VIEWER PERCEPTION OF MESSAGES IN THE TELEVISION ADVERTISEMENT OF HERBAL MEDICINE
(A SURVEY OF AKOSOMBO RESIDENTS)

By

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DECLARATION

I hereby declare that this dissertation is my own work and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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Certified by:

Professor K. ANSU-KYEREMEH

(Supervisor) Signature Date

DEDICATION

This work is dedicated, first to God Almighty for His Divine Guidance and Favour.

Secondly, I dedicate it to my wife, Doreen Bonna (Mrs) and my children Kweku and Fiifi Bonna for their unflinching support, patience and immense encouragement.

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My greatest appreciation and thanks go to God Almighty for making it possible for me to complete this academic exercise successfully. Without Him, this would not have been possible, particularly combining academic pursuit and professional career.

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ABSTRACT

It is estimated that 70% to 75% of the population of Ghana rely on herbal medicine for their primary healthcare (WHO 2002). Practitioners and manufacturers of herbal medicine relying less on advertising through loud speakers and personal advertising in lorries and market places and moving towards advertising in the mass media.

This study, therefore, examined viewer perception of messages in the television advertisement of herbal medicine in Akosombo in a survey, using a questionnaire as the instrument for data collection. The specific objectives of the study were to find out views on the messages of herbal medicine advertisement on television, examine the extent to which viewers were likely to patronise herbal medicines based on the messages they were exposed to in the television ads and finally find out whether respondents viewed curative properties of herbal medicine as claimed in television ads to be real.

Two hundred respondents, 18years and above who had watched television herbal medicine ads and had purchased and used herbal medicine were interviewed. Data was analysed using the Statistical Package for Social Sciences (SPSS) version 20.

Key among the findings was that close to nine in ten (87.9%) of the respondents said messages of herbal medicine television advertisement should be regulated to reduce exaggerations and false claims of the multiple therapeutic properties of herbal medicine as advertised on television.

Interestingly, the study also revealed that majority of respondents with diverse educational qualifications, from high school certificate to post-graduate degree, chose herbal medicine over orthodox medicine because, in their view, the former had no or little side effects. The finding is interesting because it was presumed that the more educated a respondent was, the less likely he/she was expected to accept herbal medicine ad message, let alone be convinced to patronise it.

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INTRODUCTION

1.1 Background

It is estimated that 70% to 75% of the population of Ghana rely on herbal medicine for their primary health care (WHO 2002). Practitioners and manufacturers of herbal medicine rely on both mass media and advertising through loud speakers in lorries and market places.

Consequently, this chapter provides some background information on the global as well as Ghanaian perspective of the history of herbal medicine to understand the context within which the research was conducted. It also explores the background of the study, advertising, brief background of the study centre, research problem, objectives and questions. Chapter One further provides the significance of this study as well as the organisation of the entire study.

Increasingly, research interest in traditional or herbal medicine is gaining attention given the number of people using it, particularly in Ghana. At the core of this interest lies the commercial advertisement of traditional medicines in the mass media such as the print, radio and television, as well as the social media in promoting herbal medicine. Notable among these herbal medicines are Gifas, Yaakson, Lucky, Soafa, Givers, Adom Koo, and Malarigo. The rest are Somach, Habibi and Taabea, Osei herbal mixture, Genecure 4:4:2 and Prostacure. These ads are run on *GTV*, *TV3, Adom TV, Metro TV* and other multimedia television channels. The messages in these herbal medicine ads mutually claim similar curative properties regarding instant and effective treatment and cure of various ailments such as; prostate cancer, ensuring virility in men, typhoid, piles, cough, hypertension, fever, malaria, sexual weakness, jaundice, candidiasis,

stroke, infertility, menstrual pains, weight loss and microbial infections (gonorrhea and syphilis). However, Soafa herbal medicine promises cure for other terminal conditions spanning cancer, heart and kidney as well as diabetes where orthodox treatment seemed to have failed. In these promotional ads, the advertisers use persuasive messages concerning the therapeutic properties of herbal medicine to convince the viewers to patronise herbal medicine.

Ayimey, Awunyo-Vitor, & Gadawusu (2013) asserted that the promotion of business activities in general was an age-old practice where human economic activities were given publicity through various means such as directional signs and display of names and symbols among others. Traditional medicine advertisement in this regard, is no exception, particularly when the medicines are advertised at strategic locations such as roadsides, markets and lorry stations using loudspeakers. Although, these advertising channels still subsist, the herbal medicine advertisers have resorted to the use of a multifaceted advertising approach where the old age practice of advertising by using loudspeakers at strategic locations is combined with the mass media channels (print, radio, television and social media) to reach their growing number of target audiences. By this approach, the advertisers are able to create the necessary awareness of the existence of their products. This, to a very large extent, intends to induce a certain desired action from those who will be exposed to the advertising content.

Advertising, according to Kotler, Armstrong, Saunders and Wong (1999), is any paid form of non-personal presentation and promotion of ideas, goods or services by an identified sponsor. This definition emphasizes the need for an ad to be controlled and directed by an identified sponsor in relation to the choice of medium, what is said, who said it, when it is said and how often it is said.

It must, however, be noted that, advertisements are prepared for different purposes. For instance, product advertisement focuses on selling goods or services and based on the product's position of its life cycle, the advert may be tilted towards providing information, persuading and reminding or reinforcing the good attributes of the product. At the introductory stage of the product life cycle, adverts are designed to give information about the product such as what it can do and where it can be found thus achieving the objective of providing information to the target audience.

Advertising objectives as defined by Colley (1961) may be divided into four stages of commercial communication which are awareness, comprehension, conviction and action. Awareness creation is the minimum goal of advertising. The buying process starts after informing the target audience about the product. Comprehension stage is the communication level where the prospective target audience understands what the product is and what it will do for them. The conviction level shows brand preference and the prospect's intention to buy the product in the near future. At the action level, the prospective consumer takes meaningful action by buying the product. Therefore, advertisement of herbal medicine must be intended to motivate the target audience through the consecutive stages of awareness, comprehension or recognition, conviction and action. It is to achieve this full complement of the advertising stages that herbal medicine is advertised routinely on the various mass media, particularly on television in recent times in Ghana.

1.2 History of traditional medicine

Herbal medicine is the oldest form of medicine and has at one time been the dominant healing therapy throughout all cultures and peoples world-wide. The beginning of the medicinal plants'

use was instinctive, as in the case of animals. It must, however be noted that, the connection between man and his search for drugs in nature pre-dates western orthodox medicine. The quest and the awareness of plant medicine is as a result of many years of mankind's tenacity to fight and subdue illnesses for which reason man learned to pursue drugs in barks, seeds, fruit bodies and other parts of plants in the treatment of fevers, burns, insect stings, ulcers and liver diseases among others.

Petrovska (2012) explained that, the preparation of herbal medicine, the diagnoses of ailments and the administration of herbs were based on experience. Hippocrates, as cited in Pretovska (2012) revealed that, between 459-370 BC, there were 300 medicinal plants classified by physiological action: Wormwood and common centaury (Centaurium umbellatum Gilib) were applied against fever, garlic against intestine parasite, opium, henbane, deadly nightshade and mandrake were used as narcotics, fragrant hellebore and haselwort as emetics, sea onion, celery, parsley, asparagus and garlic as diuretics.

1.3 History of herbal medicine in Ghana

Ghana on the other hand, has had its fair share of the usage of herbs in the treatment of various ailments before colonization. The knowledge in the preparation, preservation and administration of the herbs are handed down to generations through oral tradition, apprenticeship and in some instances through dreams or spiritual revelations. In Africa and especially Ghana, the traditional health care system is a holistic one that integrates the social ethics, religious morals and cultural values. According to Senah, Adusei, and Akor (2001), it is believed that the health of an individual has a link with the metaphysical and supernatural world; the Creator, divinities and ancestral spirits. With this belief, disease has a spiritual dimension. It is therefore not surprising that in the

traditional health care system, it is common to find practices relating to the use of herbs and other natural products in addition to the use of spiritual and psychic powers for the treatment of diseases.

The practice of traditional medicine is largely relative to the ethnic background of the practitioners. In the Ghanaian belief system, (a part of the culture), the world is made up of two systems; one physical or natural which is seen, and the other, supernatural or spiritual, which is unseen but exerts powerful influences on the physical world. Senah, Adusei and Akor (2001) further argued that, diseases are either acquired or inflicted on people based on the following reasons;

(a) Angry deities who punish wrongdoers, eg, those who violate taboos;

(b) Ancestors and other ghosts who feel they have been too soon forgotten or otherwise not recognized;

(c) Sorcerers and witches, working for hire or for personal reasons;

(d) Spirit possession or the intrusion of an object into the body;

(e) Loss of the basic body *equilibrium* usually because of the entry of excessive heat or cold into the body; and

(g) The Evil eye.

In traditional medical practice therefore, the aspects which pertain to the supernatural are considered more important and dealt with more than the pathological aspects which relate to the natural physical world. However, Traditional Medical Practitioners (TMPs) tend to emphasize one or the other aspect, the physical or spiritual, as being responsible for the disease. Two major groups of TMPs are therefore recognized. One group, according to the scholars is referred to as herbalists, a group which emphasizes the physical aspects of a disease, and uses mostly plant parts as a basis for their treatment. Generally, the technology associated with the production of their medicinal

products is by chopping the herbs on boards, grinding on stones or pounding in mortars. Some other medicinal plants are extracted by boiling in water or saturating in an alcoholic beverage. The medicinal products are sold on the open market, usually unprocessed except for drying in the sun, creating a problem with standardization and quality assurance.

The other group of TMPs emphasizes the spiritual aspects of disease. A hybrid group may be described as herbalist-spiritualist, who, in addition to practicing herbalism, also deals with the supernatural causes of diseases. Senah, Adusei and Akor (2001) observed that the herbalist-spiritualists indulge in occult practices that are generally referred to as *bokonowo* by the Ewes and *okomfo* in Akan. The other TMPs in this latter group are referred to by different names including soothsayers or diviners and shrine devotees. Soothsayers or diviners according to the above mentioned scholars are those who usually explain the "whys" of certain diseases and may foretell the outcome of (intended) actions. These TMPs predominate in the northern regions of Ghana and include *mallams*, who are basically Islamic teachers. Two categories of *mallams* may be distinguished: those who use only prayers or Qur'anic verses for the healing and those who combine herbal treatment with divination and prayers.

More so, there are Shrine devotees, as the name implies, who devote their entire life to the service of a god(s) or goddesses, which dwell in shrines. Senah, Adusei and Akor (2001) further indicated that, shrine devotees are usually identified by their mode of dressing, hair style (clean shaven or with dreadlocks), amulets, visible marks made by incisions on the arms, chest or face. This forms part of the advertisement concerning their capabilities, abilities and spiritual endowment in solving ones ailing condition. To these people, healing involves possession and communion with extrasensory elements that are done normally on days, which are determined by the gods they

serve. On the path to healing, the sick may be forbidden to eat certain foods, engage in sex, associate with a menstruating woman or as may be directed by the gods. A famous shrine in Ghana is the Akonedi Shrine located at Larteh, a town in the Eastern Region of the country. In treating ailments apart from those inflicted by deities and ancestors, the herbalists use plants medicine to treat malaria, fever, coughs, dysentery, small pox, infertility, setting of broken bones, sexual weakness and sex - related diseases.

Having realised the importance of traditional medicine in the herbal care delivery in the country, successive governments have legislated and given official recognition to traditional medicine. This attempt cumulatively translated into the formation of the Ghana Psychic and Traditional Healers Association in 1961 and the establishment of the Centre for Scientific Research into Plant Medicine in 1975. Also in 1991 the government established a unit for the coordination of Traditional Medicine (which in 2003 was elevated to Traditional and Alternative Medicine Directorate) and was followed by the setting up of the Food and Drugs Authority (FDA) in 1992, which among others, is to certify the sale of Traditional Medicine products to the public. The Ghana National Drug Policy (Ministry of Health, August 1999) which, aims at promoting research, development and rational use of herbal medicines was revised in 2004. Traditional medicine practice Act, Act 575 came into being in the year 2000 but became operational when the Traditional Medicine Practice Council (TMPC) was set up in 2010. This was followed by the release of the 2nd edition of the Ghana Herbal Pharmacopoeia (GHP) in 2007.

With the view to integrating the practice of herbal medicine into the mainstream healthcare system, the government in 2001, agreed to the academic pursuance of a Bachelor of Science degree in Herbal Medicine at the Faculty of Pharmacy, Kwame Nkrumah University of Science and

Technology (KNUST). The programme, which entails basic medical, pharmaceutical and social sciences, is aimed at producing healthcare professionals (Medical Herbalists) who will provide primary healthcare using quality, safe, effective and standard herbal medicines. This training involves two other institutions; the Centre for Research into Plant Medicine and the Tetteh Quarshie Memorial Hospital, both in Akuapem-Mampong, in the Eastern region of Ghana. Herbal medicine graduates after their national service continue their training in Akuapem-Mampong with the institutions mentioned above. They are then taken through six months of research into plant medicine and another six months of intense clinical training at the Tetteh Quarshie Hospital where they are taught to identify cases for referrals, emergencies, primary healthcare, etc. Professional exams is then organized for them by the Traditional Medicine Practice Council (TMPC), after which, and upon passing the exams, they are given professional license to practice as clinicians (Medical Herbalists) in a herbal facility like clinics and hospitals.

