

The Place of Advert in Herbal Medicine and Provision of Health Care System in Nigeria

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ABSTRACT

Countries of the world find it necessary to harness all health care resources to enable them effectively promote good health care, based on the study and analysis which revealed that advertising was very much part of the awareness creation of the use of herbal medicine. The advertisement message informed viewers about the curative potencies of the herbal medicine. Some of the respondents had problems with the messages of the advertisement content describing them as exaggerated. The study also demonstrated that users of herbal medicine in the study area perceived herbal medicine to be effective with limited or no side effects. And based on the findings the paper made some recommendations amongst which were that there should be future research on the comparative study of viewer's perception between herbal and orthodox medicines should be conducted so as to help researchers and herbal medicine producers to be properly guided.

INTRODUCTION

An estimate of 70% to 75% of the population of Nigeria is noted to rely on herbal medicine for their primary health care, it was also stated that manufactures and practitioners of herbal drugs make use of both mass media as well as advertising herbal drugs through loud speakers in lorries and in market places, research in herbal drugs or traditional medicine gaining more attention relating to the number of people using it most especially in Nigeria. The central or most important part of this interest is based on the commercial advertisement of traditional medicine or herbal drugs through the mass media such as the print media and electronic media which comprises of the radio and television as well as the use of social media to promote herbal drugs. Amongst various herbal drugs are Taakson, Soafa, curies, Adow koo, gifas, lucky, malarigo, mascum herbal, somach, hebibi, taabaa, genecure 4.4.2, osei herbal mixture and prostacue.

Advertisement carried out on herbal drugs are on NTA, ALT and other television channels. Advertisement messages of herbal drugs claim curative properties regarding instant and effective treatment and cure of various ailments such as sexual weakness (erectile dysfunction), typhoid, piles, infertility in both gender, cough, jaundice, hypertension, malaria, fever, prostate cancer, diabetes, prostate cancer, heart and kidney disease and gonorrhoea in health cases where orthodox treatment seemed to have failed.

To promote their products, herbal medicine advertisers use persuasive messaging that highlights the healing qualities of their remedies, aiming to convince the public to choose their offerings. According to Ayimey, Awunyo-Victor, and Ciadawusu (2013), the practice of promoting economic activities is deeply rooted in history, where businesses have traditionally relied on methods such as signs, symbols, and name displays to gain attention.

Similarly, the advertising of traditional medicine follows this pattern, often conducted in high-traffic areas like roadsides, markets, and bus terminals, frequently utilizing loudspeakers to attract attention. While these conventional methods are still in use, many herbal medicine marketers now adopt a more integrated strategy—blending traditional loudspeaker announcements with modern media platforms such as newspapers, radio, television, and social media. This combined approach allows them to raise awareness effectively and influence potential consumers to act on the information presented.

Kotler, Armstrong, Saunders, and Wong (1999) define advertising as a paid, non-personal presentation and promotion of ideas, goods, or services by a known sponsor. This emphasizes that advertisements are intentionally crafted, with clear control over the message, timing, frequency, and the medium through which it is delivered.

It's important to understand that advertisements serve various goals. Product advertising, for instance, may aim to inform, persuade, remind, or reinforce, depending on where the product stands in its life cycle. In the introductory phase, ads typically aim to inform consumers about the product's features and availability.

Colley (1961) identifies four key stages in advertising communication: awareness, comprehension, conviction, and action. Creating awareness is the

first and essential step, as purchasing decisions begin once consumers are informed. The comprehension phase involves helping the audience understand the product's function and benefits. Conviction reflects the consumer's preference and readiness to buy, while the action stage occurs when a purchase is actually made.

Therefore, advertising for herbal medicines is designed to guide the audience through these stages – from awareness to action. To achieve this, such advertisements are now routinely featured across various media platforms, especially television, which has become a prominent channel in recent times in Nigeria.

