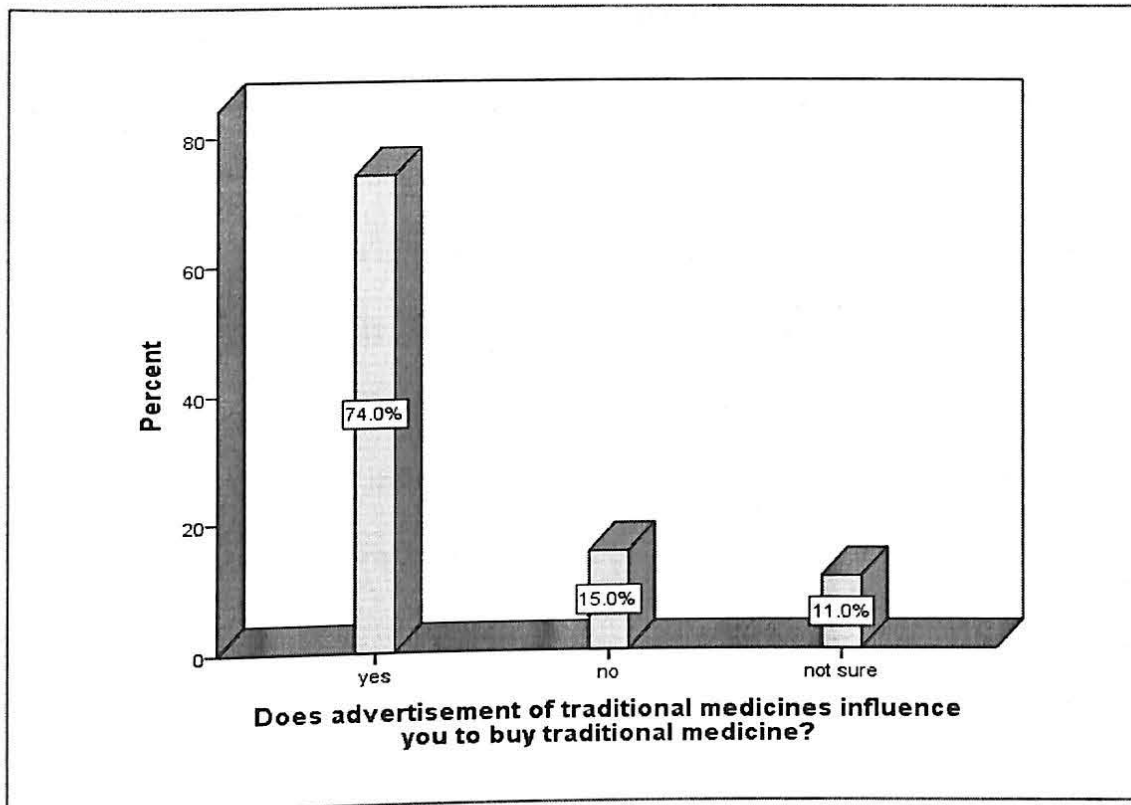
	Minimum	Maximum	Mean	Rank
Radio	1	3	1.5 ± 0.6	1 st
Television	1	5	1.8 ± 0.8	2 nd
Billboard	1	5	3.4 ± 0.9	3 rd
Newspaper	1	5	3.7 ± 0.8	4 th
Magazine	1	5	4.7 ± 0.8	5 th

Source: Field Data (2015)

4.3.1 The Effects of Advertising on Respondents' Usage of Traditional Medicine

This study found that adverts on traditional medicines affect respondents' patronage and utilization of traditional medicine. As depicted in Figure 4.13, seventy four respondents (74.0%) indicated that the advertisement of traditional medicines influences them to buy traditional medicine whiles fifteen respondents (15.0%) indicated that it does not influence them. Eleven respondents (11.0%) were not sure.

Figure 4.13 Does advertisement of traditional medicines influence you to buy traditional medicine?

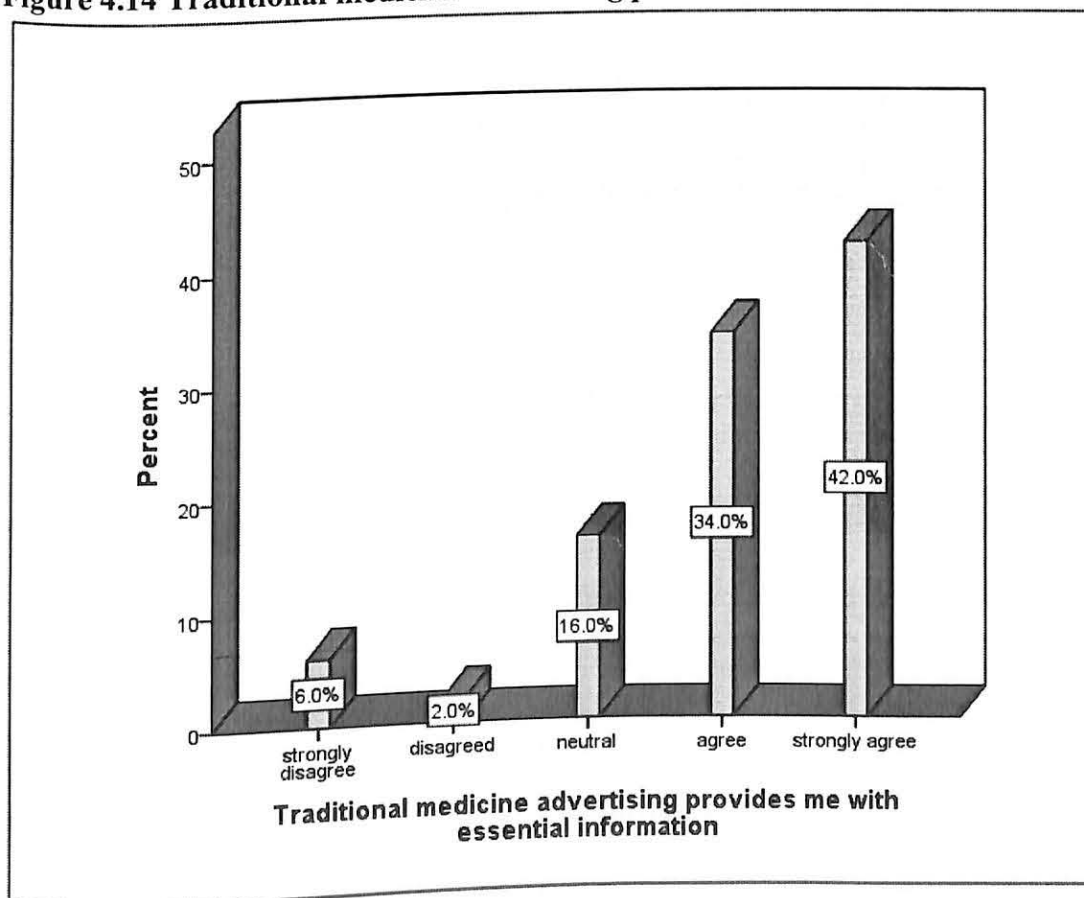


Source: Field Data (2015)

According to Abel and Penson (2006), making product claim in adverts facilitate easy decision making. As illustrated in Figure 4.14 for instance, thirty four respondents (34.0%) and forty two respondents (42.0%) agreed and strongly agreed respectively that traditional medicine advertising provides them with essential information while two respondents (2.0%) and six respondents (6.0%) disagreed and strongly disagreed respectively. Sixteen respondents (16.0%) were neutral. It was similarly found as depicted in Figure 4.15 that thirty five respondents (35.0%) and forty five respondents (45.0%) agreed and strongly agreed respectively that traditional medicine advertising is informative while six respondents (6.0%) and two respondents (2.0%) disagreed and strongly disagreed respectively. Twelve respondents (12.0%) were neutral.

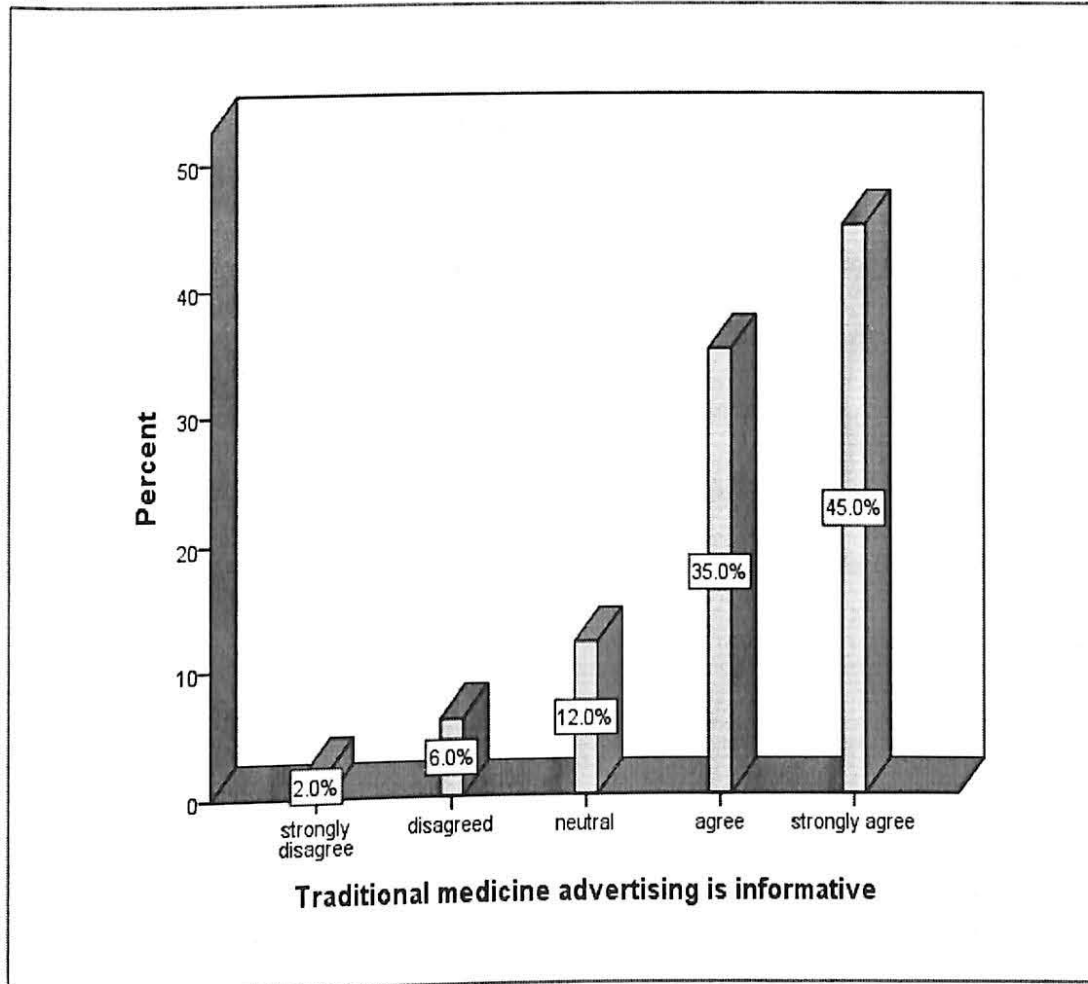
These findings imply that information on traditional medicine provide vital information to target audience. As pointed out by Ayanwale et al. (2005), information on products is highly critical in making purchase decisions and that an advert is a powerful communication tool which plays a very important role in consumer decision making. This finding implies that adverts on traditional medicine convey messages to prospective customers or the audience of traditional medicine and these adverts do not simply provide information about products and services but is an active attempt at influencing people to action. In other words, advertising on traditional medicines does not end with the flow of information from the practitioners to consumers; it goes further to influence and persuades consumers to action (in this case, patronage and utilization).