In September 2012, the Ministry of Health integrated clinical herbal medicine practice into the main healthcare delivery system in Ghana after piloting of herbal clinics in selected government hospitals nationwide in 2011. The integration was pushed for by the leaders of the Ghana Association of Medical Herbalists (GAMH) with support from the Business Sector Advocacy Challenge Fund (BUSAC) and SMILE Ghana, a non-governmental organisation (NGO). Research indicates that the pilot operation as at 2012 covered about 18 government health facilities nationwide. The leadership of GAMH is currently embarking on another advocacy to get their services covered by the National Health Insurance Scheme (NHIS) as most patients that visit these pilot centers are NHIS subscribers and cannot afford the services of the Medical Herbalists in these herbal clinics.

Regardless of these colossal incursions made at streamlining the practice of herbal medicine, there appears to be some challenges that need to be deliberated upon especially when it is established that, there is over reliance on herbal medicine by both rural and urban Ghanaian settlers, constituting about 70% to 75%, for the treatment of all forms of ailments including mild and degenerative diseases, (WHO 2002). Boateng & Darko (2008) stated that almost eight out of every ten respondents randomly selected had reasons to believe herbal medicine is of great importance in the contemporary Ghanaian health care system. WHO (2004) defined traditional medicine (TM) as the sum total of knowledge or practices whether explicable or inexplicable, used in diagnosing, preventing or eliminating a physical, mental or social disease, which may rely exclusively on past experience or observation handed down from generation to generation, verbally or in writing. It also includes diverse health practices, approaches, and knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to treat, diagnose and prevent illness and maintain wellbeing. This implies that a consideration of all possible causative factors is necessary when treating illnesses; the physical, socio-spiritual and mental conditions are taken into account while treating an ailing individual.

There are certain problems and challenges to overcome in order to fully achieve the objective of regulation, standardisation and integration of traditional herbal medicine in Africa and Ghana in specific.

First and foremost, Abdullahi (2011) observed the ethnocentric and medicocentric tendencies of the Western hegemonic mentality that are usually paraded by most stakeholders in modern medicine to be of grave concern especially when there is a general belief in the medical circles that

TM defies scientific procedures in terms of objectivity, measurement, codification and classification. Although there are indications that the physical aspects of TM (i.e. the physical ingredients) can be scientifically studied and analysed, the spiritual aspect poses a challenge because it cannot be scientifically analysed and proven. This brings the practice of some aspects of herbal medicine treatment to scrutiny by the western medical practitioners describing them as barbaric, backward and uncivilised.

Another fundamental challenge to TM is the widespread reported cases of fake healers and healing, though, this is not limited to TM practice only, according to Abdullahi (2011). He further observed that since the proficient healers could be rendering beneficial services to a large population, it might be common place to encounter quacks and charlatans among the practitioners coupled with what he described as "the current economic climate and unemployment rate".

Additionally, Obu (2015) summarised the challenges confronting traditional herbal medicine practice in Ghana as the following:

(1). Traditional medicine practitioners are mainly illiterate and practice in the general community or in secret shrines which are mostly in rural areas.

(2). The mutual suspicion between Traditional Medicine Practitioners on one hand, and allopathic medicine practitioners, academics and the educated elite on the other hand, is still rather strong.

(3). Traditional secrecy and the absence of effective specific protection of intellectual property rights are barriers to making knowledge easily available by the practitioners. However there are indications that some of the healers are prepared to divulge some of the secrets.

(4). Lack of adequate financial support limits rapid progress in developing traditional medicine.

(5).The systems for legal control and management of traditional medicine in Ghana are still weak.

(6). There is no legal or administrative instrument to control complementary medicine practice in

this country.

Sarpong (2008) noted that, there is still a wide gap between a patient and herbal medicine practitioner bringing the ratio to 1:900, meaning there is one Traditional Medical Practitioner (TMP) to approximately 900 people in Ghana. Meanwhile, WHO (2008) considers TM as one surest means to achieve total health coverage of the Ghanaian population where currently 70% of the populace depend on TM for their healthcare needs ostensibly because herbal medicine treatment is cheap, affordable, accessible and efficacious. Advertisement of herbal medicine has therefore, become part of the marketing strategies used by herbal medicine manufacturers by employing different media to capture the attention of viewers into action.

1.4 Akosombo Township (Population of the Study)

The study was conducted at Akosombo in the Asuogyaman District of the Eastern region. Being a cosmopolitan area, residents have diverse ethnic, cultural, religious, educational and economic characteristics. The Akosombo township was constructed to primarily accommodate staff of the Volta River Authority (VRA) during the construction of the Akosombo Hydro Plant. The township per the records from the town management has a population of approximately 19,600 as indicated in the 2010 housing and population census. It also covers a geographical area of 15. 1 sq km. It borders three districts namely South Dayi, Lower and Upper Manya Krobo in the Volta and Eastern regions respectively.

The township is administered by the Akosombo Town Management, an appendage of VRA with the Town Manager as the "Mayor". Per the records at the town management office, the Township comprises 1577 housing units accommodating staff of VRA and some private and public sector

workers. The population is made up of Directors, Managers, Senior and Junior officers of VRA while the rest are public and private sector workers such as security personnel, bankers and teachers. The town management, since the establishment of Akosombo in the 60s divided the township into 9 communities to make administration of the enclave more efficient and effective. The communities are: Community 1 (MESS), Community 2, Kyease 1, Freetown, Asukwao-WHA, Operators Quarters, Kyease-WHK, Low Cost Quarters and Congo

1.5 Problem Statement

Increasingly, many countries the world over find it necessary to harness all healthcare resources to enable them effectively promote health (Benssusam & Henith, 2004). The scientific medical system which is foreign in origin and relatively more recent has high cost of service, with its health facilities inaccessible and according to Sarpong (2008), it is the official healthcare system of the country, catering for only 30% of the population and yet takes a large portion of the national budget on health.

Ghana, like most developing countries, is struggling to provide quality, accessible and efficient health care services to its citizens. The current health care system in the country which is predominantly founded on the allopathic approach can barely meet the basic health needs of the people, especially for ailments such as malaria, diarrhoea, buruli ulcer, diabetes mellitus, stroke, hypertension with the poor being the severely hit (Adjei, 2013). The traditional herbal medicine which is widely used by about 70% -75% of Ghanaians according to WHO (2002) is resorted to, as a complementary or alternative system of healthcare delivery. The herbal medicine practitioners use plants parts such as leaves, stems, roots, seeds, fruits, flowers, tree barks among others which have been found to have medicinal properties to cure diseases. These

plant parts are made variously from fresh and dried leaves into powder, ointment, oil extract, among others to treat ailments.

However, the proliferation of herbal medicine and the treatment of various diseases by a single dosage or medical preparations have created erroneous impressions in the minds of some people with others raising concerns about the safety and efficacy of herbal concoctions in terms of their preparation, hygiene, dosage and packaging. Advertisements on television channels such as *TV3*, *GTV* and *Adom TV* regarding herbal medicines like Gifas and Givers among others claim to treat and cure microbial infections (gonorrheoa, syphilis and other STDs), inflammations, malaria, fever and cough with one time usage. Others such as Soafa herbal medicine claim to treat and cure terminal illnesses such as cancer, diabetes, heart and kidney diseases when one undergoes treatment.

It must be noted that, herbal medicine product over the period has been advertised along the lines of its curative and therapeutic properties as well as its availability rather than packaging, features and price. The messages in the herbal medicine ads lay bold claims to only the curative properties of the medicine contrary to orthodox medicine practitioners' views that, some ailments such as hypertension, diabetes and kidney diseases among others can only be managed but not cured.

These claims on the air waves and elsewhere are spiraling to an all-time high, prompting some interested parties in the health sector to insistently argue that traditional medicine is unscientific with poor diagnoses, procedure and drug administration and the claims for instant cure in some cases exaggerated for profiteering.

All these advertising claims are made regardless of the express position of Food and Drugs Authority, that herbal medicine practitioners were prohibited from advertising and selling drugs that claim cures for ailments like sexually transmitted diseases including HIV/AIDS and diseases connected with the human reproductive system. Mercy Acquaye, Regulatory Officer, Drug Evaluation and Registration Department of Food and Drugs Authority (FDA), in 2004, made the Authority's position known to participants in a seminar in Cape Coast on the topic, "Role of the media in national health delivery."

Some bold claims include: "kookoo last stop", literally meaning, (the only absolute medicine for piles), "prostacure, your salvation to prostate cancer prevention and treatment", "take soafa herbal medicine for the cure of your diabetes", "malaria no sö koraa, oswa" meaning no matter how severe the malaria is, Yaakson herbal medicine will cure it". The advertisers therefore resort to persuading the viewers by displaying the medical intelligence on the human anatomy. Aristotle, as cited in Adegoju (2008) indicated that, the speakers in these ads appear to be credible in order to arouse or stimulate emotions, which have the power to modify judgement because a person's mood turns to influence or impair ones judgement.

It is against this backdrop that this study, focused on viewer perception of the messages in television advertisement of herbal medicine in Ghana particularly when scholars such as Ayimey, Awunyo-Vitor & Gadawusu (2013) and Ofosu, Boakye, & Asiedu (2013) among others in Ghana, looked at the integration of herbal and orthodox medicines and the effectiveness of radio advertisement of herbal medicines, respectively, without apprising themselves with the messages employed by the advertisers in the television advertisement of herbal medicine.

This study therefore, examined what viewers felt about television advertisement of herbal medicine in terms of the messages used, particularly whether the messages in respect of the curative properties of the medicines were hyperbolized, educative and complicated in order to assess how deeply Ghanaians are resorting to the proper application of herbal medicines in the treatment of their ailments.

1.6 Research Objectives

The growing reliance of Ghanaians on herbal treatment as well as the barrage of mass media advertisements of herbal medicine to the healthcare delivery system of the country provides a unique opportunity to assess the perception of television viewers regarding the messages deployed in the advertisement. This study therefore seeks to:

- Find out viewers' perception of the messages in herbal medicine advertisement on television.
- Examine the extent to which viewers are likely to patronise herbal medicines based on the messages they are exposed to in the television ads.
- Find out if respondents thought the curative properties of herbal medicine as claimed in the television ads were real.

1.7 Research Questions

According to Wimmer and Dominick (2003), research questions are formally stated questions intended to provide indications about something but not limited to investigating relationships between variables. They also provide essential and relevant information to understanding the research topic and give direction to the study. Based on the research problems and objectives, the study sought to find answers to the following questions:

R1: How did respondents feel about television ads of herbal medicine?

R2: Did respondents patronise herbal medicine based on TV advertisement of the product?

R3: How did respondents view the claims of the curative properties of herbal medicine ads on television?

1.8 Definition of key terms

Traditonal or herbal medicine- refers to health practices, approaches, knowledge and beliefs incorporating plants, animals and mineral based medicines, spiritual therapies, manual techniques and exercises used to diagnose, treat and prevent illnesses or maintain wellness.

Message- in the study refers to both visual and verbal content in a television. The following instruments were used to measure message. For instance, questions 19 and 20 in the questionnaire sought the following answers: Do you think herbal medicine advertising messages should be regulated and why?

Perception – is operationalised in the study to mean whether the messages in the ad are exaggerated or educative. In this regard, the instrument used to measure perception about the message was question 16 which read: How would you perceive the messages in the herbal medicine TV ad?

Regulate- refers to curbing and controlling exaggerations regarding false claims of what herbal medicine do.

Educative- is operationalised to mean information that indicates what the medicine does. The instrument used to measure educative was question 17 which read: Did the message explain how the herbal medicine is used?

Exaggeration- is operationalised in the study to mean false claims of the therapeutic effect of the medicine.

Complication- unclear visual and verbal theme that make understanding of the content more difficult. Cohen (1998) notes that the following features of television news may contribute to making it difficult to process: numerous cuts from one scene to the other, very brief scenes, lack of adequate explanation of unfamiliar terms and place names, and discrepancies between audio and video information.

False claims- are statements indicative of the potency of the herbal medicine but in reality, the dosage does not cure the ailment.

Feel- is operationalised to mean what respondents think and believe about messages of herbal medicine ads.

Believe- is operationalised to mean acceptability or otherwise of the curative potency of the herbal medicine.

1.9 Significance of the Study

Hillenbrand (2006) remarks that advocates of western and conventional medicine argue that, traditional medicine is fraught with problems of imprecise dosage, poor diagnosis, charlatanism, and inadequate knowledge of anatomy, hygiene, and disease transmission, all of which put their patients' health and lives at risk.