LITERATURE REVIEW

The Nature of Advertising

Advertising serves as a core component of marketing, with the primary goal of promoting and selling products and services by persuading consumers to make purchases. These offerings are created and showcased to meet various human needs and desires. As one of the strategic tools within the broader marketing framework, advertising is used by organizations to fulfill their marketing goals (Wright & Warner, 1966; Bovee & Arens, 1992; Shinip, 2000). Wright J.S. et al. (1978) noted that the fundamental purpose of advertising remains consistent across both ancient and modern times: to convey information and ideas to a target audience in order to alter, influence, or reinforce their attitudes. Effective advertising must be aimed at potential customers, a process typically facilitated by advertising agencies.

As advertising budget grow in size and other services added. Advertising today was become alife wire and an indispensable tool used by companies to fulfill their promotional tasks.

There are different views of advertising from different intellectual and authors who had come up with different definitions of advertising. They are thus;

History of Advertising

The Egyptians utilized papyrus to create sales messages and display posters, while in Ancient Greece and Rome, it was common to use papyrus for "lost and found" notices. Another early form of advertising was commercial wall or rock paintings, a practice that still exists in various regions across Asia, Africa, and South America. This tradition can be traced as far back as 4000 BC to Indian rock art. Historically, home-based advertisements and billboards are considered some of the earliest advertising methods. By the 18th century, advertisements began appearing in weekly newspapers in England, often promoting books, periodicals, and increasingly, medicines – particularly as Europe grappled with widespread disease. However, this era also saw the rise of misleading or fraudulent advertisements, commonly referred to as "quack" ads, which led to concerns and the eventual need for regulation of advertising content.

20th Century

The emergence of commercial television took place in the late 1940s and early 1950s. During this period, a significant debate unfolded between those who wanted to commercialize radio broadcasting and those who believed the radio spectrum should remain part of the public domain—used solely for non-commercial purposes and the public good. In the United Kingdom, a public funding model was adopted for the British Broadcasting Corporation (BBC), which originally began as a private entity known as the British Broadcasting Company but was restructured as a public institution through a Royal Charter in 1927. Similarly, in Canada, public broadcasting advocates such as Graham Spry successfully influenced the federal government to implement a publicly funded model, which led to the establishment of the Canadian Broadcasting Corporation (CBC).

Cable Television from the 1890S

The introduction of cable television in the late 1980s and early 1990s—most notably with the launch of MTV—marked a significant shift in advertising strategies. MTV pioneered the concept of the music video, creating a new form of advertising in which consumers deliberately tuned in for content that doubled as promotional material, rather than passively receiving advertisements as interruptions.

As cable and satellite television became more widespread, a variety of niche channels began to emerge, including those entirely dedicated to advertising and shopping, such as QVC, Home Shopping Network, and ShopTV Canada.

The rise of the internet in the 1990s opened up new frontiers for marketers. With the emergence of digital advertising platforms, the internet became a powerful tool for promotion, playing a major role in the 'dot-com boom' of the decade. Some companies relied entirely on advertising revenue, offering services like coupons, free internet access, and promotional content to attract users.

By the turn of the 21st century, websites such as Google advanced online advertising by introducing contextually relevant and non-intrusive ads designed to assist rather than overwhelm users. This innovation spurred the growth of interactive advertising—an increasingly popular form of marketing that engages users in a dynamic way. This modern approach to advertising is often unpredictable and highly creative, making it more effective in capturing consumer attention and influencing purchasing decisions.

Advertising in Nigeria dates back to pre-colonial times and is considered as old as human communication itself. However, the formal foundation of advertising in Nigeria was laid with the establishment of *Iwe Irohin* in 1859 by Reverend Henry Townsend of the Church Missionary Society. This was the first newspaper in Nigeria, and it included advertisements for births, weddings, deaths, and various social events. Newspapers that followed *Iwe Irohin* also dedicated significant space to advertising content.