Figure 4.14 Traditional medicine advertising provides me with essential information



Source: Field Data (2015)

Figure 4.15 Traditional medicine advertising is informative



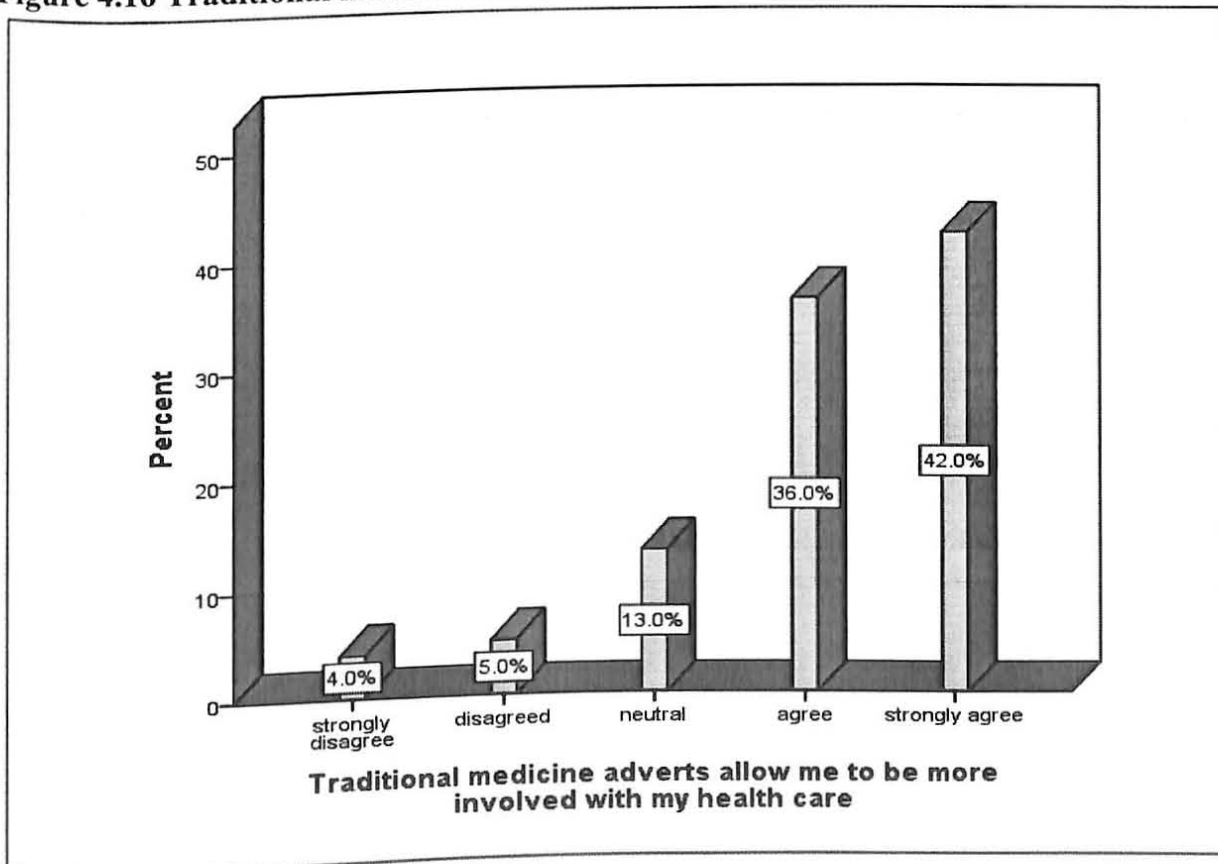
Source: Field Data (2015)

It was also found that thirty six respondents (36.0%) and forty two respondents (42.0%) agreed and strongly agreed respectively that traditional medicine adverts allow them to be more involved with their health care while five respondents (5.0%) and four respondents (4.0%) disagreed and strongly disagreed respectively. Thirteen respondents (13.0%) were neutral. See Figure 4.16 for confirmation. It was similarly found that thirty five respondents (35.0%) and forty three respondents (43.0%) agreed and strongly agreed respectively that adverts on

traditional medicine help them make their own decisions about traditional medicines while eight respondents (8.0%) and three respondents (3.0%) disagreed and strongly disagreed respectively. Eleven respondents (11.0%) were neutral. See Figure 4.17 for details.

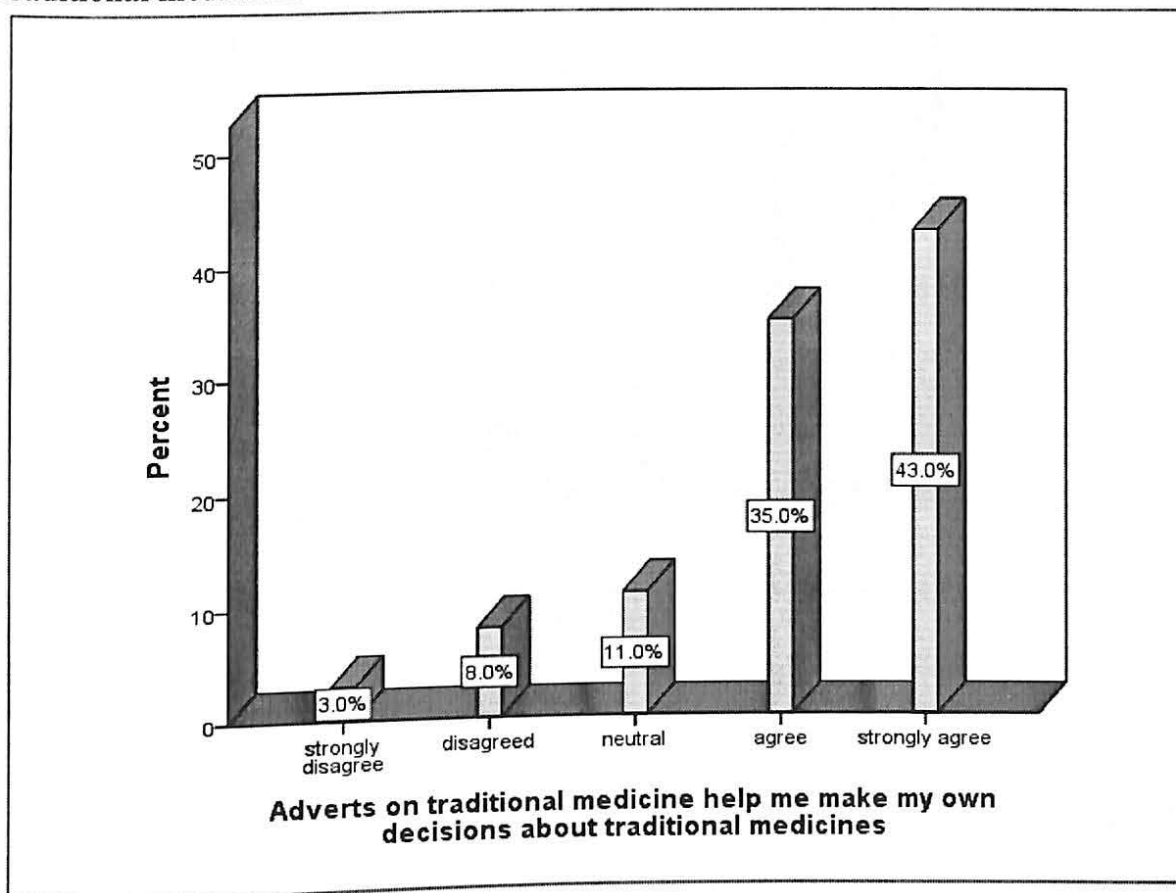
These findings imply that through the adverts on traditional medicine, consumers are better informed and also exposed to different means of treating their ailments and thereby, taking the right decisions with respect to their health. These findings echo what Connors (2009) pointed out to the effect that adverts educates patients and allows them to take charge of their health. These findings therefore mean that consumers can benefit from having access to multiple information sources about traditional medicines and other treatment options and therefore, helping them take informed decisions that contribute to the management of their health.

Figure 4.16 Traditional medicine adverts allow me to be more involved with my health care



Source: Field Data (2015)

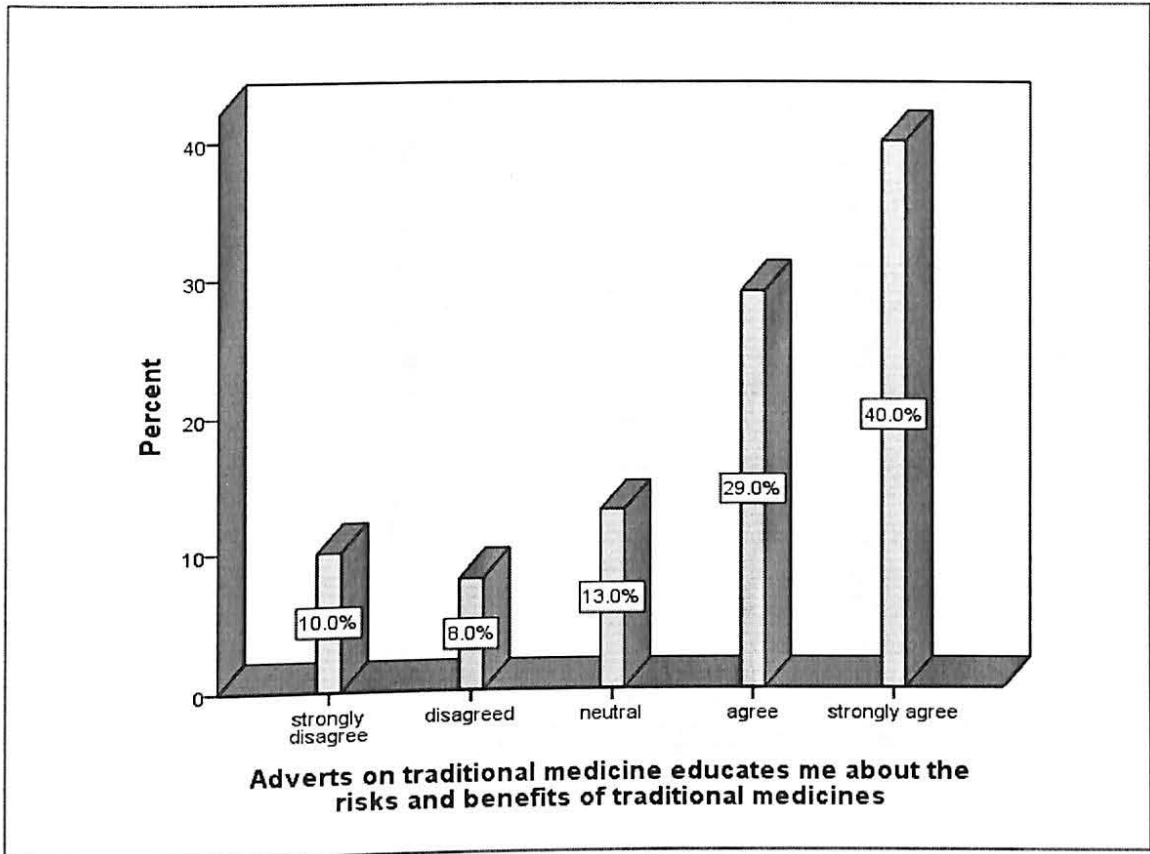
Figure 4.17 Adverts on traditional medicine help me make my own decisions about traditional medicines



Source: Field Data (2015)

It was further found as shown in Figure 4.18 that twenty nine respondents (29.0%) and forty respondents (40.0%) agreed and strongly agreed respectively that adverts on traditional medicine educates them about the risks and benefits of traditional medicines while eight respondents (8.0%) and ten respondents (10.0%) disagreed and strongly disagreed respectively. Thirteen respondents (13.0%) were neutral.