However, realizing the role of traditional medical practice in the country, herbal treatment has been incorporated into Ghana's health care delivery program with the establishment of herbal medicine research institutions such as the Centre for Scientific Research into Plant Medicine (CSIR) whose mandate is to research into plant medicine, address issues relative to quality assurance and safety in herbal medicine by scientifically validating the therapeutic effects of herbal preparations. Additionally, the Faculty of Pharmacy at Kwame Nkrumah University of

Science and Technology (KNUST) runs a degree program in Herbal Medicine to maintain and preserve the knowledge and use of traditional medicine as an alternative to orthodox medicine.

This study, when complete will contribute to scholarly work by ensuring that advertisement and other promotional activities of herbal medicine aimed at health personnel and the general public will be fully consistent with the accepted product information including expiration, side effects, dosage, duration within which product must be used, among others. More so, restrictions may be placed by policy makers, herbal medicine regulatory body, and advertisers on some advertising claims that are not consistent with public health and safety particularly those that claim cure for ailments including sexually transmitted diseases (STDs) such as HIV/AIDS and diseases connected with the human reproductive system without proof and substantiation. Finally, the work would be relevant to academia because most of the literature reviewed showed that little work has been done regarding messaeges of herbal medicine ads on television. Most of the studies were about herbal medicine ads on radio.

1.10 Organization of the study

Chapter 1 of the study introduces the research topic, problem statement and describes the specific problem to be addressed in the study. This is followed by Chapter 2 which presents the theoretical framework guiding the study and the review of literature associated with the problem. Chapter 3 presents the methodology and procedures used in data collection and analysis while Chapter 4, deals with the findings of the research. This leads to the final chapter that discusses the findings in light of other scholarly works, and also spells out the limitations of the study and proffers recommendations.

1.11 Summary

This chapter delved into great detail the very essence of advertising, history of herbal medicine, types, usages and challenges, the problem that necessitated this research work and finally outlined the objectives that the study sought to achieve. This study when complete will ultimately add to scholarly work by invoking the powers of policy makers, herbal medicine regulators and associations to insist that some advertising claims are consistent with public health and safety particularly those that claim cure for ailments including STDs (HIV/AIDS) and diseases connected with human reproductive system without scientific proof and substantiation.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction

The study was underpinned by Hawkins & Pingree's (1983) explanation of cultivation theory which states that, the media generally presents an image of the world that does not reflect reality making television image an exaggeration or fantasy of what actually exist. Cultivation theory itself is a mass media effect theory propounded by Gerbner in 1960 and later expounded by Gerbner & Gross in 1976. Miller (2005) explained that Gerbner & Gross began the research to study media effect, specifically whether watching television influences the audiences idea and perception of everyday life, and if so, how? According to the theory, people who watch television frequently are more likely to be influenced by the messages from the world of television. The influence goes to an extent that their world view and perceptions start reflecting what they repeatedly see and hear on television. Television is therefore said to contribute independently to the way people perceive social reality.

2.2 Core assumptions and statements of the theory

Hawkins and Pingree (1983) grouped the tenets of cultivation theory under three categories:

That television is fundamentally different from other forms of mass media; that television shapes the way individuals within society think and relate to each other and finally, that television's effects are limited.

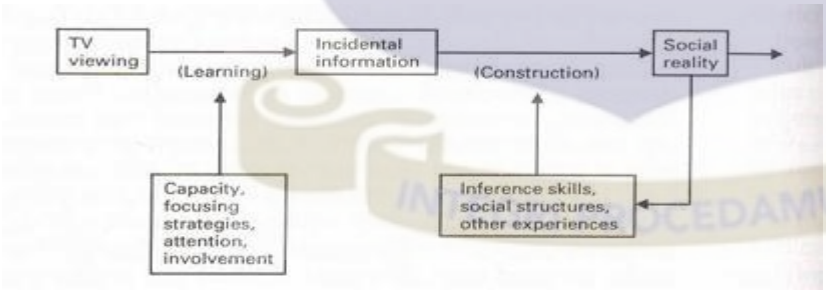
That is to say, while religion or education had previously a greater influence on social trends, television has become the source of the most broadly shared images and messages in history. Television therefore could be said to cultivate, from infancy the very predispositions and

preferences with the repetitive mass-produced messages and images to form a common symbolic environment thereby becoming the central cultural arm of our society.

Also the theory contends that the realities created by television are not based on real facts but on speculations and that we live in terms of the stories we tell and television tells these stories through news, drama, and advertising. The theory argues that although the effects of watching television may be increased or decreased at any point in time, its impact is consistently present.

Of particular importance to the study was the tenet that explains that, the realities created by television are not based on real facts but on speculations and that we live in terms of the stories we tell and television tells these stories through news, drama, and advertising. This creates the platform for the media to generally present an image of the world that does not reflect reality making television image an exaggeration or fantasy of what actually exist.

2.3 Conceptual model



Cultivation Theory Source: Hawkins and Pingree (1983)

Additionally, the study was guided by the ACCA advertising model as a supporting theory. It states that, consumers go through four stages of the advertising ladder in order to make a purchase.

According to Naini, Shafia & Nazari (2011) ACCA advertising model was proposed by Colley (1961) and the main part of this model is the definition of four steps which the consumers go through to make a purchase. The full complement of the ACCA advertising model is; Awareness, Comprehension, Conviction and Action.

The buying process starts after informing the target audience about the product. Comprehension stage is the communication level where the prospective target audience understands what the product is and what it will do for them. The conviction level shows brand preference and the prospect's intention to buy the product in the near future. Again, the conviction stage is where the audience becomes convinced of deriving the necessary benefits from the product. At the action level, the prospective consumer takes meaningful action by buying the product.

From one point of view, this formula explains a possible sequence of the steps, which bring about purchase. In this meaning, the ACCA is an influence tool and a strategy of advertising. On the other side, it defines subgroups of audience affected by advertising.

2.4 Literature Review

This section reviewed relevant literature on the perception of viewers of television advertisements in its generality, noting scholarly works on mass media advertising of herbal medicine in developing countries and Ghana.

The review was segmented in line with the research objectives: Views of residents on herbal medicine advertisement on TV; Viewers patronage of herbal medicine based on messages they are exposed to on the television and whether respondents think curative properties of herbal medicine

as claimed in the TV are real.

Viewers' perception of the messages in herbal medicine advertisement on television

A study by Adegoju (2008) explored the deployment of persuasive techniques by herbal medical practitioners in Nigeria in launching their products. The research found that, the herbal medical practitioners attempted to establish credibility by conferring on themselves titles such as "Doctor", "Prince" and "Chief" to draw a parallel between themselves and the practitioners of orthodox medicine who were identified with the title 'Doctor'.

The use of the titles per the findings, generally suggested that using the titles was designed to make the bearer seem competent in the diagnosis and treatment of ailments. Furthermore, the advertisers of herbal medicine employed testimonies from people who were accepted and recognised as authorities in their fields of discipline to proclaim curative potency and general benefits of the herbal medicine. This, according to Adjegoju (2008) has resulted in the crave for herbal therapy as an irresistible mass movement thereby creating the bandwagon effect in Nigeria.

More so, Omeora, Awosola, Okhakhu, & Eregare (2011) examined the perception of patients and non-patients in Edo state, Nigeria, over radio and television ads of traditional medicine. It was observed in the findings that, majority of the respondents got to know and possibly sought the services of TMPs by viewing/listening to TMPs‟ advertisements on television and radio channels. Majority again indicated that much of the claims of cure of ailments by TMPs were suspicious and left much to be desired.

In a related article, Tamuno, Omole-Ohonsi & Fadare (2010) examined the prevalence of use, socio-demographic pattern, knowledge and attitude of pregnant women to the use of herbal medicine in Nigeria. The study revealed that 33 percent of women who used herbal medicine were of the opinion that the practice was dangerous to both mother and fetus while 63 percent of them believed that drug use in general was dangerous in the first trimester. However, a third (33.8%) believed that drug use was dangerous in all the stages of pregnancy. Additionally, the use of the herbal drugs, according to the findings, was based on the influence of mothers, peers, the mass media, particularly radio and television adverts.

Viewer patronage of herbal medicines based on messages they are exposed to, in the TV ads. Ayimey, Awunyo-Vitor, & Gadawusu (2013) undertook a study aimed at analyzing the effect of radio advertising on the sale of herbal products with specific reference to the Ho Municipality. The study also sought to examine the relationship among radio, advertising, expenditure and sales of the herbal medicines, and the advertising media used by the herbal retail shops.

The study revealed, among others, that, the majority (70%) of the respondents got to know of the herbal medicines they procured through radio advertisement. The data also suggested that 60.7% of the sales of herbal products were attributed to advertising while majority (80%) of the retailers of herbal products considered radio as the most preferred medium for advertising herbal medicines because it was easily accessible to their target audience. Additionally, 95% of the respondents saw radio advertisement as a very helpful tool to consumers because the radio ads provided them with important information that aided them in their purchasing decisions.

Similarly, Asiedu, Boakye & Ofosu (2013) conducted a study assessing the role of advertising of herbal medicine towards consumer buying attitude in Techiman. The study revealed that less than half (40%) of the respondents indicated that they always purchased herbal medicines based on advertisement whilst majority (60%) of them indicated they did not purchase herbal medicines based on advertisement**.** It was shown that more than half (65%) of the respondents knew the usage of herbal drugs through advertisements and just over a third (35%) of the respondents knew the usage of herbal drugs through friends and relatives. The research also showed that, while majority (85%) of the respondents was satisfied with the products of the herbal companies, 15% were not satisfied with herbal medicines. This emphasizes the degree of satisfaction of herbal medicine use.

Van Andel, Myren, and Onselen (2012) conducted a study aimed at describing and quantifying the Ghanaian market in herbal medicine, and the diversity of the species traded, in order to evaluate their economic value. It was estimated that 951 tons of crude herbal medicine were sold annually at the herbal markets sampled in this study, with a total value of around US$ 7.8 million. The study recorded a total of 339 uses for the 244 medicinal plant products sold at the Ghanaian herbal market. The most salient application for these plants was women's health, which included plants for strengthening pregnant women, female infertility, abortion and puerperal fever. The most frequently sold medicinal product, Pteleopsis suberosa bark, was used to cleanse the uterus. This is a popular treatment to improve fertility, prevent puerperal fever, and induce menstruation or abortion in the first weeks of pregnancy. Ritual uses, varying from luck charms to herbal baths against witchcraft, ranked second, followed by aphrodisiac ingredients (for men only) and plants to treat sexually transmitted diseases (STDs).

Views of respondents on *curative properties of herbal medicine as claimed in television ads*.

In a related study, Asante (2010) sought to find out the attitudes and perceptions of Scientific Medical Practitioners (SMPs) towards traditional medicine (TM) in Ghana and then proposed measures for the full integration of TM into Ghana's healthcare delivery system. The main result of the study was that, although SMPs wanted the full integration of traditional medicine into the formal healthcare delivery system, the SMPs showed reluctance to accept the TMs as equal partners since they perceived the latter's practice as inferior to theirs. The study further found that, years of experience was one of the key factors that influenced either positively or negatively how SMPs perceived TM.

In this respect, majority (83.3%) of the respondents who had practised scientific medicine ranging from 0-5 years perceived TM as good, while all the respondents (100%) who had practised scientific medicine 6-10 years perceived its safety levels as poor. Furthermore, the data showed that majority of the respondents (71.4%) who fell within the age range of 20 to 29 years rated the efficacy of TM as good while the minority (28.6%) perceived it as very poor.

Another study by Ipsos MORI (2008), a research firm in the United Kingdom examined the public perception of herbal medicines in the UK. The findings revealed that almost a third (32%) of the respondents did not have an opinion on the relative risks and benefits of herbal medicines. However, there was a higher response from those who said that the benefits either far outweighed or slightly outweighed the risks (13% and 10% respectively) than from those (4%:4%) who supported the converse propositions. Furthermore, 40 percent agreed that herbal medicines were safe because they were natural, while only18% disagreed.

From India, Nath & Rudran (2002), writing on herbal medicines and their importance to anaesthesiologists, acknowledged that there had been a wrong notion amongst the general populace that herbal medicines were innocuous and hence were not brought to the notice of the anaesthesiologists by the patients during pre-anaesthetic evaluation. On the contrary, the article indicated that, many of the herbal medicines were quite toxic and had adverse effects and harmful interactions with conventional drugs. The article described many such drug interactions between the anaesthetic agents and the herbal medicines, citing echinacea and gingko biloba for containing herbal products that caused hepatotoxicity and platelets reduction respectively. Hence, reports of patient's blood coagulation profile were needed and appropriate steps were to be taken prior to surgery and regional anaesthesia. The article further recommended that the guidelines laid down by American Society of Anaesthesiologists, should be followed by all the anaesthesiologists, in this regard.

The scholarly works reviewed seemed to focus on the United Kingdom, India, Nigeria and Ghana with regard to radio advertisement of herbal medicine, usage of herbal medicine and perception of herbal medicine among others without looking at content and message aspects of the advertisement of herbal medicine on TV. This study attempted to fill the void by addressing the message aspect as a way of complementing the literature.