In the early days of broadcasting, the **National Broadcasting Corporation (NBC)**—owned by the federal government—was the sole operator of television stations in the four major regions of Nigeria: East, West, North, and later, the

Midwest. Eventually, regional governments began establishing their own stations. Notably, the Western Region led the way with the creation of the **Western Nigeria Broadcasting Service (WNBS)** in Ibadan, launched in 1959 under the leadership of Chief Obafemi Awolowo. WNBS became the first television station in Nigeria to provide commercial broadcasting services, setting the stage for the growth of modern advertising in the country.

The **Nigerian Enterprises Promotion Decree of 1972** marked a significant turning point in the industry by mandating that advertising businesses could only be owned by Nigerian citizens. This led to a surge in the establishment of indigenous advertising agencies.

As these local agencies increased in number, there arose a need for regulation. Initially, the **Association of Advertising Practitioners of Nigeria (AAPN)** was established, but the industry underwent major restructuring with the creation of the **Advertising Practitioners Council of Nigeria (APCON)** under Decree No. 55 of 1988. APCON became the apex regulatory body for advertising in the country. Its first meeting took place in Ebute Metta, Lagos, and it began full operations in 1990 with the appointment of **Dr. Charles Okigbo** as its pioneer registrar.

Today, the Nigerian advertising industry continues to grow and innovate, striving to align with global standards by embracing creativity, digital transformation, and best practices in advertising.

Herbal Medicine

Herbal medicine—also known as botanical or plant-based medicine—is defined by the World Health Organization (WHO) as a finished, labeled medicinal product that contains active ingredients derived from plant parts, either aerial (above ground) or underground. These may include fresh plant juices, gums, fixed oils, essential oils, or dried and powdered forms such as leaves, bark, roots, and other plant materials, which may be whole, fragmented, or processed.

Herbal remedies have traditionally been used to treat a wide range of health conditions, including asthma, migraines, arthritis, menopausal symptoms, and chronic fatigue, among others. However, despite their natural origin, herbal medicines should be used with caution, as they may produce undesirable side effects in some individuals.

A significant portion of modern pharmaceutical drugs are derived from plant sources. Medications for conditions such as heart disease, high blood pressure, pain, and respiratory disorders like asthma often have their origins in plant compounds.

Although there are over 700,000 known plant species on Earth, only a small fraction of medicinal herbs have been scientifically studied. Modern pharmacology tends to focus on isolating a single active compound from a plant, often overlooking the potential benefits of the plant as a whole. In contrast, herbalists believe that the therapeutic power of a plant lies in the synergistic interaction of all its components, not just in individual active ingredients.

METHODOLOGY

History of Traditional Medicine

Herbal medicine represents the oldest known form of healthcare, utilized by virtually all cultures throughout history. Early humans observed the vast diversity of plants in their environment and discovered their multiple uses – ranging from food and clothing to shelter and medicine. Much of the knowledge about medicinal plants likely emerged from observing the behavior of animals and through long processes of trial and error.

Over time, individual tribes and communities began to document the therapeutic properties of local herbs, gradually building their own extensive repositories of herbal knowledge. These practices eventually evolved into structured systems with well-established herbal pharmacopoeias.

By the 20th century, a significant portion of the scientific pharmaceutical catalog was still rooted in indigenous herbal traditions. Many modern medications in use today are derived from plant sources, underscoring the fact that virtually every culture has explored and utilized plants for healing purposes. Notably, archaeological discoveries such as the presence of medicinal plants in a Neanderthal burial site in Iraq suggest the use of therapeutic herbs may date back more than 60,000 years.

The first recorded evidence of traditional medicine originates from China, where Emperor Shen Nung compiled the **Pen Ts'ao** (*The Great Herbal* or *Chinese Materia Medica*) around 3000 BCE. This foundational text, later expanded by various editors, cataloged hundreds of herbal remedies – many of which remain in use today (Guthrie, 1945). In Ancient Egypt, as early as 1000 BCE, herbs such as garlic, opium, castor oil, coriander, mint, and indigo were commonly used for medicinal purposes.

