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Advertising Methods and Traditional Medicine: The Past, Emerging Trends and Health Implications in Select Developing Countries of Africa

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ABSTRACT

This study centered on advertising and traditional medicine. It was an evaluation of trends and implications in developing countries of Ghana, Nigeria and Liberia. The objectives were: To find out the outstanding form of traditional medicine that receive high level of advertising; know the most common strategy of advertising applied in presentation of traditional medicine; find out the outstanding reason that people patronize traditional medicine; know the category of persons who respond effectively to traditional medicine advertising in developing countries. Two theories have been applied in this study as the means-end chain model and affective response theory. The population of the study was pegged at 263,300,000 persons in the three countries of Nigeria, Ghana and Liberia with a sample size of 384 persons while the instrument of questionnaire was proportionately distributed through an online survey method. A descriptive online survey was implemented, and data was analysed using both descriptive statistics (frequency counts, percentages) supported by pie charts and basic inferential tools such as chi-square tests to determine associations between demographic variables and patterns of traditional medicine patronage. From the responses, it was ascertained that roots traditional medicine received the highest attention of advertising with 198 or 52% response out of 384 persons. The least was powder traditional medicine with 17 or 4 %. Further analysis showed that advertising strategies such as testimonial appeals and dramatization were more influential among younger respondents, while older respondents relied more on culturally transmitted knowledge. Part of conclusions is that the traditional medicine sellers should focus more on taking the messages of products beyond the confines of communities by the adaptation of modern ways of advertising. Generally, the study backs communication and health programme learning by emphasizing how advertising changing aspects shape public knowledge and health-seeking actions in developing circumstances.

INTRODUCTION

The longing for healthy living is universal, and despite progresses in modern medicine, sicknesses in the form of communicable or non-communicable remain an incessant threat to people across every age. Health is beyond the absenteeism of physical signs of illness. It includes being physical, psychological, and mentally fine. In unindustrialized societies, several factors such as poverty, weak health infrastructure, inadequate contact with medical specialists, and geographical obstacles impede access to essential medicines. With these stated factors, many persons cannot have elementary medicines for the treatment of simple illnesses. In sub-Saharan Africa, maladministration and infrastructural decay in health facilities aggravate these encounters, causing many inhabitants to seek ancillary ways of treating diseases (Azevedo, 2017). In places that modern medicine for healthcare is unaffordable, persons often turn to using traditional

medicine from herbs, roots or powder concoctions. Traditional medicine can booms due to cultural knowledge, affordability, and age-old belief. Traditional medicine appear to be part of primary healthcare method for sections of the inhabitants in West Africa, often prone by cultural beliefs, religious views, and hereditary reliance. These products are promoted through informal advertising in community markets and bus parks by hawking and at distribution outlets.

In as much as there are researches that investigated traditional medicine adaptation and its cultural importance, very minute empirical studies appear to analyzed the advertising of traditional medicine or how such advertising inspire patronage. Some studies are country-specific, focusing on either Nigeria or Ghana exclusively (Asante & Avornyo, 2021), leaving cross-country comparative research. Furthermore, there are also few studies that only examine traditional medicine advertising using the Means–End Chain Model or Affective Response theories to explain persuasive health communications.

This study addresses these gaps by appraising advertising patterns in traditional medicine across Ghana, Nigeria, and Liberia. It investigates obviously advertised forms of traditional medicine; the advertising approaches used; the reasons for patronage; and the categories of persons that retort to such advertising. By also consolidating on the Means–End Chain Model and Affective Response theories, the study provides theoretical clarity on how advertising messages link product qualities with values and emotions of potential consumers. Largely, this research contributes to communication readings and health policy education by giving an understanding of traditional medicine advertising across three developing countries and how persuasive communication shapes health-seeking behaviour.

In many West African countries, underfunding and partial access to conventional healthcare have augmented reliance on traditional medicine. In that sense, traditional remedies serve large population segments (Soori, Regmi & Pappas 2024). The advertising of traditional medicine products are loose, varied in contents and approaches, and understudied. This creates two interconnected concerns: (1) possible public-health risks that can come from unsubstantiated products and fake advertisers, and (2) a lack of organized knowledge bank on how advertising strategies cause adaptation, especially across differing groups and nationalities. Therefore, policymakers and communication practitioners lack guidance to control advertising practices, defend consumers, or harness subtle health communication.

Objectives of the Study

The study aims to document data for proper policies and communication procedures by exploring advertising of traditional medicine and acceptance in selected countries. Specifically, the objectives are to:

1. Identify which forms of traditional medicine receive the highest levels of advertising in the selected countries.
2. Determine the most common advertising strategies used to present traditional medicine in select unindustrialized countries.
3. Ascertain the primary reasons consumers patronize traditional medicine in select developing countries.
4. Identify the demographic categories most responsive to traditional medicine advertising in select unindustrialized countries.
5. Assess the perceived health implications associated with traditional medicine advertising, among consumers in select unindustrialized countries.