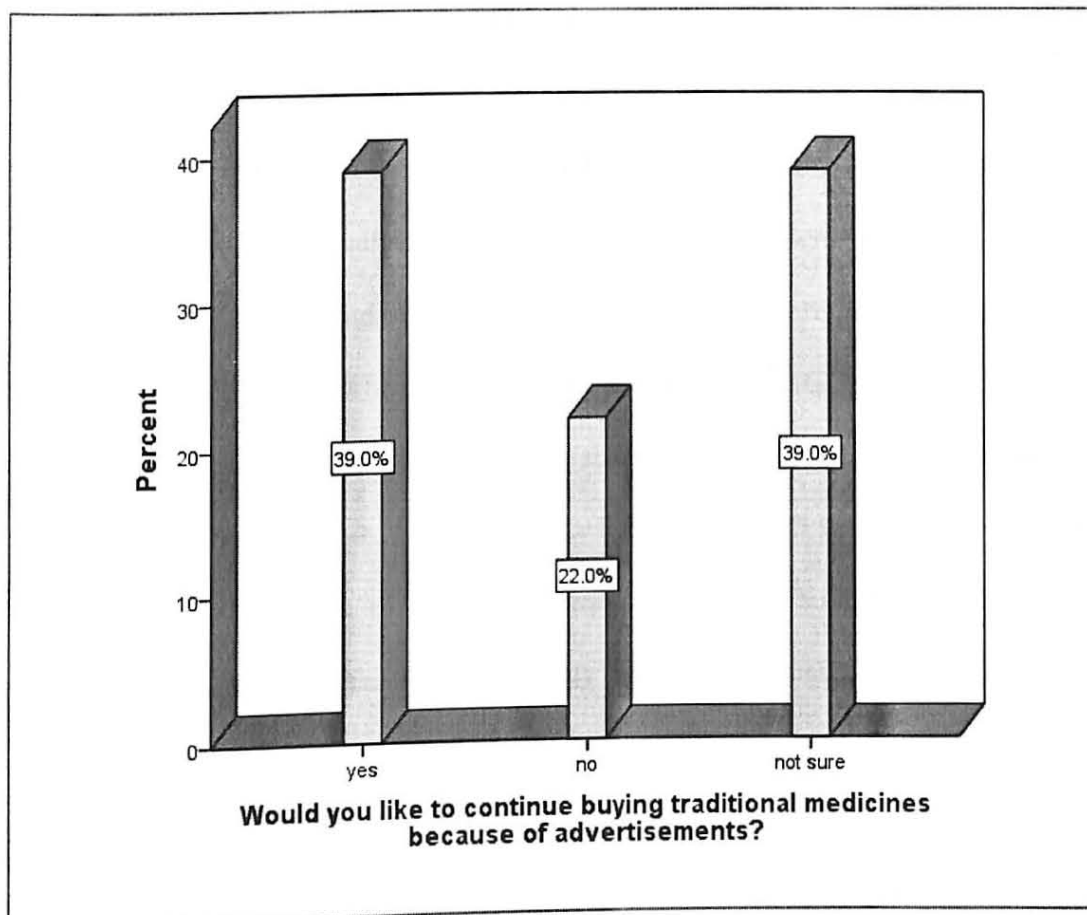
Figure 4.18 Adverts on traditional medicine educates me about the risks and benefits of traditional medicines



Source: Field Data (2015)

It was moreover found that thirty nine respondents (39.0%) indicated that they will like to continue buying traditional medicines because of advertisements while twenty two respondents (22.0%) indicated that they will not like to continue buying the medicines because of the adverts. Thirty nine respondents (39.0%) were not sure.

Figure 4.19 Would you like to continue buying traditional medicines because of advertisements?



Source: Field Data (2015)

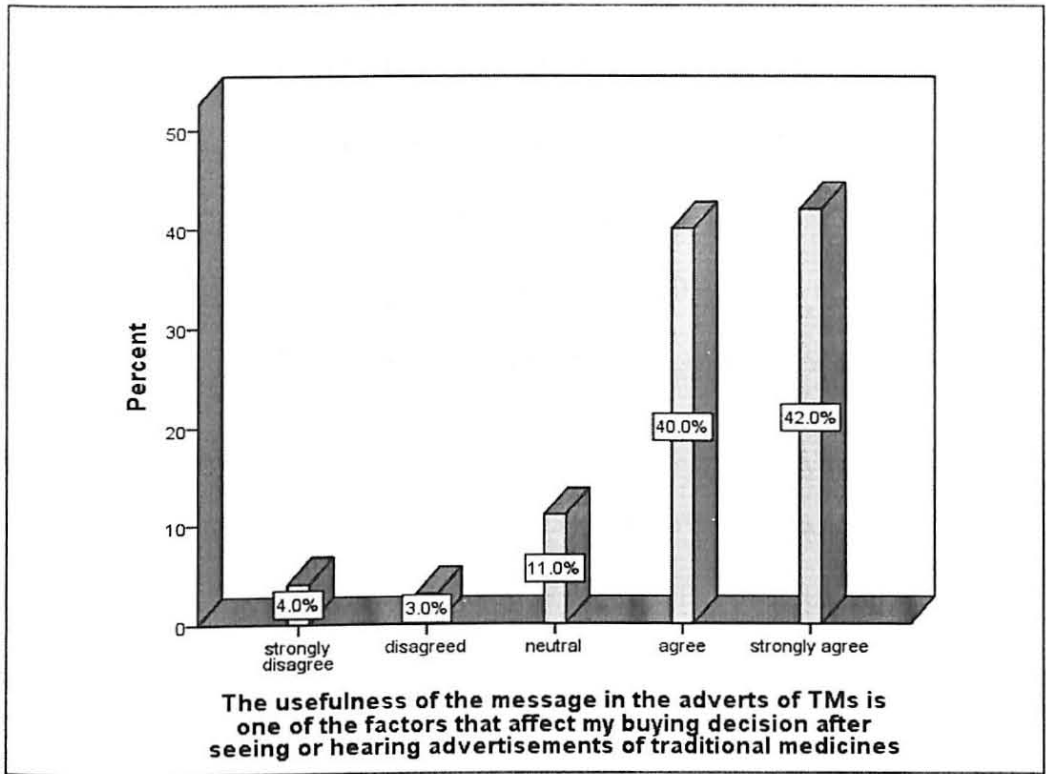
4.4 Factors Affecting Consumers' Buying Process with Respect to Advertisements on Traditional Medicine

This section presented the findings in relation to the identification of factors affecting consumers' buying process with respect to advertisements on traditional medicine. The main factors were found to be the usefulness of the message in the adverts of TMs; the truthfulness of the messages in the adverts of TMs; the clarity of the message in the adverts of TMs; reliability and credibility of the source of adverts; expertise of the advertiser; presentation of the adverts in everyday-life drama.

It was for instance found as shown in figure 4.20 that forty respondents (40.0%) and forty two respondents (42.0%) agreed and strongly agreed respectively that the usefulness of the message in the adverts of TMs is one of the factors that affect their buying decision after seeing or hearing advertisements of traditional medicines while three respondents (3.0%) and four respondents (4.0%) disagreed and strongly disagreed respectively. Eleven respondents (11.0%) were neutral. This finding was supported because as shown in Figure 4.21, fifty two respondents (52.0%) and twenty one respondents (21.0%) agreed and strongly agreed respectively that the truthfulness of the messages in the adverts of TMs is another factor that affect their buying decision after seeing or hearing advertisements of traditional medicines while six respondents (6.0%) and four respondents (4.0%) disagreed and strongly disagreed respectively. Seventeen respondents (17.0%) were neutral.

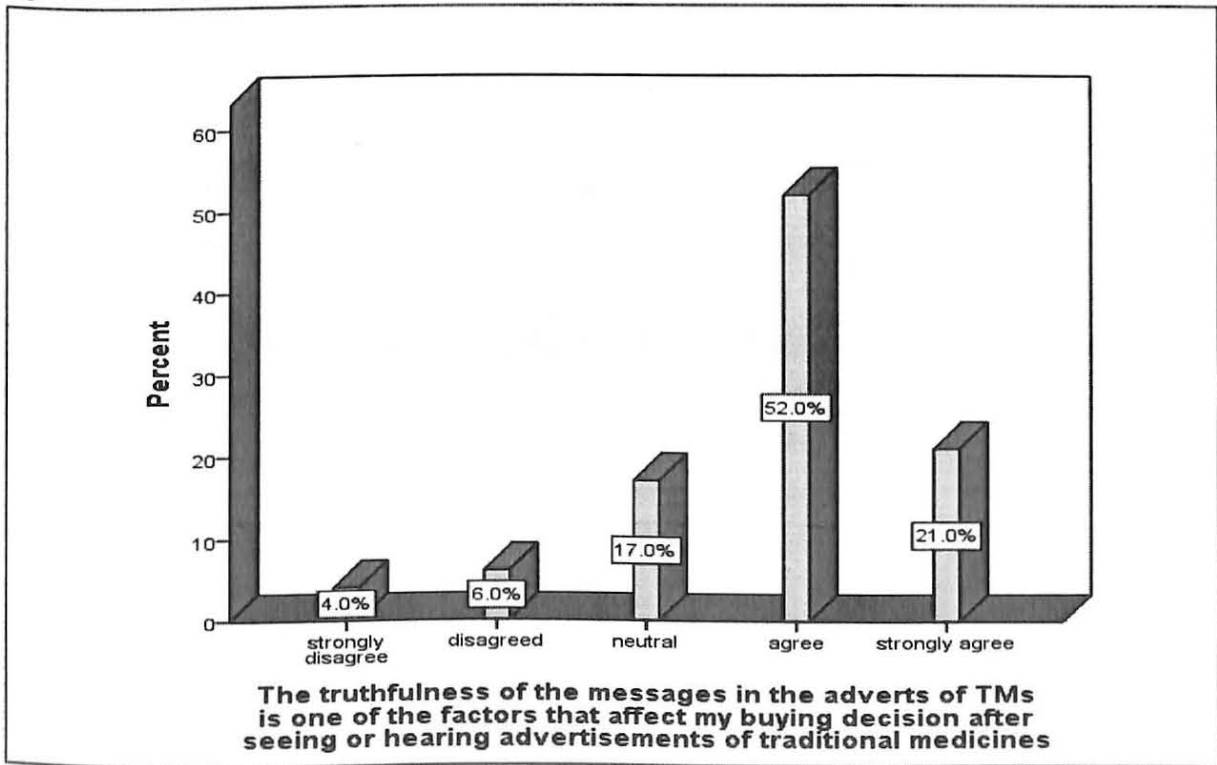
These findings underscore the need for adverts to contain useful information that will enable target audience make informed decisions. These findings are rather crucial considering that traditional medicine practitioners put in so many claims about the potency of their medicines and as pointed out by Kotler et al. (2005), consumers run a certain risk in making a decision based on present information because this imperfect information does not enable them to predict exactly which product will procure the maximum satisfaction sought nor which brand really has the qualities desired. Therefore messages play vital role in helping consumers in making drug purchasing decision.