In India, the **Ayurvedic** medical tradition had already developed by 1900 BCE. It employed a wide array of herbs – including turmeric – and minerals for healing. Figures such as **Sushruta** and **Charaka**, active during the first millennium BCE, contributed extensively to Ayurvedic pharmacology.

The first Chinese herbal text, *Shennong Bencao Jing*, compiled during the Han Dynasty around 2700 BCE, listed 365 medicinal plants. One of the notable entries was **ma huang**, a plant later found to contain **ephedrine**, an important compound in modern medicine.

The ancient Greeks and Romans also relied heavily on medicinal plants. Their practices, as documented by **Hippocrates** and **Galen**, laid the foundation for Western medicine. Hippocrates emphasized natural healing through a few simple herbal remedies, fresh air, rest, and proper diet. In contrast, Galen advocated more complex treatments involving mixtures of plant, animal, and mineral substances.

Medicinal plants are especially abundant in the tropical rainforest regions of the world – areas like Nigeria being rich in biodiversity. In many developing countries, including Nigeria, healthcare systems often integrate both traditional herbal medicine and Western (orthodox) medicine. Due to economic challenges and limited access to modern healthcare, large segments of the population rely on herbal remedies for their primary health care.

In Nigeria specifically, traditional herbal practices remain widespread. For instance, the plant *Nuclea atitolia* has been found effective in treating dental caries. According to a 2003 report from the World Health Organization (WHO), Nigeria had a ratio of 1 traditional health practitioner per 110 people, compared to 1 medical doctor per 16,400 people (African Health Monitor, 2003). This disparity highlights the continued reliance on traditional medicine practitioners (TMPs) as the primary source of healthcare for many Nigerians.

RESEARCH RESULT AND DISCUSSION

Traditional Medicine

Herbal medicine, when viewed in its appropriate context, is inherently intertwined with traditional medical practices and cannot be treated as a separate discipline. According to the World Health Organization (WHO), traditional medicine encompasses the totality of knowledge, skills, and practices used in diagnosing, preventing, and eliminating physical, mental, and social imbalances. These practices are rooted in cultural beliefs and are based entirely on the experiences and observations passed down through generations – whether orally or in written form.

Some Herbal Medicines in Nigeria and their Application

Few herbal remedies have conclusively demonstrated any positive effects on humans, possibly due to inadequate testing (Ernst, 2007). However, examples of herbal medicine or medicinal plants in used in Nigeria that have demonstrated some interesting and surprising pharmacological results includes;

- Aleo Vera: It is traditionally used to heal burns and wounds (maenthal song et al 2004).
- Garlic (*Allium sativum*) L. Liliaceae, Hausa-Tafeinwa, the bulb and leaves parts are used in ethnomedicine. It has properties for treatment of fever, coughs, flatulence, disorder of the nervous system, asthma and hoarseness of the chest. The bulb juice is used as a broad spectrum antibiotic against fungi and bacteria. It may also lower total cholesterol levels. (Ackerman et al, 2001).
- Grape fruit (Naringenin) components may prevent obesity.
- Green Tea (*Camellia sinensis*) components may inhibit growth of breast cancer cells and may heal scars faster (Belguise et al-2007, Zhanget al, 2006).
- Honey may reduce cholesterol and wound healing (Al Walili, 2004).
- Lemon grass (*Cymbopogon citratus*) local name: Isoko egbu, the liquid extract of the fresh leaf has lowered total cholesterol.
- Calendula (*Calendula officinalis*) is used traditionally for abdominal cramps and constipation (Cordon 1998).
- Pawpaw (*Carica papaya* L. Caricaceae) Local name: Hausa-Qwanda, Ibo-Okwuluezi, Yoruba-Ibepe, sigun, gbegebe is used as insecticide used for wound dressing (Regnault et al, 2004).
- Peppermint Oil is used in Nigeria as a remedy against irritable bowel syndrome (Capello et al, 2007).
- Rosehips-small scale studies indicate that hips from *Rosa canina* may provide benefits in the treatment of osteoarthritis.