2.6 Summary

The above reviewed literature on herbal medicine advertising particularly on the use of mass media suggested that people got to know about the medicine through the radio and television. More so, the dependency on herbal medicine for ailment treatment was also evident. Theoretically, the review highlighted the fact that, television ads were not based on facts but

speculations which were deemed to be exaggerations. More so, advertising seemed to follow the ACCA model where the target audiences were taken through the Awareness, Comprehension, Conviction and Action stages where the actual purchasing is done. Thus, the literature reviewed seemed not to pay much attention to advertising messages. This study attempted to address that aspect of messages in TV ads of herbal medicine.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

From the literature reviewed, various scholars seemed to have adopted disparate methodological approaches in their field of scholarly work. For example, Ayimey, Awunyo-Vitor & Gadawusu (2013), Asiedu, Boakye & Ofosu (2013) and Ipsos MORI (2008) adopted the triangulation (survey and in-depth interviews) method. However, Asante (2010), Adegoju (2008) Tamuno, Omole-Ohonsi & Fadare (2010) adopted the quantitative method using survey. This chapter describes and explains the method used in undertaking this research and discusses the research design. The chapter describes the survey approaches including the study area and the population of the research. It also discusses the procedure for data collection and sample size and sampling as well as data analysis.

3.2 Research Design

Questionnaire was used in gathering the data which helped in the descriptive statistical analysis of the variables including messages in the ads of herbal medicine. Questionnaires are generally standardised to ensure that they have reliability and validity (Wimmer and Dominick 2010). Wimmer & Dominick (2010) further enumerated the following as reasons for using questionnaire in data collection (i) Questionnaire is not constrained by geographical boundaries and that a large amount of data can be collected from various people on their demography, perceptions, attitudes and motives.

3.2 Sampling

According to Wimmer &Dominick (2010), sampling is the process of selecting units such as people and organisation from a population of interest. This study was conducted using systematic sampling under probability sampling method. Systematic sampling was used ostensibly because of its simplicity.

3.3 Population and Sample Size

The research was conducted in Akosombo with the entire Township constituting the population. Wimmer and Dominick (2010) state that the required sample for a study depends on at least one or more of the following seven factors: project type, project purpose, project complexity, amount of error tolerated, time constraints and previous research in that area. The Akosombo township was used as the population or study centre because it was convenient for the researcher in terms of project type, time and proximity. Additionally, the township which is cosmopolitan in nature with ethnic, cultural, religious, educational and economic diversities informed the researcher to conduct the study hoping to unravel interesting findings on the research topic. A formal request was made to the Akosombo Town Manager to obtain the list of all the housing units as the sampling frame. The statistics showed total housing units of 1577, being the most current for 2014 having had an update. The housing units did not include new settlements (building not owned by VRA) that were at the periphery of the Akosombo Township such as Combine. Given that, systematic sampling method required the list of sampling frame, the list of housing units were particularly useful especially with the units already marked and documented.

A sample size of 200 respondents were drawn from the population with the age 18 years and above as participants, since the questionnaire also sought to elicit answers on whether respondents had used herbal medicine before, what treatment the medicine was used for and whether messages

in herbal medicine ads should be regulated. Eighteen years was chosen also because, they were deemed to have mature brains to make a choice. Suffice it to say that, though they may not have the purchasing power, they could influence or recommend to their parents to buy the products of their choice.

3.3 Sampling Procedure

The sampling frame guided the researcher to purposively reduce the nine communities as demarcated by VRA town management since the establishment of the township to five communities. This was done by merging small populated communities to bring their numbers closer to the densely populated communities such as WHK, which had 431 houses to make administering of the questionnaire easier. The housing units each with the number of houses were; Community One (MESS) (239), Community Two (370), Low Cost Quarters (255), Kyease-WHK (431) and finally Asukwao-WHA (282).

In order to get to the respondents in the various houses, systematic sampling with random start was used. Wimmer and Dominick (2010) state that systematic sampling is frequently used in mass media research because it often saves time, resources, and effort when compared to simple random samples. The other main reason for using systematic sampling is its simplicity. In determining the random start for Community One, the researcher engaged the lottery form of random sampling. To this end, 1-239 being the number of housing units, was written on pieces of paper, folded and put in a bowl and shuffled. The researcher randomly picked number 17 after the shuffle, making number 17 the random start for the exercise.

In determining the sampling interval, the population size was divided by the sample size thus K, N and n representing sampling interval, population size and sample size, respectively. Mathematically, K= N÷n, where N is 1577(sample population) and n is 200 (sample size). The sample interval therefore became 7.8 which was approximated to 8. In this sense, the sample interval was 8 which meant that, every 8^{th} house beginning from the random start number, that is 17, was selected for the study.

The same process was repeated with the other units, namely Community Two, Low Cost Quarters, Kyease-WHK and Asukwao-WHK communities which had 25, 42, 33 and 61 as their random starts respectively. The Table below indicates the communities, aggregate of housing units and the number of the housing units allocated for the study:

Table 1. Communities and sampled houses

Clusters	**No. of Housing Units**	**No. of housing units allocated for the study**.
1. Community One	239	32
2. Community Two	370	44
3. Low Cost Quarters	255	40
4. Kyease-WHK	431	44
5. Asukwao.WHA	282	40

The disparities in the number of respondents in the communities are predicated on the fact that, the units in the communities were not even since some communities were more populated than others. However, when two or more respondents belonging to the same household that showed up were

made to go through a balloting process where the researcher wrote "Yes" and "No" on a paper, whoever picked up the Yes was sampled for the exercise. Appendix iii shows the housing units that were selected and studied for the research.

3.4 Sample Characteristics

All the demographic characteristics which formed part of the sampling procedures regarding this study are represented in charts and tables in appendix II. The demographic characteristics per the findings from Figure 1 of the study showed that, there was amost equal number of males and females who took part in the study. Both males and females represented 51% and 49% each of the respondents.

The age categories of residents who participated in the study ranged from 18years and above. The findings per Table 2 showed that majority (52.8%) of the respondents fell within the age group of 18-28 years while the second highest (26.6%) of the respondents fell within 29-39 years. Also, a little more than one out of ten (12.6%) were between 40-50 years while less than one out of ten (6.5%) were between 51-60 years. The least was 1.5% representing respondents who were 61 years and above.

The educational qualification of the respondents ranged from second cycle certificate holders (WASSCE/SSCE) to post graduate diploma and degree holders per Table 3 of the study. Most of the respondents were however WASSCE/SSCE, Diploma and Bachelor's degree holders. The findings showed that majority (31.4%) of the respondents were WASSCE/SSCE certificate holders. More so, close to three out of ten (27.8%) were Bachelor's degree holders as well as close to three out of ten (25.3%) were Diploma/High National Diploma certificate holders. Less

than one out of ten (9.3%) were Technical/Post-Secondary Certificate holders and less than one out of ten (6.2%) were Post-Graduate Diploma/Master's Degree holders. The high percentage of WASSCE/SSCE in the study can be fairly attributed to the fact that, the study was conducted at a time that the second cycle students had completed school and were mostly at home.

Regarding respondents' marital status, from Figure 2, majority (56.3%) of them were generally single while 38.2% representing three out of ten respondents were married. The high percentage of the unmarried respondents in the study could be attributed to the fact that, most of them fell within the ages of 18-28 which placed them fairly within the prime age. Also, less than one out of ten (2.5%) were widowed as well as less than one out of ten (2.5%) were divorced. One respondent, representing less than one percent (0.5%) was however, separated.

The findings regarding respondents ethnic backgrounds as seen in Table 4 showed that more than three out of ten, representing 36.5% were Akans, Ga/Adangbes were (24.4%) and (20.3%) were Ewes. Other ethnic groups who fell within the minority categories were Guans (10.2%), Mole/Dagbani (6.1%) and all other tribes with 2.5%.

In the area of religion, Christianity was the most practised religion in the study area per the findings from Figure 3 with African traditional religion being the least. Approximately 92 percent of the respondents were Christians while 0.5 percent were African traditionalists. In detail, the findings showed that close to half (47.2%) of the respondents practised Pentecostal/Charismatic religion and close to three out of ten (27.9%) were Christian Protestant. Again, less than two out of ten (17.3%) were Catholic while less than one out of ten (3.0%) were Muslims. Interestingly, less than one out of ten (0.5%) practised African traditional religion.

3.4 Data Collection Tool

A 20- item questionnaire was administered face-face to collect data for the study. The questionnaire was administered to respondents who were 18 years and above in Akosombo. The questionnaire contained a series of questions which elicited information to respond to the research questions. The questions were close-ended with few open-ended ones. This was to allow for the standardisation of data while the open-ended questions enabled the researcher to gain greater insight. The questionnaire was administered in two parts: the first part focused on the issues reflecting the theme of the study while the second part focused on the standard demographic items such as gender, age and religion, education and economic status. Two screener questions enabled the researcher to capture the respondents who were relevant to the study. The variables of particular interest in the questionnaire included "messages in the herbal medicine ads", "and whether the messages translated into purchasing of the medicine" and "if the respondents thought the curative properties of herbal medicine as claimed in the television ads were real".

3.6 Pilot Test

A pilot test was conducted to determine if there were any flaws, limitations or weaknesses in the questionnaire design, so as to allow for revisions prior to the implementation of the study in line with (Turner, 2010). The research instrument was pre-tested on ten respondents who were purposefully selected from the five communities for the pilot test. There was a trial run of the instrument used in the study. Respondents used in the pre-test were not used in the actual survey. It was established after the pilot test that, six of the respondents did not respond to the questionnaire because, the time of visit which was during the week days at 5:30 pm was inappropriate since respondents were settling in after work. This contributed tremendously in guiding the researcher to settle on Saturdays between 10 am and 2 pm and Sundays between 4 pm to 6 pm as the ideal time

to administer the questionnaire. Again, the pilot test enabled the researcher to rephrase one of the questions which read "what treatment was the medicine used for?" to "what treatment was the herbal medicine used for?" This was because the respondents were confused as to what medicine the question sought to ask. Again, a close ended answers of (i) skin diseases and (ii) chronic disease, was changed to open ended question which enabled the researcher to collect enough data as to the specific ailments that herbal medicine was used to treat. All respondents for the pilo excluded from the main research.

3.7 Data Analysis

The answers were number-coded and entered into computer software. The statistical package for social sciences (SPSS) was used to facilitate the analysis of the data gathered. Descriptive statistics in the form of frequency distribution, percentages, graphs, tables and charts were used to help interpret and analyse the data.

3.8 Summary

This chapter, among others, described the methods for the collection and analysis of data, including addressing the issue of sampling. It also analysed and interpreted the demographic characteristics of the respondents, such as gender, age, educational background and religion.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter presents the data collected. The data is presented in line with the research objectives. The objectives sought viewers' perception of messages in the television ad of herbal medicine; the extent to which viewers were likely to patronise herbal medicine based on television ads they are exposed to; and whether consumers benefitted from the curative properties of herbal medicine as claimed in the television ads. Percentages, cross tabulations, frequencies and charts were used to present the analysis.

4.2 Time Respondents Watch ads

Respondents were also asked to select from the following three categories; morning, afternoon and evening when they mostly watched television ads. The findings showed that close to six out of ten (59.0%) watched television ads in the evening; two out of ten (20.2%) watched advertisement in the afternoon; and fewer than two out of ten (19.8%) watched ad in the morning (Figure 4)

4.3 Types of Ads and Reasons for Watching

On what ads respondents watched, it was observed from Figure 5 that four out of ten (44.3%)) of the respondents watched herbal medicine ads, a quarter watched (25.2%) watched grocery ads and two out of ten (21.3%) watched telephony ads. Less than one out of ten (9.2%) watched other ads which did not fall within any of the three categories.

On the reasons why respondents watched ads, it was observed from the same figure (Figure 6) that more than seven out of ten (75.9%) watched television ads for information. Also, other

reasons why respondents watched television ads were, for entertainment (23.7%) and principally because it formed part of the program the respondents watched (0.4%).

4.4 Respondents' Perception of Messages in Herbal Medicine TV ads

The respondents were asked to provide answers about their perception of TV messages of herbal medicine ads. Figure 6 aggregated the responses as shown below:

Figure 6: Respondents' Perception of messages in Herbal Medicine TV ads

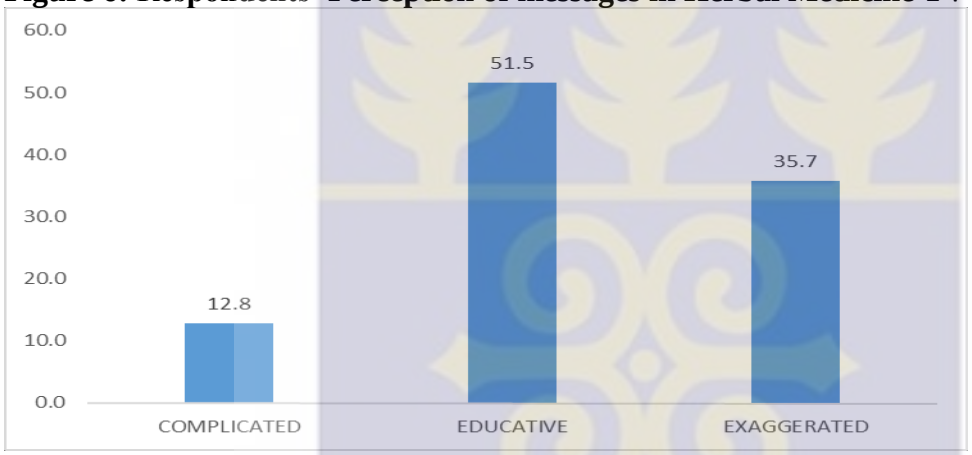


Figure 6 presented the responses on how respondents saw herbal medicine television ad. Slightly above half (51.5%) of the respondents found the messages in herbal medicine television ads educative because the ads provided information on the dosage and other relevant information. However, more than three out of 10 (35.7%) said the messages in the ads were exaggerated (35.7%) while less than two out of 10 (12.8%) said the messages in the ads were complicated.