Figure 4.20 The usefulness of the message in the adverts of TMs



Source: Field Data (2015)

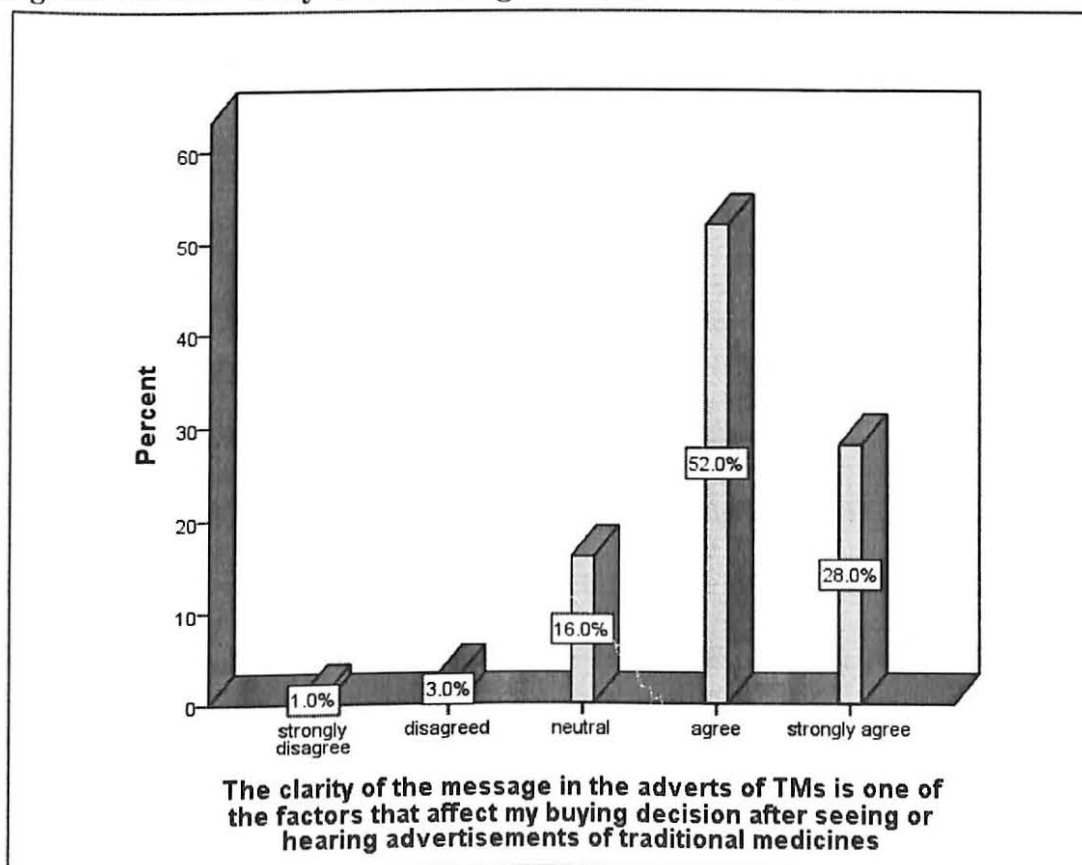
Figure 4.21 The truthfulness of the messages in the adverts of TMs



Source: Field Data (2015)

It was also found that fifty two respondents (52.0%) and twenty eight respondents (28.0%) agreed and strongly agreed respectively that the clarity of the message in the adverts of TMs is another factor that affects their buying decision after seeing or hearing advertisements of traditional medicines while three respondents (3.0%) and one respondent (1.0%) disagreed and strongly disagreed respectively. Sixteen respondents (16.0%) were neutral. See Figure 4.22 for details.

Figure 4.22 The clarity of the message in the adverts of TMs



Source: Field Data (2015)

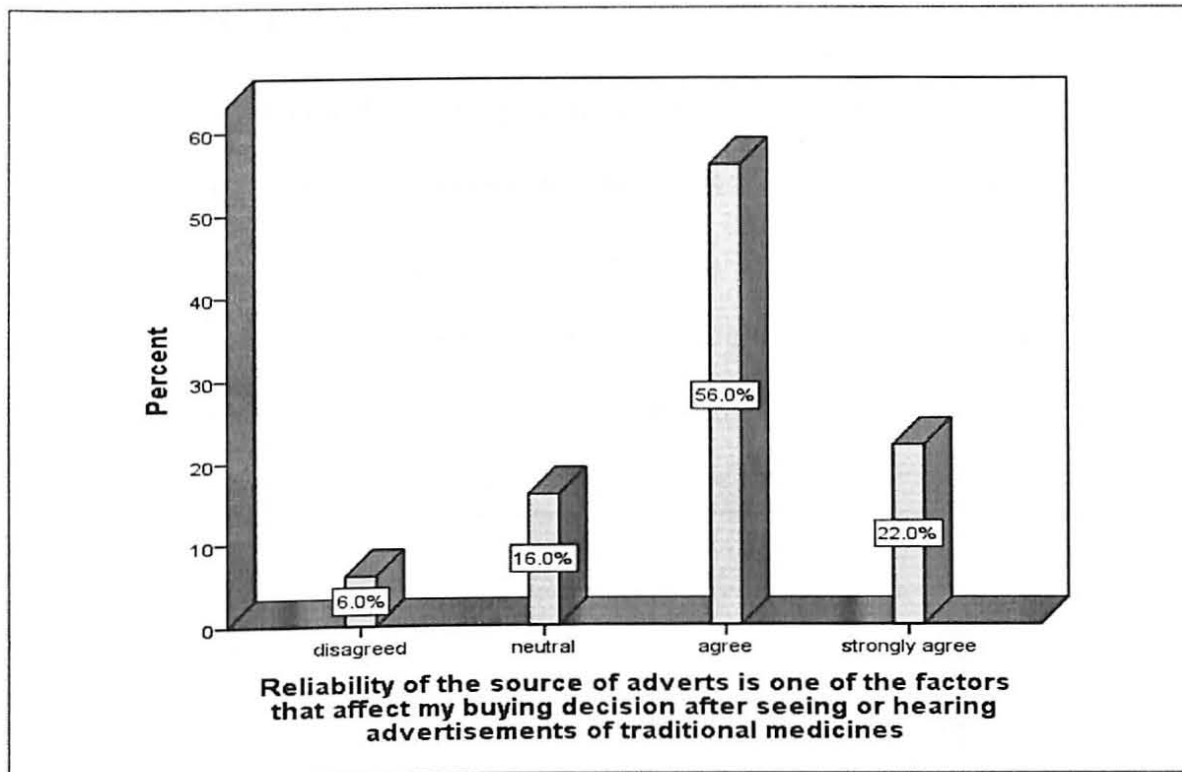
As can also be seen in Figure 4.23, fifty six respondents (52.0%) and twenty two respondents (22.0%) agreed and strongly agreed respectively that reliability of the source of adverts is one of

the factors that affect respondents' buying decision after seeing or hearing advertisements of traditional medicines while six respondents (6.0%) disagreed. Sixteen respondents (16.0%) were neutral.

It was in the same vein found as illustrated in Figure 4.24, forty eight respondents (48.0% and thirty one respondents (31.0%) agreed and strongly agreed respectively that the credibility of the advertiser is one of the factors that affect their buying decision after seeing or hearing advertisements of traditional medicines while seven respondents (7.0%) and one respondents (1.0%) disagreed and strongly disagreed respectively. Thirteen respondents (13.0%) were neutral.

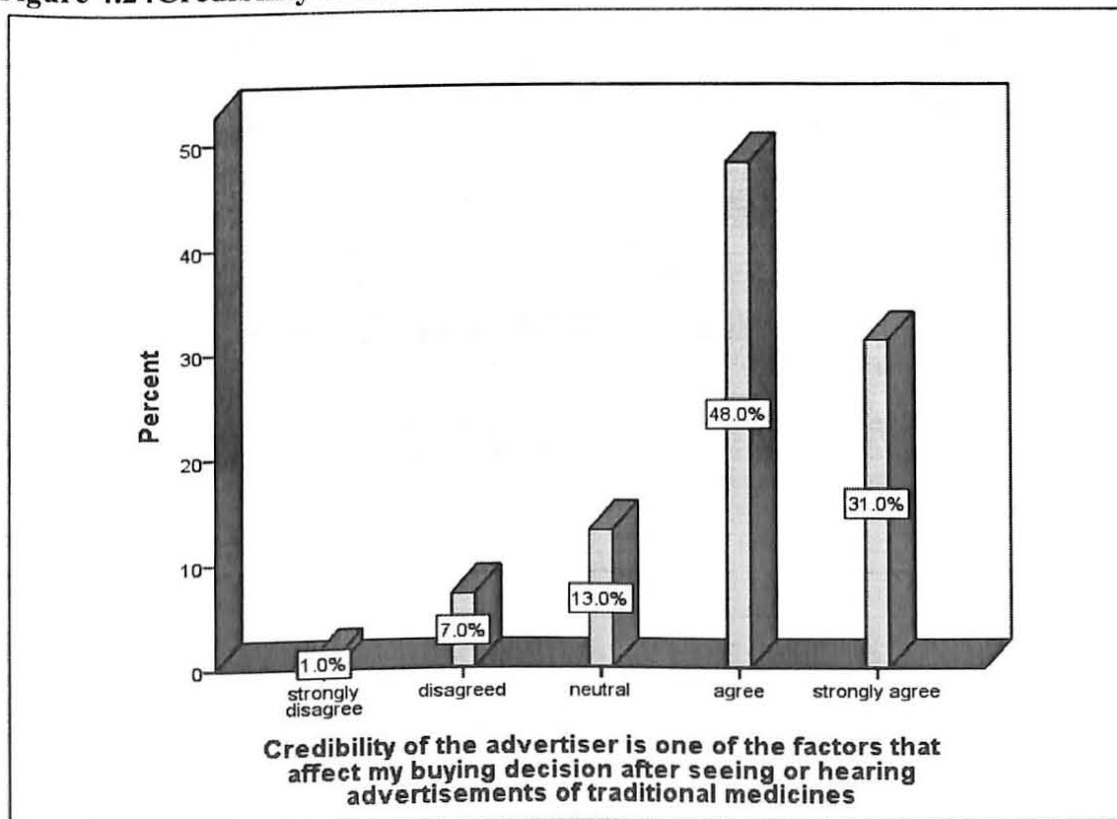
These findings imply that the reliability and credibility of the sources of adverts plays a crucial role in the traditional medicine buying behaviour of the respondents. In fact these findings corroborate what Belch and Belch (2001) observed to the effect that reliability and credibility are important determinants of celebrity endorsement. Credibility is particularly important when people have a negative attitude towards the brand and powerful arguments are needed to inhibit the counter arguing and positively influence the attitude towards the brand. Consequently, when celebrities are credible it affects the acceptance of the message and the persuasion.

Figure 4.23 Reliability of the source of adverts



Source: Field Data (2015)

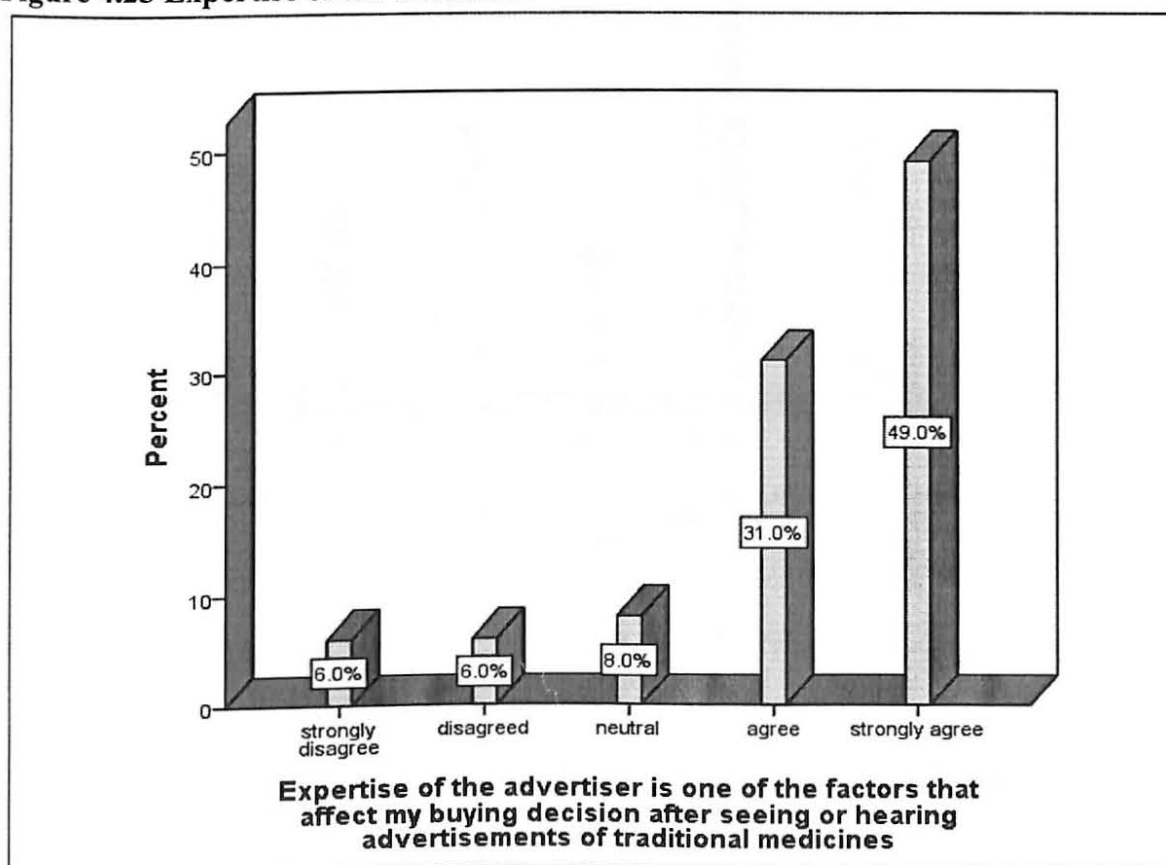
Figure 4.24 Credibility of the advertiser



Source: Field Data (2015)

It was further found that thirty one respondents (31.0%) and forty nine respondents (49.0%) agreed and strongly agreed respectively that the expertise of the advertiser is another important factor that affects their buying decision after seeing or hearing advertisements of traditional medicines while six respondents (6.0%) each disagreed and strongly disagreed respectively. Eight respondents (8.0%) were neutral. See Figure 4.25 for details.