- Shitake mushrooms (*Lentinula edodes*) Lake edible mushrooms that have been reported to have benefits including cancer preventing properties. (Tange et al. 2006)
- Bitterleaf (*Vernonia galinae*, L (compositae) Local name: Yoruba-ewuro, Hausa-shikwaka, Unhobo-olugbo. The leaves are used for stomach pains, skin infection as an antipyretic, laxative and antidiabetic and also to treat fatigue conditions as well as Nsoma.

Review of Empirical Studies

The literature review was organized according to the research objectives, focusing on several key areas: residents' perceptions of herbal medicine advertisements on television, the extent to which viewers purchase herbal products based on TV advertising messages, and their beliefs about the claimed curative properties of herbal medicines promoted on TV. Additionally, the study analyzed the impact of radio advertising on the sales of herbal products, specifically within the Ho Municipality.

The research aimed to explore the relationships between radio advertising, advertising expenditure, and herbal medicine sales, as well as the advertising media preferences of herbal retail shops. Findings revealed that the majority of respondents (70%) became aware of the herbal medicines they purchased through radio advertisements. Furthermore, data indicated that 60.7% of herbal product sales were attributed to advertising efforts. Most herbal product retailers (80%) identified radio as the preferred advertising medium due to its accessibility and reach to the target audience. Additionally, 95% of respondents considered radio advertising a highly effective tool, providing crucial information that influenced their purchasing decisions.

In terms of usage, the most common application of these plants was for women's health, including treatments aimed at strengthening pregnant women, addressing female infertility, managing abortion, and preventing puerperal fever. These treatments are widely used to improve fertility, prevent puerperal fever, and induce menstruation or abortion during early pregnancy. Ritual uses of herbal plants, such as luck charms and herbal baths to protect against witchcraft, ranked second in popularity. This was followed by the use of aphrodisiacs (exclusively for men) and plants for treating sexually transmitted diseases (STDs).

The majority of respondents (83.3%) with less than 0.5 years of experience using scientific medicine viewed traditional medicine (TM) positively. In contrast, all respondents (100%) with 6 to 10 years of experience practicing scientific medicine perceived the safety of TM as poor. Additionally, most respondents aged 20 to 29 years (71.4%) rated the efficacy of TM as good, while a smaller proportion (28.6%) considered it very poor. Furthermore, 40% agreed that herbal medicines are safe due to their natural origin, whereas only 18% disagreed.

From India, Nath and Rudran (2002) discussed the significance of herbal medicines for anesthesiologists, highlighting a common misconception among the general public that herbal remedies are harmless. This misconception often leads patients to withhold information about herbal medicine use during pre-

anesthetic evaluations. The article warned that many herbal medicines can be toxic and may have harmful interactions with conventional or orthodox drugs. The cultivation theory, a mass media effects theory developed by Gerbner in 1960 and further elaborated by Gerbner and Gross in 1976, offers insight into media influence. According to Miller (2005), their research focused on whether frequent television viewing shapes viewers' perceptions of everyday life. The theory posits that heavy TV viewers are more likely to adopt the worldviews portrayed on television, causing their perceptions of social reality to mirror recurring TV messages. As a result, television plays a significant role in shaping societal attitudes, often surpassing traditional influences such as religion and education. It cultivates a shared symbolic environment, becoming a central force in society's formation of ideas and values.