4.5 Herbal Medicine Ads explain use of herbal medicines

The findings showed that majority (75.4%) of the respondents who had watched herbal medicine ads said the message usually explained the use of the herbal medicine and less than one quarter (24.6%) said the message did not explain the use of the herbal medicine (Figure 7)

4.6 Age Categories by whether Messages Explain How the Herbal medicine is used

To find out the relationship between age and whether respondents thought the messages in herbal medicine TV ads explained the use of the medicine, the variables "age" and "message of herbal medicine" were cross tabulated.

Table 5: Age Categories by whether Message Explain How the Herbal medicine is used

Age Category	Did the message explain how the herbal medicine is used?		Total
	YES	NO	
18-28	74 72.5%	28 27.5%	102 100.0%
29-39	42 79.2%	11 20.8%	53 100.0%
40-50	18 75.0%	6 25.0%	24 100.0%
51-60	11 84.6%	2 15.4%	13 100.0%
61 and Above	2 66.7%	1 33.3%	3 100.0%
Total	147 75.4%	48 24.6%	195 100.0%

Comparing the ages of respondents and whether respondents viewed the message of the ad as explaining how the herbal medicine was used, it was observed that majority of all respondents irrespective of their age said that the message of the ad explained how the herbal medicine was to be used. As observed in all five categories, more than 70 percent (72.5%) and 75.0% of respondents between the 18-28 and 40-50 years, respectively, said the message explained how the herbal medicine was used.

Similarly, almost equal proportions of both males (51.0%) and females (52.0%) perceived herbal medicine ads to be educative although more than three out of ten males (31.6%) and females

(39.8%) said it was exaggerated. More males (17.3%) said it was complicated as compared to females (8.2%).

4.7 Regulate Herbal Medicine advertising message

Figure 8 summarised respondents' thoughts on whether there was the need to regulate herbal medicine advertising message. The findings showed that close to nine out of ten (87.9%) said herbal medicine advertising message should be regulated while less than two out of 10 (12.1%) thought otherwise. Regarding the reasons respondents wanted herbal medicine advertising message regulated, it was observed that most (88%) of the respondents wanted it to be regulated in order to reduce exaggerations and minimise false claims particularly where one medicine was claimed to have multiple therapeutic properties. Also, some respondents thought the message should be regulated so that the ads communicate the usefulness of the medicine to the public. Some wanted it regulated so that some adverse effects of herbal medicines would be known and at the same time for standards to be set for all herbal medicine advertisers. The respondents who said no to the question, "Should herbal medicine advertising message be regulated?" indicated that, herbal medicine centres were regulated already and were also doing a good job.

4.8 Television Advertisement on Herbal Medicine Purchase

The study sought to find out whether viewers were likely to purchase herbal medicine based on messages they were exposed to in TV ads. The evidence was obtained through several questions. With the first question, respondents were asked whether they had purchased herbal medicine based on TV ad and figure 9 below shows the findings.

4.9 Influence of Television Advertisement on Herbal Medicine Purchase

Figure 9 summarises the influence of television ads on respondents in the purchase of herbal medicine. Less than five percent (4.5%) always purchased herbal medicine based on television ads while more than half (52.8%) not always purchased herbal medicine based on television ads. On the other hand, more than four out of ten (42.7%) never purchased herbal medicine based on the influence of television advertisements

4.10 Purchase and Use of Herbal Medicine based on messages of TV ad

The findings showed that more than six out of ten (64%) respondents had purchased herbal medicine before while less than four out of ten (36.0%) said they had never purchased herbal medicine before. Similarly, close to eight out of ten (78.4%) answered in the affirmative when they were asked whether they had used herbal medicine before. However, less than three out of ten (21.6%) said they had not used herbal medicine before (Figure 10).

4.11 Whether Respondents will continue to buy or recommend herbal medicine because of Television Ads

From Table 6, cmore than six out of ten (64.1%) respondents would not like to continue buying herbal medicine because of television advertisement while more than three out of ten (35.9%) answered in the affirmative. On whether respondents would recommend herbal drugs based on television ads, the findings showed that more than half (56.1%) of the respondents would not recommend and less than half (43.9%) of the respondents would recommend herbal medicine to others based on television ads they had watched.

4.12 Gender by Ever Used Herbal Medicine

On the use of herbal medicine, it was observed that (83.0%) of the females had used herbal medicine and (73.7%) of the males had also used herbal medicine before. Conversely, (26.3%) of the males had not used any herbal medicine before and less than (17.0%) of the females had not used any herbal medicine before. Comparatively, slightly more females constituting the majority had used herbal medicine as against their male counterparts **(**Table7**).** Similarly, equal proportions of males (62.2%) and females (65.7%) said they had purchased herbal medicine before (Table 8).

4.13 Respondents' Religion by Use of herbal medicine

The appropriate variables "religion" and "use of herbal medicine" were cross-tabulated to find out if there was a relationship between respondents' religion and use of herbal medicine.

Table 9: Respondents' Religion by Use of herbal medicine

Religion	Have you ever used any herbal medicine		Total
	YES	NO	
Christian catholic	27 79.4%	7 20.6%	34 100.0%
Christian protestant Presbyterian/Methodist/Anglican	47 85.5%	8 14.5%	55 100.0%
Christian Pentecostal/charismatic	68 73.1%	25 26.9%	93 100.0%
Islam	3 50.0%	3 50.0%	6 100.0%
African traditional religion	1 100.0%	0 0.0%	1 100.0%
Others	8 100.0%	0 0.0%	8 100.0%
Total	154 78.2%	43 21.8%	197 100.0%

The findings from Table 9 compared whether respondents religious background can determine whether or not they had ever used herbal medicine. Generally, majority of the respondents from all

religious backgrounds had used herbal medicine before. As observed, close to 80 percent (79.4%) of Catholics had used herbal medicine, more than 80 percent (85.5%) of Protestants had used herbal medicine, one respondent (100%) of African Traditional religion had used herbal and 73.1% of Pentecostal/Charismatic had used herbal medicine before. Half (50.0%) of Islamic religion had used herbal medicine and half said they had not used it before. (Interesting results)

4.14 Reasons respondents chose Herbal medicine over Orthodox medicine

Table 10 presented the reasons respondents preferred herbal medicine over orthodox medicine and it can be observed that more than 60 percent (64.6%) chose herbal medicine over orthodox medicine because there were no side effects associated with herbal medicine. Also, close to 30 percent (27.2%) said it was their tradition and less than 10 percent (8.2%) said herbal medicines were less expensive.

4.15 Educational Qualification by Reasons for choosing herbal medicine over orthodox medicine

To find out whether respondents' educational background affected their preference for either herbal or orthodox medicines, the variables "educational qualification" and "reasons for choosing herbal over orthodox medicines" were cross tabulated.

Table 11: Educational Qualification by Reasons for choosing Herbal Medicine over Orthodox Medicine

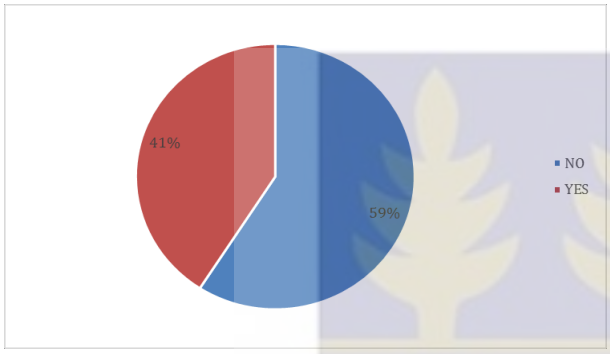
Educational Qualification	Reasons for choosing herbal medicine over orthodox medicine			Total
	No side effect	Tradition	Less expensive	
WASSCE/SSCE	29 60.4%	14 29.2%	5 10.4%	48 100.0%
Technical/Post-Secondary	9 60.0%	6 40.0%	0 0.0%	15 100.0%
Diploma/HND	24 64.9%	10 27.0%	3 8.1%	37 100.0%
Bachelor's Degree	25 71.4%	6 17.1%	4 11.4%	35 100.0%
Post-Graduate Diploma/Masters	6 75.0%	2 25.0%	0 0.0%	8 100.0%
Total	93 65.0%	38 26.6%	12 8.4%	143 100.0%

The findings from Table 11 presented the reason respondents would choose herbal medicine over orthodox medicine based on their educational qualifications. It was observed that majority of respondents within all the educational qualification levels (WASSCE/SSCE, Technical/Post-Secondary, Diploma/HND, Bachelors and Masters) chose herbal medicine because there was no side effect. Three quarters (75.0%) of Post Graduate Diploma/Masters as well as slightly above seven out of ten (71.4%) Bachelor's degree holders preferred herbal medicine to orthodox medicine because there was no side effect to herbal medicine, while a quarter (25.0%) and (17.1%) of the respondents thus Post Graduate Diploma/Masters' and Bachelor's Degree holders used it because it was the Ghanaian tradition of treating ailments. More than half of respondents with Technical (60.0%), WASSCE (60.4%) and Diploma (64.9%) all preferred herbal medicine to orthodox medicine.

4.16 Views of respondents on curative properties of herbal medicine as claimed in the TV ad.

The respondents were asked to indicate whether they believed in the curative properties of herbal medicine in the treatment of their ailments as claimed in the television ads.

Figure 11: Views of respondents on curative properties of herbal medicine as claimed in TV ad.



As shown in the above Figure 12, close to six out of ten (59.1%) of the respondents said they did not believed in the curative properties of the ads as shown on the television while minority (40.9%) said they did.

4.17 Herbal Medicine treatments

It was observed from Table 12 that, most of the respondents used herbal medicine in the treatment of malaria and malaria related fever as a result of high body temperature. As observed from the findings, more than three out of ten (34.39%) used herbal medicine for malaria treatment and a little more than one out of ten (11.11%) used it for fever treatment as a result of having malaria. Other treatments respondents used herbal medicine for were piles (3.70%), stomach ache (3.17%), bodily pains (3.17%), asthma (2.65%), sexual weakness (2.65%) and blood pressure (2.65%) among others.

4.18 Satisfaction with Herbal Medicine Products

The findings showed that more than six out of ten (63.8%) of the respondents said they were satisfied while less than four out of ten (36.2%) said they were not satisfied with products of herbal medicine. (Figure 12).

4.19 Effectiveness of Herbal Medicine

On whether the herbal medicine used was successful and worked in the way that was intended based on the treatment it was used for, it was observed that more than four out of ten (47.5%) said they were very effective and more than two out of ten (27.7%) said they were effective. On the other hand, less than one out of ten (13.0%) said they were not effective while those who thought it was indifferent accounted for less than one out of ten (11.9%) (Figure 13).

4.20 Ethnic background by effectiveness of the medicine

The appropriate variables "ethnic" and "effectiveness of medicine" were cross-tabulated to find out if there was a relationship between respondents' ethnicity and whether they realized the effectiveness the of herbal medicine.

Table 13: Ethnic background by effectiveness of the medicine

Ethnic Background	What was effectiveness of the medicine				Total
	Very effective	Effective	Indifferent	Not effective	
Ga/Adangbe	19 44.2%	12 27.9%	6 14.0%	6 14.0%	43 100.0%
Ewe	17 44.7%	11 28.9%	6 15.8%	4 10.5%	38 100.0%
Mole/Dagbon	7 63.6%	1 9.1%	0 0.0%	3 27.3%	11 100.0%
Guan	7 43.8%	5 31.3%	2 12.5%	2 12.5%	16 100.0%
Akan	30 47.6%	19 30.2%	7 11.1%	7 11.1%	63 100.0%
Other (specify)	3 75.0%	0 0.0%	0 0.0%	1 25.0%	4 100.0%
Total	83 47.4%	48 27.4%	21 12.0%	23 13.1%	175 100.0%

Generally, majority of all the Ethnic groups in the study area affirmed that herbal medicine used was very effective. Mole/Dagbon was the Ethnic group which had the highest number in percentage terms (63.6%) saying the herbal medicine they used was very effective and also had the highest percentage (27.3%) of respondents who said it was not effective. More so, less than half (47.6%) of Akans said herbal medicine was very effective, 30.2 percent said it was effective. Also, more than 40 percent of Ewes (44.7%), Ga/Adangbe (44.2%) and Guans (43.8%) said that herbal medicine is very effective.