Figure 4.25 Expertise of the advertiser

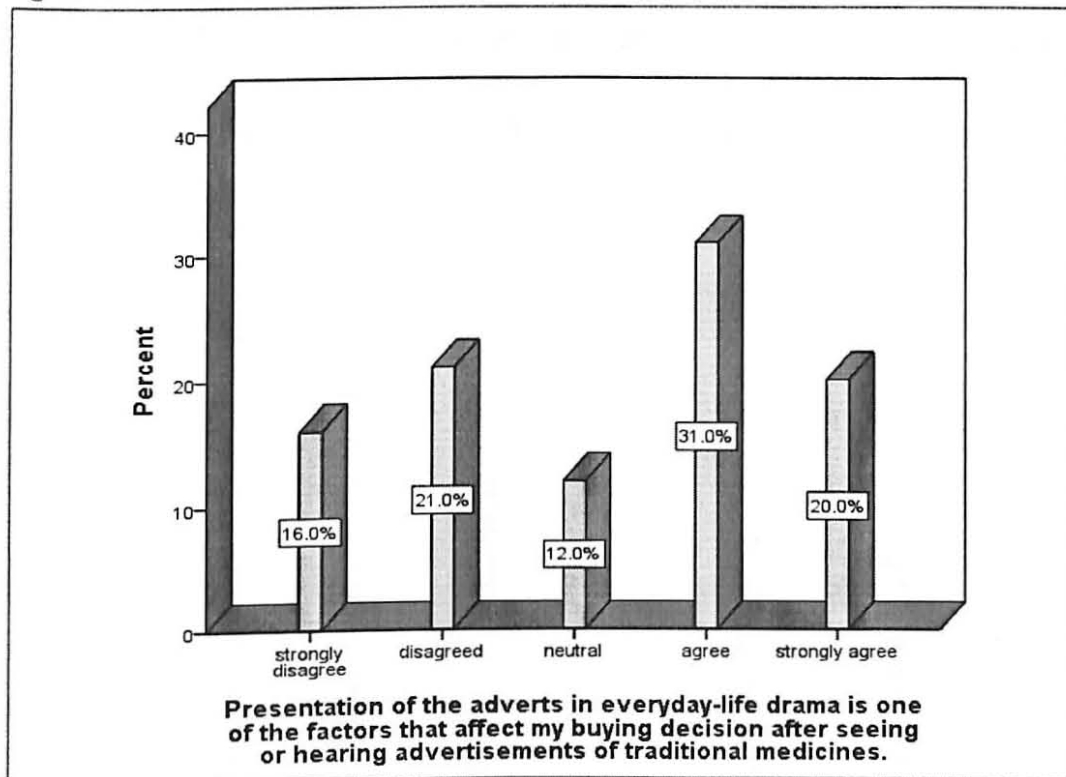


Source: Field Data (2015)

It was additionally found that thirty one respondents (31.0%) and twenty respondents (20.0%) agreed and strongly agreed respectively that presentation of the adverts in everyday-life drama is one of the factors that affect their buying decision after seeing or hearing advertisements of

traditional medicines while twenty one respondents (21.0%) and sixteen respondents (16.0%) disagreed and strongly disagreed respectively. Twelve respondents (12.0%) were neutral. See Figure 4.26 for clarification.

Figure 4.26 Presentation of the adverts in everyday-life drama

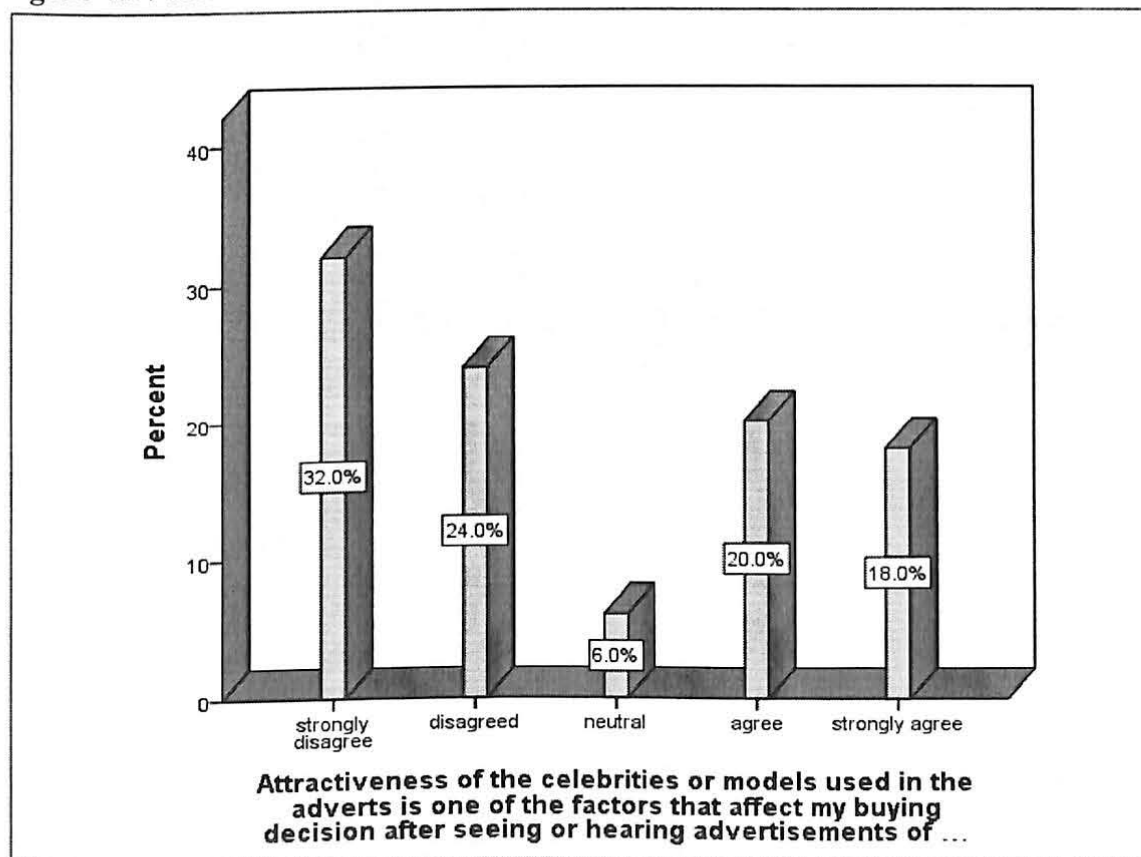


Source: Field Data (2015)

This study however found as shown in Figure 4.27 that only twenty respondents (20.0%) and eighteen respondents (18.0%) agreed and strongly agreed respectively that attractiveness of the celebrities or models used in the adverts is one of the factors that affect their buying decision after seeing or hearing advertisements of traditional medicines while twenty four respondents (24.0%) and thirty two respondents (32.0%) disagreed and strongly disagreed respectively. Six respondents (6.0%) were neutral. This finding implies that the respondents are after substance of the messages put across in the adverts rather than the attractiveness of the models or celebrities used and therefore contradicting what Erdogan (1999) concluded to the effect that physical

attractiveness suggests that a celebrity determines the effectiveness of persuasion as a result of that consumers wanting to be like the endorser and wanting to identify themselves with that endorser. It must however be added that the concept of attractiveness does not only entail the physical attractiveness and that attractiveness also entails concepts such as intellectual skills, personality properties, way of living, athletic performances and skills of endorsers.

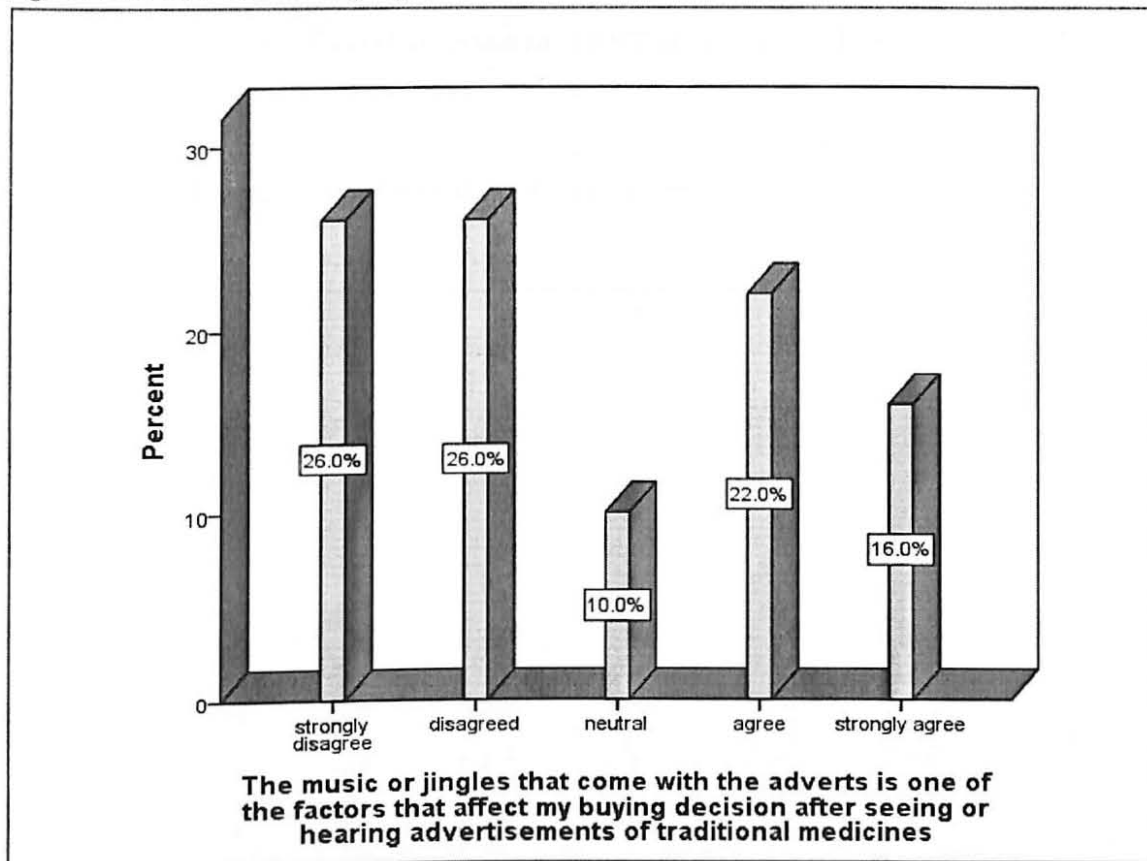
Figure 4.27 Attractiveness of the celebrities or models used in the adverts



Source: Field Data (2015)

This study also found that only twenty two respondents (22.05) and sixteen respondents (16.0%) agreed and strongly agreed respectively that the music or jingles that come with the adverts is one of the factors that affect their buying decisions after seeing or hearing advertisements of traditional medicines while twenty six respondents (26.0%) each disagreed and strongly disagreed respectively. Ten respondents (10.0%) were neutral. Se Figure 4.28 for details.