Sample and Sampling Techniques

Sampling is the process of selecting units such as people and organization from a population of interest (Wimmer & Dominick (2010). To obtain the sample size the study employed Taro Yamane sample technique.

$$\frac{\sqrt{N}}{1 + \sqrt{N} + (e)^2}$$

N = Population
 n = Sample
 I = Constant
 e = Marginal error of (0.005)²

$$n = \frac{776,298}{1 + (0.05)^2}$$

$$n = \frac{776,298}{1 + 776,298 (0.0025)}$$

$$n = \frac{776,298}{1 + 1,941}$$

$$n = \frac{776,298}{1,942}$$

$$= 400$$

The sample size of the population is 400 for the purpose of the study.

Table 1. Distribution of Respondents by Gender

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Males | 132 | 33.6% |
| Females | 260 | 66.3% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the gender distribution table above, out of 392 respondents, 132 respondents representing 33.6% were male, 260 respondents representing 66.3% females. Therefore female respondents were more than male respondents.

Table 2. Distribution of Respondents by Age

| Variables | Frequency | Percentage |
|--------------|-----------|------------|
| 18-28 | 82 | 21% |
| 29-39 | 90 | 23% |
| 40-50 | 110 | 28% |
| 51-60 | 70 | 17.8% |
| 61 and above | 40 | 10.2% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the age distribution table 82 respondents within age 18-28 representing 21%, 90 respondents within age 29-38 representing 23%, 110 respondents within age 40-50 representing 28%, 80 respondents within age 51-60 representing 17.8%, 140 respondents within age 61 and above representing 10.20%.

Table 3. Distribution for Educational Qualification

| Variables | Frequency | Percentage |
|----------------------------|-----------|------------|
| WASSCE/SSCE | 22 | 6% |
| Technical & post secondary | 31 | 8% |
| Diploma HND | 55 | 14% |
| Bachelor's degree | 82 | 20% |
| Post-graduate diploma | - | - |
| Masters | 202 | 52% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the distribution for educational qualification table above, it shows that WASSCE (22 respondents) representing 6%, technical/post secondary (31 respondents) representing 8%, diploma HND (55 respondents) representing 14%, bachelor's degree (82 respondents) representing 20% and post-graduate diploma/masters (202 respondents) representing 52%.

Table 4. Distribution of Marital Status

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Single | 242 | 62% |
| Married | 100 | 26% |
| Separated | 10 | 2.6% |
| Divorced | 21 | 5.4% |
| Widowed | 19 | 4% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the marital status distribution above, 242 respondents of single status representing 62%, 100 respondents of married status representing 26%, 10 respondents of separated status representing 2.6%, 21 respondents of Divorced status representing 5.4% and 19 respondents of widowed status representing 4%.

Table 5. Distribution of Background

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Hausa | 69 | 18% |
| Yoruba | 80 | 20% |
| Igbo | 52 | 13% |
| Gwari | 143 | 37% |
| Nupea | 30 | 8% |
| Others | 18 | 4% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the background distribution table, it shows 69 respondents of Hausa background representing 18%, 80 respondents of Yoruba background 13%, 143 respondents of Gwari background representing 37%, 30 respondents of Nupea background representing 8% and 15 respondent of other background representing 4%.

Table 6. Distribution Religion

| Variables | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Christian | 260 | 66.5% |
| Islam | 100 | 25.5% |
| African tradition Religion | 20 | 5% |
| Others | 12 | 3% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the religion distribution table above, it shows that 260 respondents representing 66.5% were Christians, 100 respondents representing 25.5% were Islam, 20 respondents representing 5% were African tradition and 12 respondent representing 3% were other religion.

Table 7. Do you know any Herbal Medicine

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 307 | 78.3% |
| No | 55 | 14% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 7 shows that 307 respondents representing 78.3% said yes that they know herbal drugs implies that majority of respondents are aware of herbal medicine.