4.21 Educational qualification by effectiveness of the herbal medicine

The effectiveness of herbal medicine as used by respondents was compared with respondents' educational qualifications to determine whether there was a relationship. Out of the total number of respondents, more than half (55.4%) of the respondents with WASSCE/SSCE said it was "very effective" while (14.3%) said it was not effective. Again, more than six out of ten (63.6%) of

respondents with Post Graduate Diploma/Masters qualification said it was very effective while (18.2%) and (9.1%) remarked that it was “indifferent” and “not effective”. More so, less than half (42.2%) of the respondents with Diploma/HND qualification said herbal medicine was very effective with (28.9%) saying it was effective. Also, (35.3%) of respondents with Technical/Post-Secondary education said herbal medicine was very effective while 35.3 percent said it was effective (Table14)

4.22 Summary

This chapter presented the findings of the study in frequencies, charts and cross tabulations to make the interpretation of the data easier. Among the highlights, the study found that most respondents thought that herbal medicine advertisement should be regulated to minimise exaggerations and also false claims regarding the therapeutic properties. Regardless of these findings, slightly above half of both male and female respondents also thought television advertisements of herbal medicine were educative and that herbal medicine was patronized because of its effectiveness in treating ailments.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter discusses the main findings of the research as presented in chapter four and relates the findings with other scholarly works that have been reviewed for the study. It, thus, also relates the findings to the research objectives and the theoretical framework. It further draws the necessary conclusion and finally suggests areas for future research.

5.2 Key Findings in relation to the Research Objectives

Summary of the findings are grouped under the three research objectives. The discussions are done in an attempt to provide answers to the research questions that underpinned the study.

5.3 Views of residents on messages of television ads of herbal medicine

The views of residents in Akosombo were examined with regard to messages in television ads of herbal medicine in recent times. Adegoju (2008) revealed that there had been a lot of headline news in the mass media particularly print and electronic media about the curative claims of herbal medicine by herbal medicine practitioners.

5.3.1 Messages of herbal medicine advertisement

It was clear from the findings based on the question that sought to elicit respondents' views on messages of herbal medicine ads, that approximately 88 percent of the respondents were of the majority view that messages of herbal medicine ads on television must be regulated to reduce exaggerations and most importantly minimise false claims of the therapeutic properties of the medicine.

They however acknowledged that herbal medicine television ads were educative because they explained exactly how the medicine should be used, the dosage and what ailment(s) the medicine cured.

One of the strategies employed in advertising herbal medicine is source credibility (Adegoju 2008). The advertisers appeared to be credible by displaying practical intelligence and knowledge of herbal healing in clinical manner that convinced viewers or listeners of the depth and understanding of herbal healing. Adegoju (2008) indicated that the rhetorical strategy was geared at convincing the audience who negatively labelled herbal medical practitioners as illiterates and their products sub- standard.

The findings regarding herbal medicine ads being exaggerative corroborated scholarly works by Omeora *et al* (2011) who observed in their findings that, majority of the respondents indicated that much of the claims of cure of ailments by TMPs were "suspect and left much to be desired". From Table 6, more than three out of five (64.1%) respondents would not like to continue buying herbal medicine because of television advertisement and more than three out of ten (35.9%) would like to continue buying herbal medicine because of television advertisement.

On whether respondents would recommend herbal drugs based on television ads, the findings showed that more than half (56.1%) of the respondents would not recommend and less than half (43.9%) of the respondents would recommend herbal medicine to others based on television ads they had watched. It sounds to reason that the respondents' decision was because of the exaggerations embedded in TV ads of herbal medicine.

It is in the light of this and many, that, Abdullahi (2011) further observed that since the proficient healers could be rendering beneficial services to a large population, it might be common place to encounter quacks and charlatans among the practitioners. It was therefore not surprising that respondents in this study overwhelmingly observed the need to regulate herbal medicine ads to reduce exaggerations.

Therefore, the findings of the study supported Hawkins & Pingree's (1983) explanation to cultivation theory. Figure 9 of this study indicated that 88% of the respondents wanted the messages in the television ads of herbal medicine regulated because, in their view, the ads were exaggerated. The respondents' views agreed with the theory that posited that, the media generally presented an image of the world that did not reflect reality making television image an exaggeration or fantasy of what actually exist.

5.4 Viewer patronage of herbal medicine

Questions were posed to elicit answers on respondents' purchase of herbal medicine. Figure 11 of the study revealed that, considerable number of the respondents patronised herbal medicine in the treatment of various diseases. As to whether respondents had purchased and used herbal medicine before, it was observed 64.0% and 78.4%, respectively, responded in the affirmative indicating they used the medicine for the treatment of malaria and malaria induced fever based on the influence of television ads and other human factors. This finding seemed to agree with WHO (2008) assertion that about 70% to 75% of Ghanaians rely on herbal medicine for the treatment of their ailments. More so, Senah (1997) as cited in Asante (2010) and WHO (2002), in separate studies revealed that, common ailments which were treated with herbal medicine included measles, malaria dysentery, eye problems, waist and body pains. Again, the study found close to

seven out of ten (64.6%) of the respondents chose herbal medicines over orthodox medicine because herbal medicine in their view had limited or no side effects though they did not provide any evidence to that effect.

The findings of Asiedu *et al* (2013) which revealed that majority (60%) of the respondents purchased herbal medicine based on advertisement also corroborate this study. Van Andel, et al (2012) in their study threw more light on the extent of patronage of herbal medicine in Ghana. It was estimated that 951 tons of crude herbal medicine were sold annually at the Ghanaian herbal markets sampled in this study, with a total value of around US$ 7.8 million. The study recorded a total of 339 uses for the 244 medicinal plant products sold at the Ghanaian herbal market. The most salient applications for these plants were for strengthening pregnant women, treating infertility for men and women, menstrual pain, fever, aphrodisiac ingredients (for men only) and plants to treat sexually transmitted diseases (STDs). The above-mentioned uses of herbal medicines corroborated this study when respondents answered variously to the application of herbal medicine.

5.5 Views of respondents on the curative properties of herbal medicine as claimed in the Ads

A series of questions were posed to respondents to elicit answers as to whether respondents believed in the claims of curative properties as seen in the television ads. The study revealed that a number of the respondents gave varied answers. Almost three in five (59.1%) of the respondents claimed they did not believe in the curative claims of television ads of herbal medicine while 40.9 percent of the respondents disagreed with (Figure 11). Conversely, Figure 12 revealed that 63.8 percent of the respondents attested to having been satisfied with the treatment potencies of herbal medicines while less than half (36.2%) thought otherwise.

The findings in Figure 12 also corroborated the study by Asiedu, et al (2013) which stated that, majority (85%) of the respondents were satisfied with the herbal medicine while 15 percent indicated they were dissatisfied with herbal medicine. In Africa, several diseases or ailments over the years were treated using herbal medicine (WHO 2002). This study revealed that common medical conditions under which herbal medicines were being administered included; blood pressure and typhoid fever.

It was observed from (Table 12) that, most of the respondents used herbal medicine in the treatment of malaria and malaria related fever as a result of high body temperature. This study, as well as other reviewed literature statistically suggested that malaria and fever were the most ailments that herbal medicine was used to treat. Hippocrates as cited in Pretovska (2012) revealed that, between 459-370 BC, there were 300 medicinal plants classified by physiological action: Wormwood and common centaury (Centaurium umbellatum Gilib) were applied against fever, garlic against intestine parasite, opium, henbane, deadly nightshade and mandrake were used as narcotics, fragrant hellebore and haselwort as emetics, sea onion, celery, parsley, asparagus and garlic as diuretics. The herbs in treating fever seem as pervasive and remote as observed by Pretovska (2012).

Though majority of the respondents in the study per (Table 10) indicated their preference for herbal medicine because it had no side effect, Nath & Rudran (2002) and Tamuno, et al (2010) disagreed with the 'herbal medicine having no side effect' proposition by respondents with the explanation that, many of the herbal medicines were quite toxic, had side effects that harm pregnancy and also tend to be dangerous when interacted with conventional drugs.

5.6 Limitations of the study

This study encountered some challenges on the field during data collection. The researcher had to visit some houses as many as four times to get respondents to answer the questionnaires. More so, others refused to participate until they were financially induced because they claimed they would not volunteer information pro bono. There were other respondents who were very unfriendly and walked away immediately they found out about the researcher's mission. These contributed immensely to the one-week delay in gathering the data.

It must be noted that, the research would have been narrower if respondents had been limited to household heads because the research intended to look at viewer perception of messages in TV ads of herbal medicine and not necessarily those who have the purchasing power.

5.7 Recommendations

From the findings of the study, it was observed that there was higher patronage of herbal medicine in the treatment of ailments such as malaria, fever and bodily pains because they viewed herbal medicine as effective, natural and had limited or no side effect. It is therefore recommended that future research be conducted in a comparative study of viewer perception between herbal and orthodox medicine. This will help the researcher tease out the perception on both medicines and why they will use or recommend one over the other. The views of the herbal and orthodox medicine manufacturers must also be sought for using television as their medium of advertising in order to determine whether television advertisements translate into sales. The recommended research methodology in this regard should be both quantitative and qualitative. This will enable the researcher determine the extent of the views of the respondents with reference to television

advertisements of herbal and orthodox medicines and also acquire the necessary in-depth knowledge as to the effect of television advertisement on sales.

5.8 Conclusion

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 as alternative to orthodox medicine. The advertising messages informed viewers about the curative potencies of the herbal medicine and in some instances claimed to cure terminal conditions. Additionally, most of the respondents had problems with the messages in the ads contents, 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 when they used them in treating ailments such as sexual weaknesses, piles, waist pains and skin diseases among other ailments.

As per the opinions expressed by the respondents in the study, it is undoubted that herbal medicine plays an important role in health care delivery by providing readily available and accessible health care for the people in Akosombo. The advertisements of herbal medicine in the mass media contribute significantly to creating the desired awareness thereof.

The theoretical framework that underpinned this study agreed with the significant findings that are directly related to the research objectives of the study. Cultivation theory as explained by Hawkins & Pingree (1983) argued that, the media generally presents an image of the world that does not reflect reality making television image an exaggeration or fantasy of what actually exist. This explained why majority of the respondents viewed the messages in TV ads of herbal medicine as exaggerated and called for regulated ads of that nature in the future.

Again, Russel (1961) postulated that, consumers go through stages of awareness, comprehension, conviction and finally action (ACCA). The final stage of Action, where the audience makes a purchase is when the audience is exposed to the advertising content over a period. However, the findings in Figure 10 revealed that (64%) and (78.4%) of the respondents claimed to have purchased and used herbal medicine based on their exposure to the advertising content.

Admittedly, the findings corroborate the postulations by Russel (1961) particularly when the awareness and conviction stages of the model tell the audience what the product, service or idea is, what it can do and finally convinces the audience of the necessary benefits to be derived from the product. This process as posited by Russel (1961) was supported by the findings of the study in Figure 7 when respondents became aware of the herbal medicine and were convinced because they deemed the content to be educative. Though, majority of the respondents did not purchase herbal medicine because of TV ads, others did purchase making the ACCA model relevant to the study.

However, given the necessary direction and support, herbal medicine could assume an indispensable force in health care delivery in Ghana, especially in the provision of an effective, readily available, less expensive health care to both city dwellers and rural folks alike who constitute the population of Ghana.

APPENDIX I

SURVEY QUESTIONNAIRE

This study by Patrick K.B Bonna is being conducted to solicit your views on television advertisements of herbal medicines. The study is a partial fulfillment of his academic programme in Master of Arts (MA) in Communication Studies at the University of Ghana. You have therefore been selected in a systematic sampling process through random start and I will appreciate your accurate responses to the issues raised in this instrument.

Please, be assured that the information you provide will be treated with utmost confidentiality and will be used for only academic purposes. Carefully read the questions and tick or provide the appropriate responses. For verification, please call the supervisor, Professor Kwasi Ansu-Kyeremeh on 0208158155

SECTION A

Screener questions:

S1. Are you 18 years and above and a member of this household?

S2. Do you watch TV ads?

If the above questions are answered in the affirmative [continue] if no [terminate].

1. Do you know any herbal medicine? (1) Yes [ ] (2) No [ ]

2. How did you get to know about the use of herbal medicine(s)?

(1) Through TV advertisement [ ] (2) Through radio advertisement [ ] (3) Through Family, Friends [ ] (4) Other ……

3. Have you ever used any herbal medicine? (1) Yes [ ] (2) No [ ]

4. Have you ever purchased herbal medicine based on TV ad? (1) Yes [ ] (2) No [ ]

5. Do you watch TV ads? (1) Yes [ ] (2) No [ ]

6. What type of ad(s) do you watch?

(1) Herbal medicine ad (2) Grocery ad (3) Ad(s) on telephony (4) other (specify)…….