Figure 4.28 The music or jingles that come with the adverts



Source: Field Data (2015)

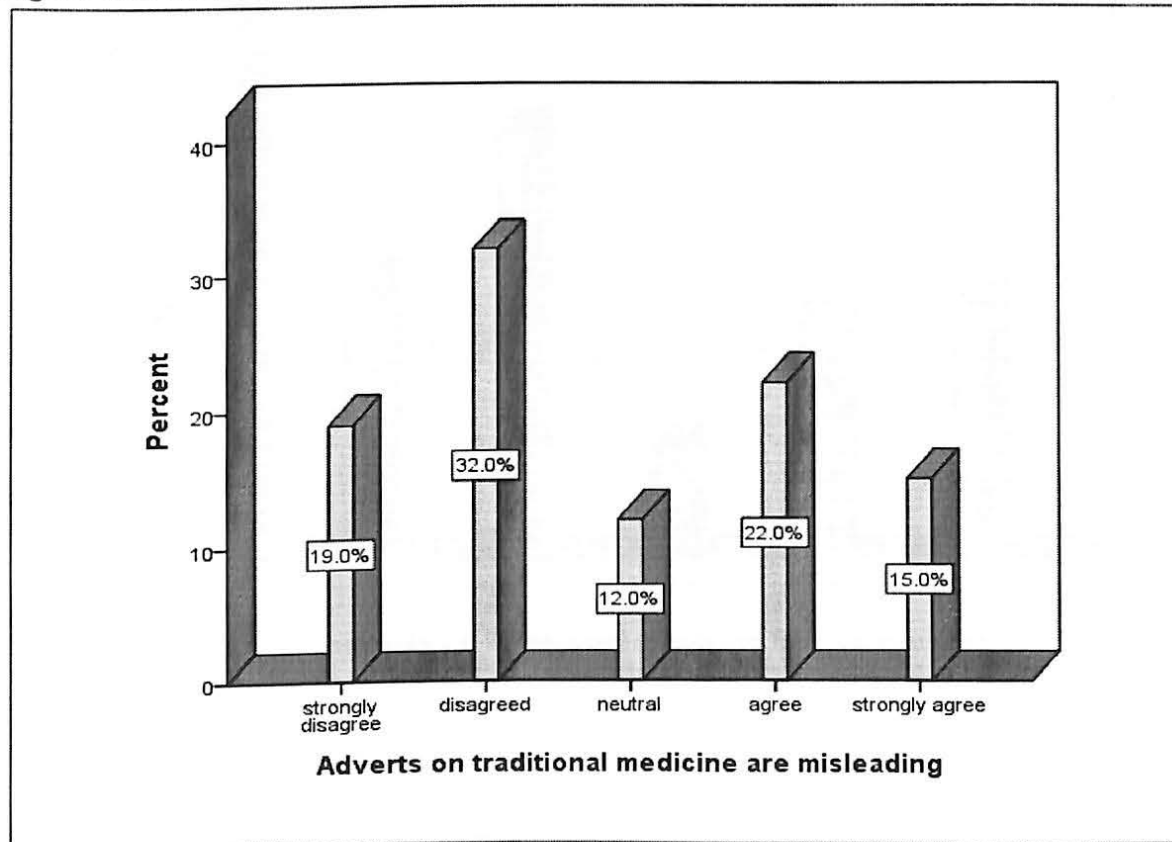
4.4.1 Ethical Issues in the Advertising of Traditional Medicine

It was interesting to find that most of the respondents disagreed that adverts on traditional medicine are misleading, that adverts on traditional medicine leaves them more confused than informed about its efficacy; that adverts on traditional medicine are full of untruths and fictitious claims; that adverts on traditional medicine are unethical and that adverts on traditional medicine should not be allowed.

It was found for instance that twenty two respondents (22.0%) and fifteen respondents (15.0%) agreed and strongly agreed respectively that adverts on traditional medicine are misleading while

thirty two respondents (32.0%) and nineteen respondents (19.0%) disagreed and strongly disagreed respectively. Twelve respondents (19.0%) were neutral. See Figure 4.29 for details.

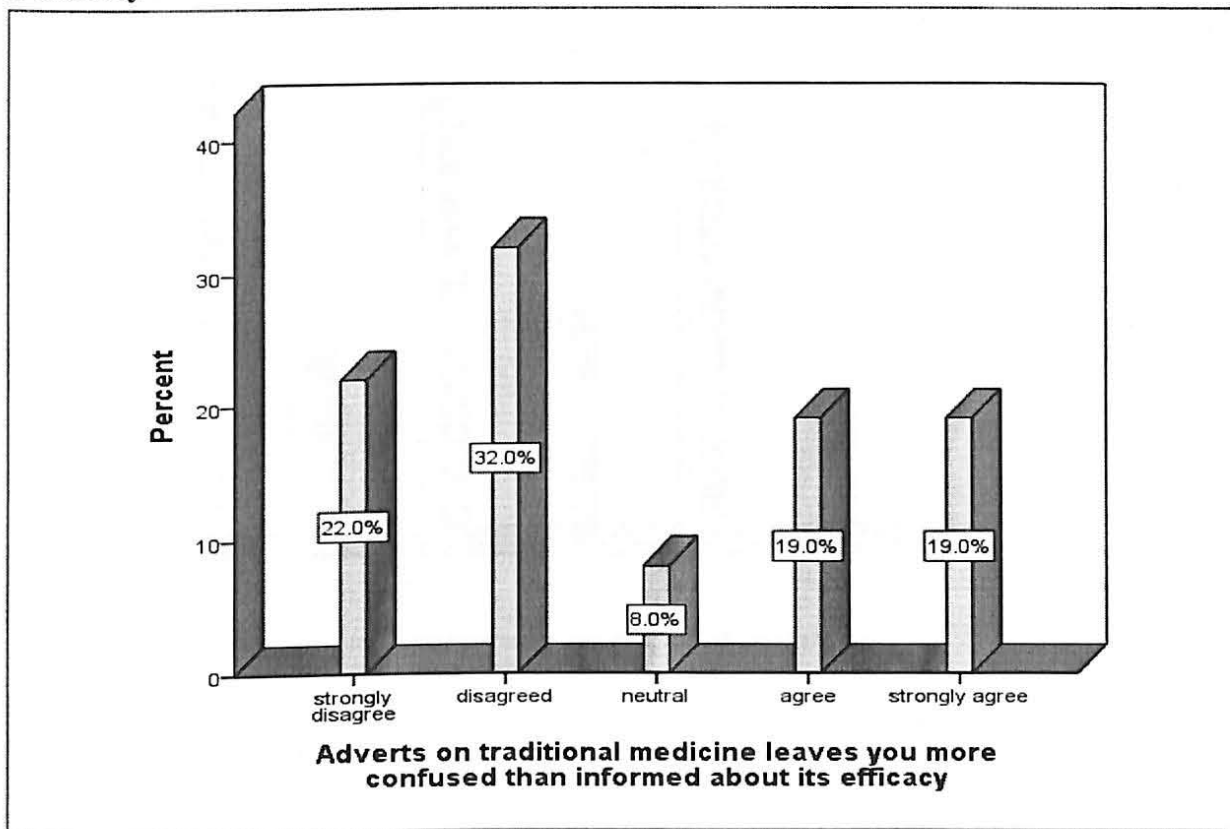
Figure 4.29 Adverts on traditional medicine are misleading



Source: Field Data (2015)

It was also found that nineteen respondents (19.0%) each agreed and strongly agreed respectively that adverts on traditional medicine leaves people more confused than informed about its efficacy whiles thirty two respondents (32.0%) and twenty two respondents (22.0%) disagreed and strongly disagreed respectively. Eight respondents (8.0%) were neutral. See Figure 4.30 for clarification.

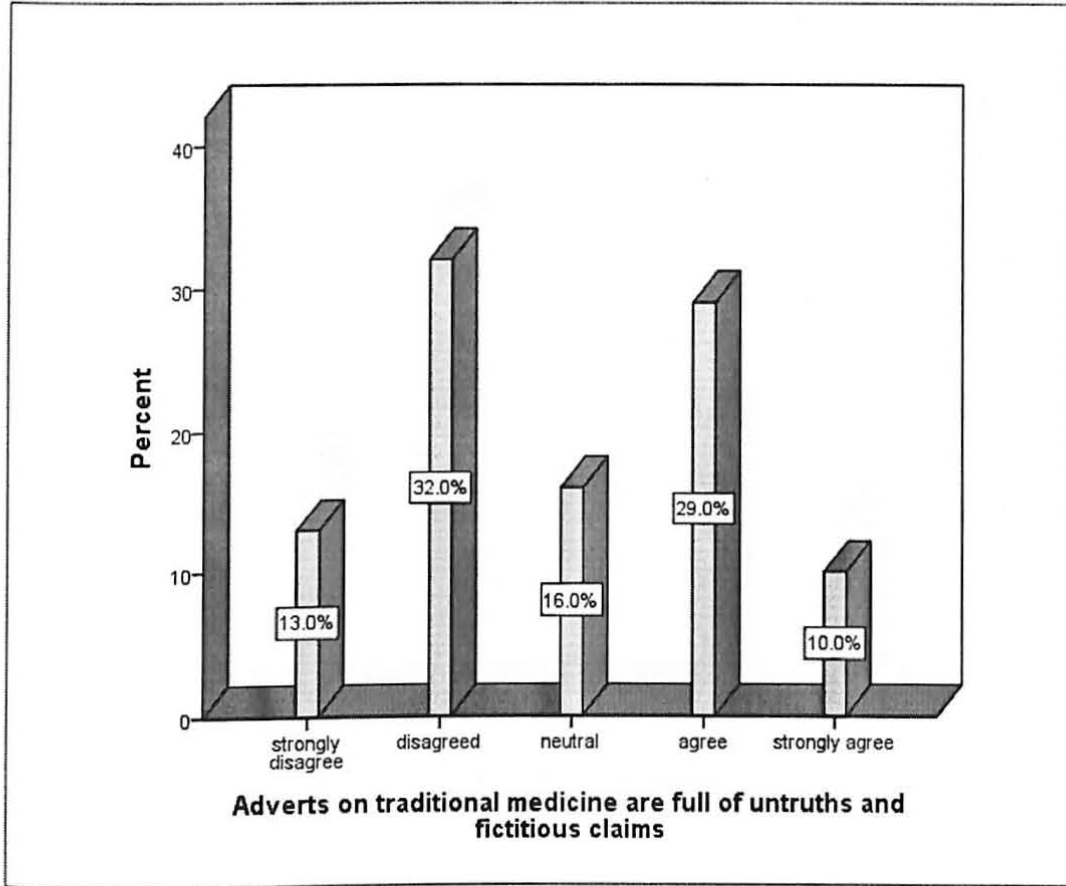
Figure 4.30 Adverts on traditional medicine leaves you more confused than informed about its efficacy



Source: Field Data (2015)

It was further found as shown in Figure 4.31 that twenty nine respondents (29.0%) and ten respondents (10.0%) agreed and strongly agreed respectively that adverts on traditional medicine are full of untruths and fictitious claims while thirty two respondents (32.0%) and thirteen respondents (13.0%) disagreed and strongly disagreed respectively. Sixteen respondents (16.0%) were neutral.