Table 8. How did you get to know about the use of Herbal Medicine?

| Variables | Frequency | Percentage |
|-------------------------------------|-----------|------------|
| Through television advertisement | 190 | 48.5% |
| Through radio advertisement | 150 | 38.3% |
| Through friends, family | 28 | 7.14% |
| Others | 24 | 6.12% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 8 shows that 190 respondents representing 48.5% got to know about the use of herbal medicine through television advertisement, 150 respondents representing 38.30% got to know about the use of herbal medicine through radio advertisement, 28 respondents representing 7.14% go to know about the use of herbal medicine through friends, family and 24 respondents representing 7.14% through others.

Table 9. Have You ever used any Herbal Medicine

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 342 | 87.2% |
| No | 50 | 12.8% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 9 shows that 342 respondents representing 87.2% said Yes that they have used herbal medicine while 50 respondents representing 12.8% said No. this implies that majority of respondents have used herbal medicine.

Table 10. Have you ever Purchased Herbal Medicine based on Television Advertisement?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 45 | 12% |
| No | 347 | 88% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 10 shows that 45 respondents representing 12% said yes that they have purchased herbal medicine based on television advertisement while 347 respondents representing 88% said No. this implies that majority of respondents have purchased herbal medicine based on herbal medicine.

Table 11. Do You Watch Television Advertisements?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 372 | 95% |
| No | 20 | 5% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 11 shows that 372 respondents representing 95% said that they do watch television advertisements. While 20 respondents representing 5% said No. this implies that majority of respondents do watch television advertisements.

Table 12. What Type of Advertisement do you Watch?

| Variables | Frequency | Percentage |
|----------------------------|-----------|------------|
| Herbal medicine | 202 | 52% |
| Grocery | 80 | 20% |
| Advertisement of telephony | 60 | 18% |
| Others | 50 | 13% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From the above table, 202 respondents representing 52% watch Herbal Medicine advertisement, 80 respondents representing 20% watch grocery advertisement, 60 respondents representing 15% watch telephony advertisement and 50 respondents representing 13% watch other advertisements. This implies that majority of respondents do watch herbal medicine advertisement.

Table 13. When do you Watch the Advertisement

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Morning | 64 | 16.3% |
| Afternoon | 68 | 17.4% |
| Evening | 260 | 66.3% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

From table 13, it shows that 64 respondents representing 16.3% do watch advertisements in the morning, 68 respondents representing 17.4% watch advertisements in the afternoon and 260 respondents representing 66.3% watch advertisements in the evening.

Table 14. Why do you Watch Television Advertisements?

| Variables | Frequency | Percentage |
|---------------|-----------|------------|
| Entertainment | 294 | 75% |
| Information | 98 | 25% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 14 shows that 294 respondents representing 75% do watch television advertisement for entertainment purpose while 98 respondents representing 25% watch television advertisement for information purpose.

Table 15: How Often do You Purchase Herbal Medicine Based on Television Advertisement

| Variables | Frequency | Percentage |
|------------|-----------|------------|
| Always | 62 | 15.8% |
| Not always | 233 | 59.4% |
| Never | 97 | 24.8% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 15 shows that 62 respondents representing 15.8% do purchase herbal medicine based on television advertisement, 233 respondents representing 59.4% do purchase herbal medicine based on television advertisement and 97 respondents representing 24.8% do purchase herbal medicine based on television advertisement. This implies that majority do not always purchase herbal medicine based on television advertisement.

Table 16. Would You Like to Continue Buying Herbal Medicine Because of TV Advertisement?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 112 | 28.6% |
| No | 280 | 71.4% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 16 shows that 112 respondents representing 28.6% would like to continue buying herbal medicine because of television advertisement while 280 respondents representing 71.4% said no. This implies that majority of respondents would like to continue buying herbal medicine because of television advertisement.

Table 17. Are You Satisfied with the Product of Herbal Medicine?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 252 | 64.3% |
| No | 140 | 35.7% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 17 shows that 252 respondents representing 64.3 are satisfied with the product of herbal medicine while 140 respondents representing 35.7 said no. This implies that majority of respondents are satisfied with the product of herbal medicine.