7. When do you watch the ads?

(1) Morning [ ] (2) Afternoon [ ] (3) Evening [ ]

8. Why do you watch TV ads?

(1) For Entertainment purposes [ ] (2) For information purposes [ ]

9. How often do you purchase herbal medicine based on TV advertisement? (1) Always [ ] (2) Not always [ ] (3) Never [ ]

10. Would you like to continue buying herbal medicine because of TV advertisement? (1) Yes [ ] (2) No [ ]

11. Would you recommend herbal medicine to others based on TV ads you have watched? (1) Yes [ ] (2) No [ ]

12. Why did you choose herbal medicine or products over orthodox medicine?

……..

13. Are you satisfied with the products of herbal medicine? (1) Yes [ ] (2) No [ ]

14. What treatment was the medicine used for? ……

15. What was the effectiveness of the medicine?

(1) Very effective [ ] (2) Effective [ ] (3) Indifferent [ ] (4) Not effective [ ]

16. How would you perceive the messages in the herbal medicine TV ads? (1) Complicated [ ]

(2) Educative [] (3) Exaggerated [ ]

17. Did the message explain how the herbal medicine is used? (1) Yes [ ] (2) No [ ]

18. Do you believe in the curative claims of herbal medicine as advertised on TV?
(1) Yes [ ] (2) No [ ]

19. Do you think messages of herbal medicine advertisement should be regulated?

(1) Yes [ ] (2) No [ ]

20b. Why

…….....

.....

Section B

SOCIO-DEMOGRAPHIC BACKGROUND

1. Gender: (1) Male [ ] (2) Female [ ]

2. Which of the following age categories do you belong to?

(1) 18 – 28 [ ] (2) 29- 39 [ ] (3) 40 – 50 [ ] (4) 51 – 60 [ ] (5) 61 and above [ ]

3. What is your educational qualification?

(1) WASSCE/SSCE [ ] (2) Technical/post-secondary [ ] (3) Diploma/ HND [ ] (4) Bachelor's degree [ ] (5) Post-Graduate Diploma/Masters [ ]

4. Marital status

(1) Single [ ] (2) Married [ ] (3) Separated [ ] (4) Divorced [ ] (5) Widowed [ ]

5. Ethnic background

(1) Ga/Adangbe [ ] (2) Ewe [ ] (3) Mole/Dagbani [ ] (4) Guan [ ] (5) Akan [ ] (6) others, (specify)……

6 What religion do you practice?

(1) Christian Catholic [ ] (2) Christian Protestant Presbyterian/Methodist/Anglican [ ] (3) Christian Pentecostal/Charismatic [ ] (4) Islam [ ] (5) African Traditional Religion [ ] (6) others, (specify)……

APPENDIX II

Demographic Information

Figure 1: GENDER

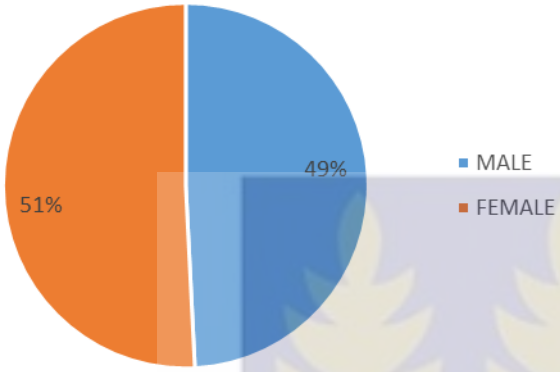


Table 2: Age Categories

	Frequenc	Valid
18-28	105	52.8
29-39	53	26.6
40-50	25	12.6
51-60	13	6.5
61 AND	3	1.5
ABOVE Total	199	100

Table 3: Educational Qualification

Educational Level	Frequenc	Valid Percent
WASSCE/SSCE	61	31.4
Technical/Post-secondary	18	9.3
Diploma/HND	49	25.3
Bachelor's Degree Post-graduate	54	27.8
	12	6.2
	1	100.0

Figure 2: Marital Status

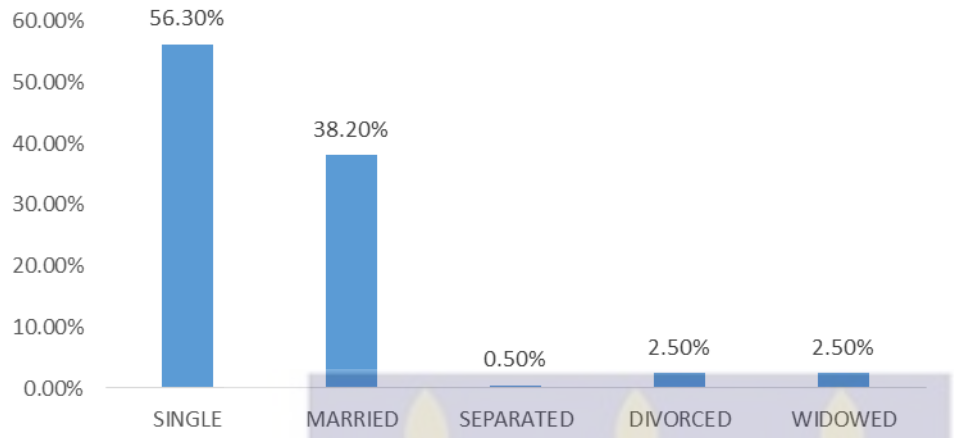


Table 4: Ethnic Background

	Frequenc	Valid Percent
GA/ADANGBE	48	24.4
EWE	40	20.3
MOLE/DAGBO	12	6.1
N GUAN	20	10.2
AKAN	72	36.5
OTHER	5	2.5
(SPECIFY) Total	197	100