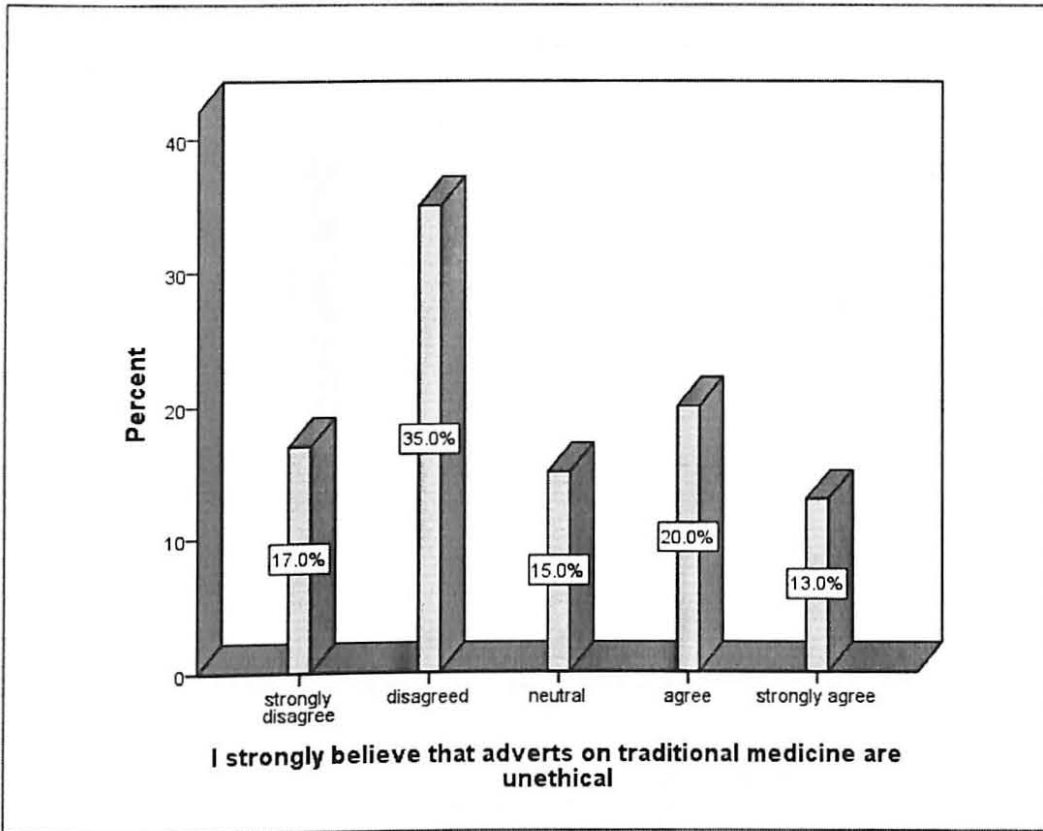
Figure 4.31 Adverts on traditional medicine are full of untruths and fictitious claims



Source: Field Data (2015)

It was moreover found that only twenty respondents (20.0%) and thirteen (13.0%) agreed and strongly agreed respectively that they strongly believe that adverts on traditional medicine are unethical while thirty five respondents (35.0%) and seventeen respondents (17.0%) disagreed and strongly disagreed respectively. Fifteen respondents (15.0%) were neutral. See Figure 4.32 for confirmation.

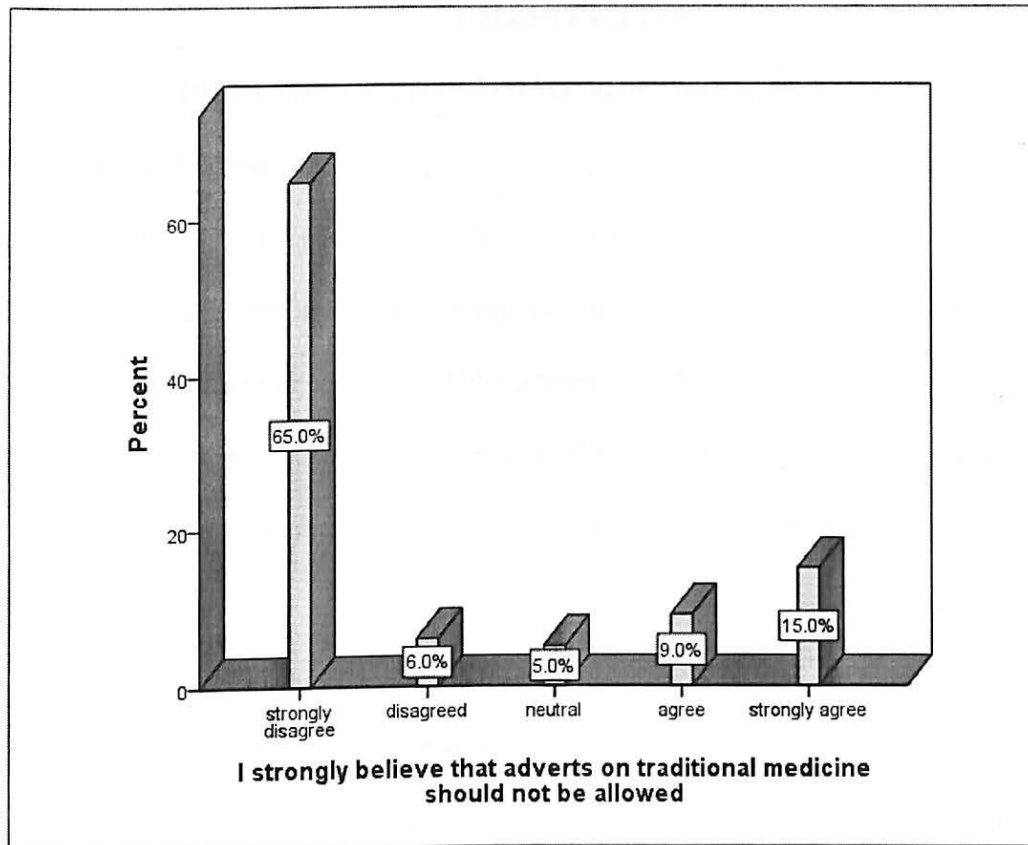
Figure 4.32 I strongly believe that adverts on traditional medicine are unethical



Source: Field Data (2015)

It was additionally found that nine respondents (9.0%) and fifteen respondents (15.0%) agreed and strongly agreed respectively that they strongly believe that adverts on traditional medicine should not be allowed while six respondents (6.0%) and sixty five respondents (65.0%) disagreed and strongly disagreed respectively. Five respondents (5.0%) were neutral. See Figure 4.33 for details.

Figure 4.33 I strongly believe that adverts on traditional medicine should not be allowed



Source: Field Data (2015)

These findings imply that most of the respondents have fully embraced traditional medicine and this acceptance has been transferred to an acceptance of adverts of traditional medicine. This acceptance again implies that they regard adverts on traditional medicine as being informative, clear and unambiguous, truthful and ethical. These findings again lend credence to what authors such as Buor (2003) and Peltzer et al, (2008) traditional medicines have been very potent against diseases such as malaria, as boils, piles, broken bones/fractures, impotency, infertility, sexual weakness, typhoid fever, mental disorder, hypertension, among others. This apparent potency in treating common ailments all the more confirm the belief and trust of the respondents in traditional medicine and therefore makes them readily accept claims made in adverts.

CHAPTER FIVE

DISCUSSIONS, RECOMMENDATIONS AND CONCLUSIONS

5.0 Introduction

This has been a study to assess the effectiveness of Traditional Medicine advertising on consumer health care decision-making in Ghana. This study adopted the descriptive survey approach and collected data from 100 customers of five traditional medicine practitioners based in the Greater Accra region. This section of the study brings the entire research to an end by presenting discussing the study's key findings, making recommendations and drawing conclusions.

5.1 Summary of Actual Findings

This study found that traditional medicine is generally regarded by the respondents as highly effective in addressing their healthcare needs in addition to being more affordable and available compared to orthodox medicine. This study found that adverts on traditional medicines affect respondents' patronage and utilization of traditional medicine. It was specifically found that most of the respondents agreed that advertisement of traditional medicines influences them to buy traditional medicine; that traditional medicine advertising provides them with essential information; that traditional medicine adverts allow them to be more involved with their health care and that adverts on traditional medicine help them make their own decisions about traditional medicines. It was further found that the respondents agreed that adverts on traditional medicine educates them about the risks and benefits of traditional medicines that they will like to continue buying traditional medicines because of advertisements.

5.2 Summary of the problem statement

Adverts on traditional medicine is a daily occurrence in almost all the traditional media in the country and all these adverts are geared towards convincing users and potential users of how potent and efficacious these products are. The main issue was does adverts on traditional medicine influence healthcare decision making of users?

5.3 Summary of Objectives

This study was generally to assess the effectiveness of Traditional medicine advertising on consumer's health-care decision-making. It specifically set out to determine consumers' perceptions and attitudes towards traditional medicine, find out if such advertisements influence their health care decision making and to identify factors affecting consumers' buying process.

5.4 DISCUSSIONS OF THE FINDINGS

5.3.1 Consumers' Perceptions and Attitude towards Traditional Medicine

One of the objectives of this study was to measure consumers' perception and attitudes towards Traditional Medicine. This study found that a total of 70% of the respondents were generally knowledgeable about traditional medicine and had a positive attitude and perceptions about traditional medicine. It was specifically found that 41% of the respondents patronize and use traditional medicine because it is more potent than orthodox medicine. In terms of affordability, 52% said it and that traditional medicine is more affordable. It was similarly found that 62% of the respondents use traditional medicine because it is more readily available, accessible, safe and

also because their families, friends and associates recommended it. These findings corroborate what researchers such as Agyare et al. (2006), Buor (2003) and Sowa (2002) found in their studies that traditional medicine has been embraced by people of all backgrounds because of its potency, value for money, availability and affordability. This is probably the reason why consumers' perceptions and attitudes towards traditional medicine is a positive one.

5.3.2 The Influence of Adverts on the Usage of Traditional Medicine

With respect to the second objective, it was interesting to find that all the respondents indicate that they have heard or seen advertisements on herbal medicine before and that the two most important sources of information on traditional medicine are radio (59%) and television (40%). This is in total agreement with the findings of Batra and Aaker (1996) that such positive perceptions and attitude about traditional medicine encourages users to be more receptive to adverts on traditional medicine and actually take decisions on their healthcare needs based on information garnered from the adverts.

5.3.3 Factors Affecting Consumers' Buying Process with Respect to Advertisements on Traditional Medicine

In relation to the identification of factors affecting consumers' buying process with respect to advertisements on traditional medicine, it was that the main factors were the usefulness of the message, the truthfulness of the messages, the clarity of the message; reliability and credibility of the source of adverts; expertise of the advertiser as well as the presentation of the adverts in slice-of-life. It was interesting to find that as much as 51% of the respondents disagreed that adverts on traditional medicine are misleading, leaves them more confused than informed about its efficacy; full of untruths and fictitious claims; unethical and that adverts on traditional

medicine should not be allowed. The findings of researchers such as Goldsmith and Lofferty (2002) and Zain-UI-Abideen and Saleem (2011) lends credence to this latest outcome.

5.5 Implications for the study

The implications of the study are as follows:

5.5.1 Implication for Stakeholders

The findings of this study further illustrate the importance of traditional medicine in the overall health delivery in the country. This implies that healthcare partners such as the state and healthcare providers should collaborate effectively with traditional practitioners so that their operations are more streamlined and introduced alongside orthodox medicine. This finding further implies that traditional medicine should be looked down by orthodox healthcare practitioners but rather concrete steps should be taken to ensure that traditional medicine complements what orthodox medicine offers.