Table 18. What was the Effectiveness of the Medicine?

| Variables | Frequency | Percentage |
|----------------|-----------|------------|
| Very effective | 152 | 38.8% |
| Effective | 135 | 34.4% |
| Indifferent | 60 | 15.3% |
| Not effective | 45 | 11.5% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 18 shows that 152 respondents representing 38.8% stated that the herbal medicine was very effective, 135 respondents representing 34.4% stated that the herbal medicine was effective, 60 respondents representing 15.3% were indifferent on the effectiveness of the medicine while 45 respondents representing 11.5% stated that it was not effective.

Table 19: How Would You Perceive the Messages in the Herbal Medicine Television Advertisements?

| Variables | Frequency | Percentage |
|-------------|-----------|------------|
| Complicated | 30 | 7.7% |
| Educative | 149 | 3.8% |
| Exaggerated | 213 | 54.3% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 19 shows that 30 respondents representing 7.7% perceive the message in the herbal medicine television advertisements as complicated, 149 respondents representing 3.8% perceive the message in the herbal representing 3.8% perceive the message in the herbal medicine television advertisement as Educative and 213 respondents representing 54.3% perceive the message in the herbal medicine advertisement as exaggerated.

Table 20. Did the Message Explain how the Herbal Medicine is Used?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 305 | 77.8% |
| No | 87 | 22.2% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 20 shows that 305 respondents representing 77.8% said yes that the message explain how the herbal medicine is used while 87 respondents representing 22.2% said no. this implies that majority of respondents stated that the message explain how the herbal medicine is used.

Table 21. Do You Believe in the Curative Claims of Herbal Medicine as Advertised on Television?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 180 | 45.9% |
| No | 212 | 54.1% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 21 shows that 180 respondents representing 45.95 said yes that they believe in the curative claims of herbal medicine as advertised on television while 212 respondent representing 54.1 said no that they do not believe in the curative claims of herbal medicine as advertised on television.

Table 22. Do You Think Message of Herbal Medicine Advertisement Should be Regulated?

| Variables | Frequency | Percentage |
|-----------|-----------|------------|
| Yes | 245 | 62.5% |
| No | 147 | 37.5% |
| Total | 392 | 100% |

Source: Field Survey, 2018.

Table 22 shows that 245 respondents representing 62.5% thought that the message of herbal medicine advertisement should be regulated while 147 respondents representing 37.5% said no. this implies that majority of respondents said that message of herbal medicine advertisement should be regulated.

CONCLUSIONS AND RECOMMENDATIONS

The foregoing analysis of the research data so far showed that advertising was very much part of the awareness creation of the use of herbal medicine.

The advertisement message informed viewers about the curative potencies of the herbal medicine. Some of the respondents had problems with the messages of the advertisement content describing them as exaggerated. The study also demonstrated that users of herbal medicine in the study area perceived herbal medicine to be effective with limited or no side effects.

From the opinions expressed by the respondents, it is undoubted that herbal medicine plays an important role.

Recommendations

From the findings of the study, it was observed that herbal medicine was patronized because they viewed herbal medicine as effective, natural and had limited or no side effect.

ADVANCED RESEARCH

Therefore, based on the findings and conclusion of this study, the following recommendations were made:

There should be future research on the comparative study of viewer's perception between herbal and orthodox medicines should be conducted so as to help researchers find out the perception on both medicine and reason to use or recommend one over the other.

The views of herbal and orthodox medicine should be sought for using television as the medium of advertising in order to determine whether television advertisements translate into sales or aids maximum sales of herbal medicine and orthodox medicine.

Advertisers should study the consumers' buying attitudes, perception, motives about advertisement which would help them to design the advertisement to meet the wants of the consumers.

Regulatory bodies should function properly and take actions to regulate herbal medicine advertisement messages.

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