Figure 3: Religion Practice

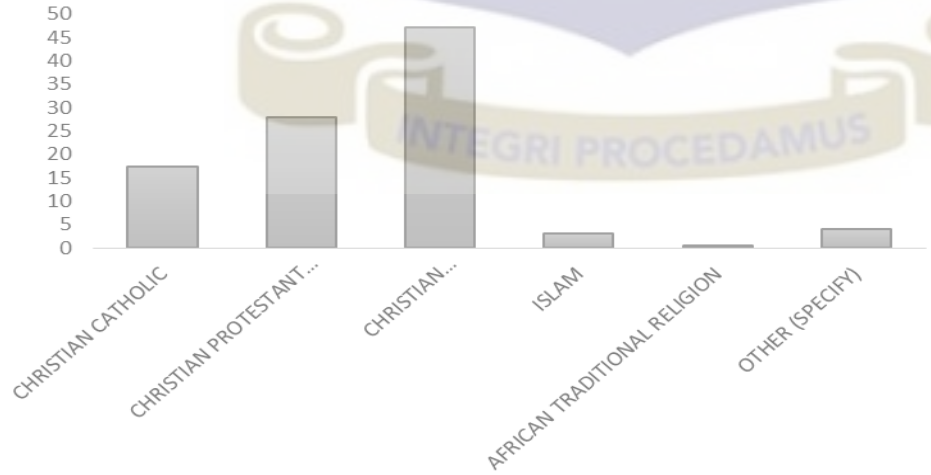


Figure 4: Time Respondents watch add

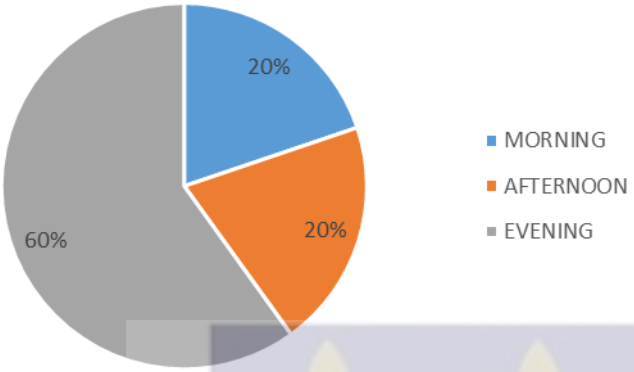


Figure 5: Type of Ad and reason for watching

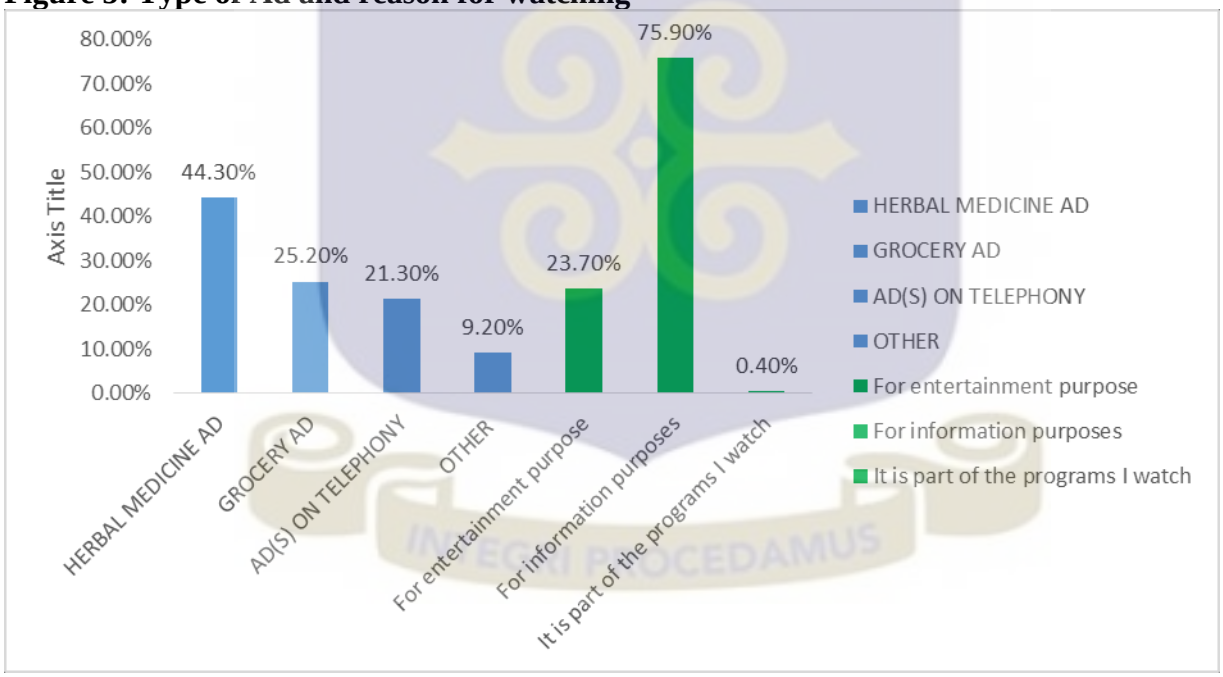


Figure 7: Herbal Medicine Ads explain how herbal medicines are used

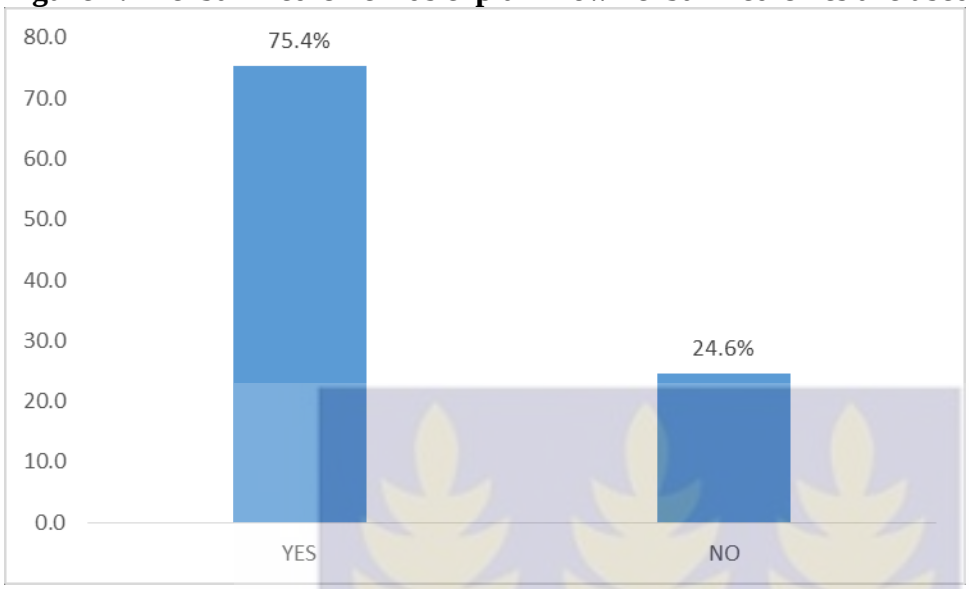


Figure 8: Regulate Herbal Medicine ad

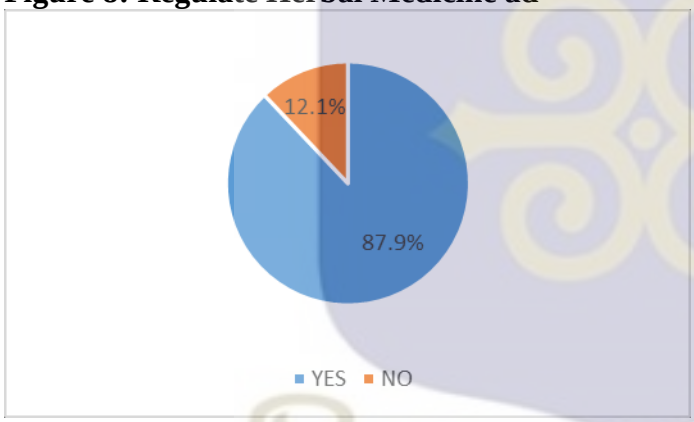


Figure 9: Influence of Television Advertisement on Herbal Medicine Purchase

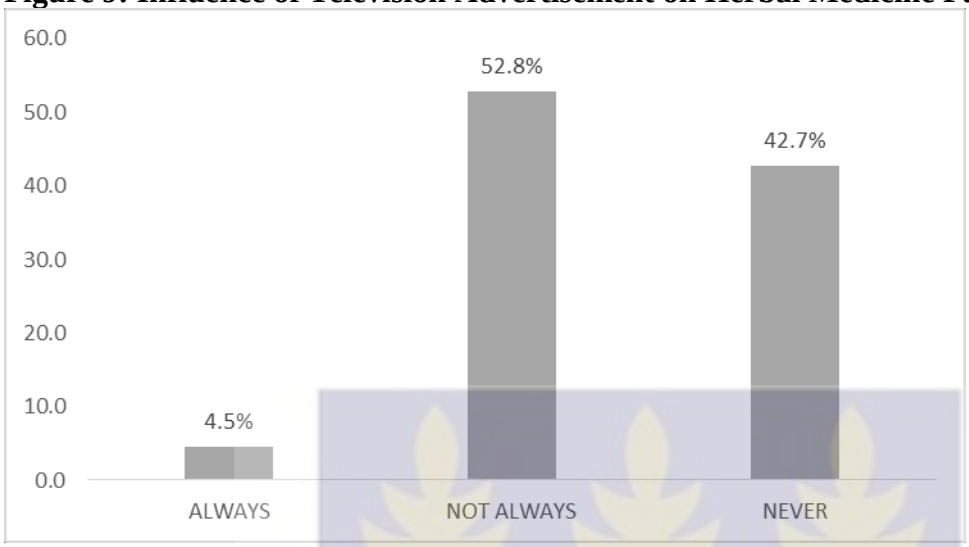


Figure 10: Purchase and Use of Herbal Medicine

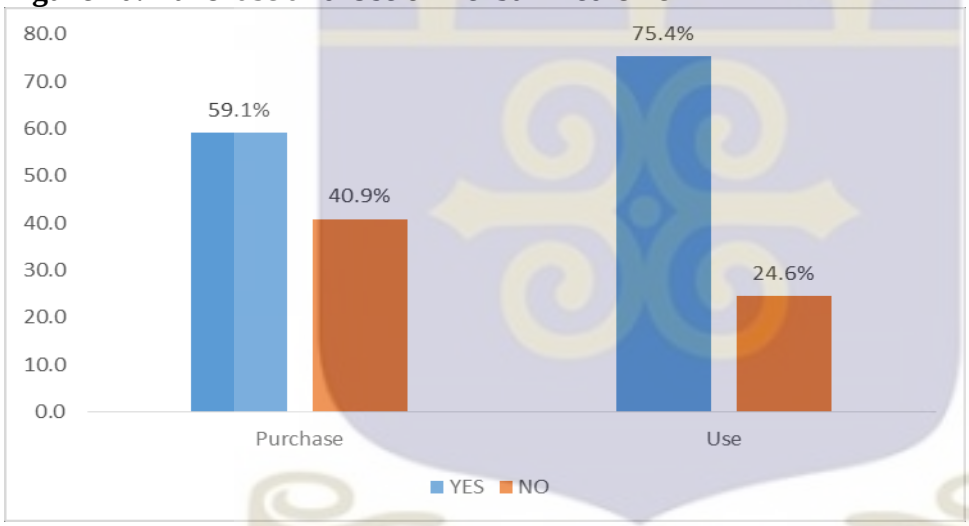


Table 6: Whether Respondents will continue to buy or Recommend Herbal Drugs because of Television Ads

	Buy	
	Frequency	Valid Percent
YES	70	35.9
NO	125	64.1
Total	195	100.0
	Recommend	
YES	87	43.9
NO	111	56.1
Total	198	100.0

Table 7: Gender by Ever Used Herbal Medicine

Gender	Have You Ever Used Any Herbal Medicine		
	YES	NO	Total
MALE	73	26	99
	73.7%	26.3%	100.0%
FEMALE	83	17	100
	83.0%	17.0%	100.0%
Total	156	43	199
	78.4%	21.6%	100.0%

Table 8: Gender by Ever Purchased Herbal Medicine

Gender	HAVE YOU EVER PURCHASED HERBAL MEDICINE		
	YES	NO	Total
MALE	61	37	98
	62.2%	37.8%	100.0%
FEMALE	65	34	99
	65.7%	34.3%	100.0%
Total	126	71	197
	64.0%	36.0%	100.0%

Table 10: Reasons why Respondents choose Herbal Medicine over Orthodox Medicine

	Frequency	Valid Percent
NO SIDE EFFECT	95	64.6
TRADITION	40	27.2
LESS EXPENSIVE	12	8.2
Total	147	100.0

Table 12: Herbal Medicine Treatments

Response	Frequency	Percent
Asthma	5	2.65
Back Pain	1	0.53
Black Spot On the Face	1	0.53
Blood Pressure	5	2.65
Body Pains	6	3.17
Boils	4	2.12
Broken Bones	1	0.53
Cancer	1	0.53
Candida	3	1.59
Chest Pains	1	0.53
Constipation	4	2.12
Diabetes	2	1.06
Difficulty in Breathing	1	0.53
Drunkenness	1	0.53
Enlargement of Penis	1	0.53
Fever	21	11.11
Foot Rot	1	0.53
For Pregnancy Protection	1	0.53
General Well Being	1	0.53
Gonorrhea	1	0.53
Hair Growth	1	0.53
Headache	3	1.59
Hernia	2	1.06
HIV/AIDS	1	0.53
Improvement of the Immune System	1	0.53
Infertility	1	0.53
Kidney Stone	1	0.53
Knee Problem	1	0.53
Malaria	65	34.39
Menstrual Pain	5	2.65
Phlegm	1	0.53
Piles	7	3.70
Pimples	1	0.53
Post Pregnancy Treatment	1	0.53
Respiratory Problem	1	0.53
Rheumatism	3	1.59
Sexual Weakness	5	2.65
Sickle Cell	1	0.53
Side Effects of Chloroquine	1	0.53
Skin Care/Disease	6	3.17
Stomachache	6	3.17
Stroke	1	0.53
Typhoid Fever	5	2.65
Used to Clot Blood	1	0.53

Waist Pain	5	2.65
Worms	1	0.53
Total	189	100.0

Figure 12: Satisfaction with Products of Herbal Medicine

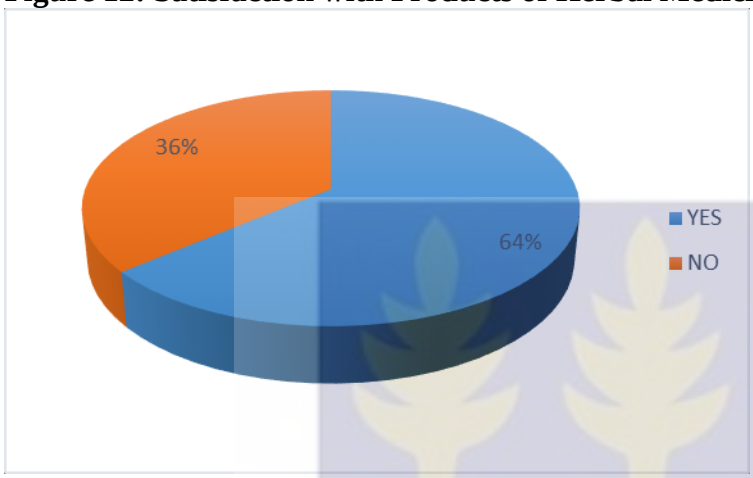


Figure 13: Effectiveness of Herbal Medicine

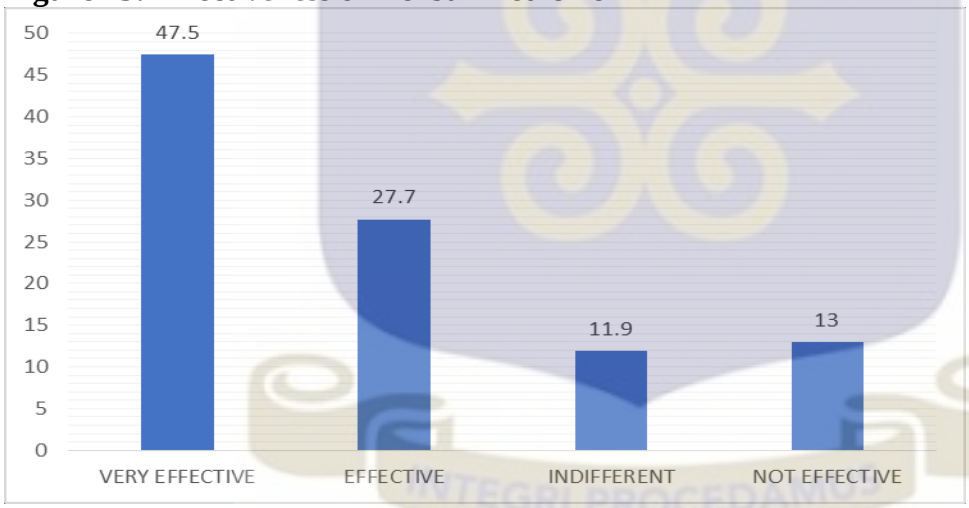


Table 14: Educational qualification by effectiveness of the medicine

Educational qualification	What was effectiveness of the medicine?				Total
	Very effective	Effective	Indifferent	Not effective	
WASSCE/SSCE	31 55.4%	15 26.8%	2 3.6%	8 14.3%	56 100.0%
Technical/post-secondary	6 35.3%	6 35.3%	2 11.8%	3 17.6%	17 100.0%
Diploma/HND	19 42.2%	13 28.9%	7 15.6%	6 13.3%	45 100.0%
Bachelor's degree	18 41.9%	13 30.2%	7 16.3%	5 11.6%	43 100.0%
Post-graduate diploma/masters	7 63.6%	1 9.1%	2 18.2%	1 9.1%	11 100.0%
Total	81 47.1%	48 27.9%	20 11.6%	23 13.4%	172 100.0%

APPENDIX III

SAMPLED HOUSES

With the random start and sample interval now determined and calculated, Community One for instance had the following houses sampled for the study; DMB8, A7, B3, B11, C4, C12, C20, C28, D8, D15, E7, E15, F6, F14, G5B, G13, H7, H14, V2, V10, V18, L3, M1A, M5A, M9A, N1, N5B, N9B, N14A, DMB1, DMB9 and A8. Similarly, the same process was replicated for the other four clusters comprising, Low Cost Quarters, Kyease-WHK, Community Two and finally Asukwao-WHA to determine the sampled housing units for the study.

For Low Cost Quarters, the following houses were sampled; LC16D, LC18D, LC20D, LC22D, LC24D, L C14C, LC16C, LC18C, LC20C, LC22C, LC24C, CD21, CD29, CD20, CD28, CD36, WHT 1D, WHT3C, WHT5C, WHT7B, WHT9B, WHB11B,WHT13A, WHT15A, WHT16D, WHT18D, WHT20D/1, WHT22A, WHT23D, WHT25C, WHT30C, WHT33C, WHT35B, WHT37A, WHT39A, WHT40C, WHT42C, WHT44C and finally WHT46C.

The following houses were also sampled from Kyease- WHK2D, WHK4D, WHK6D, WHK8D, WHK10C, WHK12B1, WHKC1, WHK14F, WHK16D, WHK18D, WHK20C, WHK22C, WHK24C, WHK26C, WHK28A, WHK30A, WHK31D, WHK33D, WHK35C, WHK37C, WHK39A, WHK41A, WHK43A, WHK45A, WHK46D, WHK48D, WHK50D, WHK52D, WHK54C/3, WHK56B, WHK58B, WHK60B, WHK62B, WHK63D/4, WHK 66D/1, WHK67A, WHK68B, WHK70B, WHK72A, WHK74A/1, WHK75D, WHKD, WHK79C and WHK81B. Community Two also had the following houses sampled for the study; GH8, CO3, CO11, GF4, GF12, GF20, GF28, GF36, 3A1, 3A2/6, 3A4/1, 3A5/4, 3A6/6, 3A8/2, 3A9/4, 3A10/6, 3A12/2, 3A13/4, 3A14/6, 3A16/2, 3B1/4, 3B2/6, 3B4/2, 3B5/4, 3B6/6, 3B8/2, 3B9/4, 3B10/6, AA3/1,

AA4/5, AA11/7, AB3/1, AB4/7, AB6/7, AB9/3, AB11/7, AC4/2, AC7/2, AC10/2, AD3/1 AD5/4 AD57 and finally AD65.

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