5.5.2 Implications for the public/target audience

For target audience of traditional medicine, the findings of this study imply that adverts on traditional medicine is highly important and this is not surprising considering that there are numerous traditional medicine practitioners out here and each claims his to be the most potent and efficacious. To break this clutter and confusion, respondents therefore rely on adverts to make informed decisions on traditional medicine practitioners that they believe. As pointed out by Abel and Penson (2006), adverts on medicines are important since it helps consumers to make informed decisions based on information provided in the advert. According to the authors, making product claim in adverts facilitate easy decision making.

5.5.3 Implications for future researchers

The implication for future researchers is that this study focused on only five traditional medicine practitioners in only greater Accra. It is therefore recommended that further studies be carried out by increasing the relative size of the sample rather than the same size and in other regions of the country to see if the findings can be replicated. This is more so because of limited time and financial constraints, which did not allow the researcher to operate within a larger area.

5.5.4 Implications for Business/government/organizations

This finding implies that traditional medicine practitioners should leverage on this positive perceptions to improve upon their packaging and delivery so as to even attract more customers, especially those skeptical about the efficacy of traditional medicine.

6.0 Recommendations of the Study

Based on the findings of this study, the following recommendations were proffered:

6.1 Making Genuine Claims in Adverts

Even though this study has shown that traditional medicine is well accepted and utilized by the respondents, there is still the need to ensure that practitioners do not hoodwink innocent users by making fictitious and frivolous claims about the efficacy and potency of their medicines. Different mechanisms can be used to ensure that traditional medicine advertisements are truthful and not misleading to consumers. Two dimensions are of importance. Firstly, whether there is a pre-release or post-publication system for advertisements in place. For a pre-release system,

advertisements are formally approved before they are released to the public. A post-publication system relies on a complaints procedure being applied after the event. The second dimension is who undertakes the task of applying the regulatory process – a government or independent body, industry, or some combination of each of the interested parties. Of course even systems that rely solely on industry oversight procedures will usually have some government oversight or monitoring process remaining in place.

6.2 Collaborating with Orthodox Healthcare Providers

Again, advertising is a low involvement medium ill-suited and demonstrably ineffective for carrying detailed or highly specific information. Rather, detailed information is more relevant at a time a product is selected for purchase, and later when the product is used. This more detailed information can come from discussion with a healthcare professional and in particular in the case of nonprescription medicines, from the product label and leaflet. Thus advertising alone cannot convey all of the information that a patient needs to practice responsible self-medication by purchasing traditional medicine. Advertising is limited in how much information can be conveyed. It is well-known that the greater the volume of information in an advertisement, the smaller the likelihood of a particular item being remembered.

Additionally, providers of medicines, such as physicians, nurses, and pharmacists, often have little training in and understanding of how traditional affect the health of their patients. Many of them are also poorly informed about these products and how they are being used. Adequate training is now very essential since most patients are almost often on other types of prescription or non-prescription medicines. In spite of the fact that the active involvement of orthodox healthcare professionals is continuously solicited and huge responsibility lies with them in terms

of their valuable contributions to safety monitoring of medicinal products, it is also very important that all providers of traditional are sufficiently empowered to play a role in monitoring safety of herbal medicines. This, however, should be in collaboration with the orthodox healthcare professionals. For this to be effective, it would be essential to create an atmosphere of trust to facilitate adequate sharing of knowledge about the use and safety of herbal medicines. In fact, the education of healthcare professionals, providers of traditional, and patients/consumers is vital for the prevention of potentially serious risks from misuse of herbal medicines.

6.3 Making adverts more Focused and not overloaded

Recognizing its limitations, advert on traditional medicine must then be reasonably focused on what it can do; attract the viewer, listener, or reader's attention. Adverts must stimulate the interest of prospective buyers in a product and inform them of what it may do for them. Therefore, advertising should not be overloaded with information to the point that the individual prospective buyer may fail to comprehend it or may even ignore it.

6.4 Adverts Should Follow Standards Recommended by the Food and Drugs Board

Producers of traditional should practice what they preach, that is the goods should meet the standards as being advertised. New products introduced into the market should be fully tested to make sure they meet standard of consumers. There is the need for advertisers, to study consumers buying attitudes, motive and perception about advertisement so as to design the advertisement to meet their wants. There should be integration and coordination of advertising and other marketing strategies such as pricing, promotion, product and place by the firms. Firms need to advertise their products in order to be able to reach out to both their customer and

potential customers so that they are not overtaken by their competitors. This is because, advertisement differentiate product of the same kind in the industry from one another. In the midst of all these, producers and marketers of traditional should now do their best to put enough knowledge on consumers' mind about herbal drugs and make advertisements an unavoidable tool in consumer decision making process.

The global acceptance and use of traditional and related products continue to assume exponential increase. Issues relating to adverse reactions in recent times are also becoming more vivid, increasing in prevalence and no longer debatable because of previous misconception of regarding or categorizing herbal medicinal products as "safe" because they are derived from "natural" source. The reality is that "safety" and "natural" are not synonymous. Therefore, regulatory policies on traditional need to be standardized and strengthened on a national scale. The Foods and Drugs Board need to be proactive and continue to put in place appropriate measures to protect public health by ensuring that all herbal medicines approved for sale are safe and of suitable quality.

7.0 Conclusion of the Study

Consumer-directed advertising has one primary intention and this is to alert consumers to the accessibility and availability of products for conditions suitable for self-medication. To accomplish this, advertising must attract attention, stimulate interest and provide information to mass audiences of consumers about what a particular product might do. The focus is on informing consumers about the indications suited to self-care and the products available. Overall, consumer-directed advertising can achieve a number of purposes. It can increase awareness among patients and consumers about their condition and about the availability of suitable

medicines for self-treatment. It can also alert consumers to new products and new indications and reinforces other forms of communication about a product and brand; develop brand recognition to provide the consumer with confidence in the brand and the company; facilitate product search. Again, it helps the consumer to make informed selections, stimulate competition in the areas of product quality, product improvement and product development.

Traditional medicine as per the findings of this study seem to have been embraced, patronized and utilized by users due to its apparent potency, affordability and accessibility. This general acceptance and believe makes traditional medicine highly popular among users and this therefore makes users more open and receptive to adverts on traditional medicine. This finding further found that adverts about traditional medicine are indeed welcomed by users since it facilitates their purchase decisions. Based on the above findings therefore, this study concludes that even though adverts do play a key role in the purchase decision of users of traditional medicine, it becomes effective only when users believe in the efficacy and potency of traditional medicine.

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APPENDIX " A "

GHANA INSTITUTE OF JOURNALISM (GIJ)

RESEARCH QUESTIONNAIRE

Dear Sir/Madam,

Dear respondent, I am a student of Ghana Institute of Journalism, pursuing communication research to contribute to the general body of knowledge by investigating *the prevalence of herbal medicine advertisement and its effect on consumers of alternative medicine in Ghana*. I humbly seek your participation as you spend some time to answer the questions listed below? Please be assured of confidentiality of information you provide.

SECTION A (Bio data)

Please tick where applicable in the box/space provided below:

1. Sex

- a. Male b. Female

2. Age

- a. 18-35 b. 36--55 c. 56 or older

3. Academic and professional qualifications

- a) Uneducated
b) Educated
c) Other (Please specify): _____

4. Occupation

- a) Professional
b) Manager/Administrator
c) Proprietor
d) Self-employed
e) Student

SECTION B (Consumers' Perceptions and Attitude towards Traditional Medicine)

Traditional Medicine (TM) is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and social imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (WHO, 2002).

5. How knowledgeable would you say you are about traditional medicine?

- a) Not at all knowledgeable
b) Slightly knowledgeable

- c) Average
- d) Knowledgeable
- e) Very knowledgeable

6. How long have you been using traditional medicine?

- a) Less than a year
- b) Between 1 and 5 years
- c) Between 5 and 9 years
- d) Above 10 years

7. To what extent do the following statements reflect your perception and attitude towards Traditional medicine? (Where 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5= Strongly Agree)

S/N	Variables	1	2	3	4	5
i.	I use traditional medicine because it is more potent than orthodox medicines					
ii.	I use herbal medicine because it is more affordable					
iii.	I use traditional medicine because it is more readily available and accessible					
iv.	I use traditional medicine because my family, friends and associates recommended it to me					
v.	In my opinion, traditional medicine is very safe					
vi.	In my opinion, traditional medicine is important					

SECTION C (The Influence of Adverts on the Usage of Traditional Medicine)

8. Have you heard or seen any advertisement on herbal medicine?

- a) Yes
- b) No

9. Which of the following mediums do you usually see or hear Traditional Medicine adverts?

- a) Newspaper
- b) Magazine
- c) Television
- d) Radio
- e) Billboards
- f) Other(s), please specify

10. Please rank the following five medium in terms having access to information on traditional medicine (from 1 to 5 where 1 is the most important advertising medium and 5 is the least important advertising medium)

S/N	Advertising Medium	Rank
i.	Newspaper	
ii.	Magazine	
iii.	Television	
iv.	Radio	

v.	Bill board	
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11. How often do you purchase traditional medicines?

- a) Always
- b) Not always
- c) Once in a while
- d) None

12. Does advertisement of traditional medicines influence you to buy traditional medicine?

- a) Yes
- b) No
- c) Not sure

13. To what extent do you agree with the following statements about the effects of advertising on your usage of traditional medicine? (Where 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5= Strongly Agree)

S/N	Variables	1	2	3	4	5
i.	Traditional medicine advertising provides me with essential information					
ii.	Traditional medicine advertising is informative					
iii.	Traditional medicine adverts allow me to be more involved with my health care					
iv.	Adverts on traditional medicine help me make my own decisions about traditional medicines					
v.	Adverts on traditional medicine educates me about the risks and benefits of traditional medicines					

14. I feel, in general, that adverts on traditional medicine is ...

- a) Bad
- b) Good
- c) Unpleasant
- d) Pleasant
- e) Unfavorable
- f) Favorable
- g) Positive
- h) Negative

15. Would you like to continue buying traditional medicines because of advertisements?

- a) Yes
- b) No
- c) Not sure

16. After seeing, reading or hearing ads for traditional medicines, have you done any of the following? Please tick only three as applicable.

- a) I have talked with my doctor about an advertised traditional medicine.
- b) I have talked with my friends or relatives about an advertised traditional medicine.

- c) I have talked with my pharmacist about an advertised traditional medicine.
- d) I have started using traditional medicine after seeing it on an advertisement.

SECTION D (Factors Affecting Consumers' Buying Process with Respect to Advertisements on Traditional Medicine)

17. The following are possible factors that affect your buying decision after seeing or hearing advertisements of traditional medicines?

**To what extent do you agree or disagree with the following statements:
(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5= Strongly Agree)**

S/N	Variables	1	2	3	4	5
i.	The usefulness of the message in the adverts of TMs					
ii.	The truthfulness of the messages in the adverts of TMs					
iii.	The clarity of the message in the adverts of TMs					
iv.	Reliability of the source of adverts					
v.	Credibility of the advertiser					
vi.	Expertise of the advertiser					
vii.	Attractiveness of the celebrities or models used in the adverts					
viii.	The music or jingles that come with the adverts					
ix.	Presentation of the adverts in everyday-life drama.					
x.	How the Potency of the medicine is described in the adverts.					

18. The following questions relate to ethical issues of advertising traditional medicine. To what extent do you agree or disagree with the following statements:

(Where 1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5= Strongly Agree)

S/N	Variables	1	2	3	4	5
i.	Adverts on traditional medicine are misleading					
ii.	Adverts on traditional medicine leaves you more confused than informed about its efficacy					
iii.	Adverts on traditional medicine are full of untruths and fictitious claims					
iv.	I strongly believe that adverts on traditional medicine are unethical					
v.	I strongly believe that adverts on traditional medicine should not be allowed					

THANK YOU FOR YOUR TIME!!!!!!!!!!!!