Research Questions

1. Which forms of traditional medicine receive the highest level of advertising in the selected developing African countries?
2. What advertising strategies are most commonly applied in presenting traditional medicine in these countries?
3. What are the outstanding reasons that people patronize traditional medicine in these contexts?
4. Which demographic categories respond most effectively to traditional medicine advertising in the selected countries?
5. What is the level of perceived health implications associated with traditional medicine advertising among the study population?

Test of Hypotheses

H_{02} (Null): The distribution of advertising strategies is the same across select developing countries.

H_{12} (Alternative): The distribution of advertising strategies differs across select developing countries.

LITERATURE REVIEW

Traditional Medicine: The Synopsis

Traditional medicine (TM), also mean ethno-medicine, popular medicine, complementary and substitute medicine, or natural healing, is the earliest and utmost enduring health-care arrangement known to humanity. It constitutes a primary, culturally embedded method of diagnosis and treatment that predates the emergence of modern scientific medicine. Due to its deep cultural roots, variations exist across societies, making it difficult to establish a universally accepted definition (Abdullahi, 2011). Traditional medicine methods cover the information and practices in treating illnesses based on local ideas and beliefs. It focus on the use of herbs, rituals, and plant-based formulations to avert or cure diseases. In dissimilarity, modern medicine is on confirmed procedures, systematic diagnosis, and standards (Dong, 2013).

Gains of Traditional Medicine

Sometimes, local medicines from either herbs or roots preparations serve roles in treating disease indicators and are observed as safe because of coming from natural sources. They are usually inexpensive, freely accessible, and classified as being effective in reducing health imbalances, digestive uneasiness, and immune shortages. The significance of this healing method in Africa is also connected to cultural knowledge and intergenerational ideas. Globally, about 80% of the people in rural communities know about traditional medicine for health upkeep, though the proportion of those using it may differ based on socioeconomic and cultural influences (Maong, Deborah, & Tun, 2019).

But, a crucial criticism of the practice of using traditional medicine is on the premise that those who offer the products rely on hereditary information of preparation rather than documented evidence. This is to state that traditional healers manage treatments from unwritten ideas and trial-and-error methods, raising queries about directive, dosage, and scientific validation. These concerns add to public doubt and calls for more analysis of the contents of traditional remedies.

Advertising and Traditional Medicine

The advertising of local drugs in countries like Nigeria has become obvious and concerning. Promotional activities happen by announcements megaphones, the displaying of placards, posters, leaflets and mobile bulletins, mostly at markets, motor parks, and commercial locations. Herbal products are also encouraged in print and electronic media with changing degrees of controlling oversight. As Uzima (2024) argues, the media expected to act as moral doorkeepers occasionally become channels for deceptive or illusory advertising due to commercial forces and dishonesty. As a result, several herbal products are broadcasted with overstated claims, unconfirmed health benefits, and minimal regulatory examination.

How the Nature of Traditional Medicine Influences Advertising Approaches

Since traditional medicine is intensely cultural, orally transmitted, and regularly made by small-scale or informal practitioners, its advertising tactics differ expressively from those of conventional pharmaceuticals. The nonappearance of standardized packing, laboratory testing, or scientific labelling means that advertisers depend on stories, dramatization, recommendations, and culturally reverberating semantics to influence audiences. The importance of traditional medicine in everyday life also makes face-to-face, community-based, and sensitively charged advertising more active. Additionally, the custom-made, mystical, and ritualistic aspects of TM let advertisers to use imagery, spiritual assurances, and appeals to heritage, putting the products as both therapeutic and culturally reliable.

Threats to Traditional Medicine Advertising

The practice of traditional medicine experience many trials. There is the lack of documented evidence and uniform operative methods, inconsistencies in preparation and quantity for users and reservations. Another trial on traditional medicine practice and use is the near facing out of medicinal vegetation because of climate change, deforestation, and incessant rainfall. Uncountable herbs and roots are becoming difficult to find, and traditional knowledge inherited from the aged gradually become extinct.

Additionally, the thinking that traditional medicine has something to do with magic, charms, and fascination, fright potential users including the fact that false practitioners exploit susceptible individuals further wear away public trust. The healing practices, transmitted verbally in family lines, contributes to reduced records and loss of knowledge as elderly guardians pass on (Saslis-Lagoudakis, Hawkins, Greenhill, Pendry, Watson, Tuladhar-Douglas, Baral, & Savolainen, 2014).

Cultural, ethnic, and religious separations also deter approval. Some ethnic cliques fancy healers from their own cultural families owing to trust, convenience, and communal language. Moreover, certain religious principles identify traditional medicine as fetishistic, dispiriting supporters from using it. These social dynamics confuse determinations to control and efficiently communicate the profits or hazards of traditional medicine.

Review of Related Literature

James, Wardle, Steel & Adams (2018) studied “Traditional, complementary and alternative medicine use in Sub-Saharan Africa: a systematic review” and quantified that

a substantial integer of persons in Sub-Saharan Africa (SSA) depend on traditional and alternative medicine to counter healthcare challenges. By mixed-methods, it measured write-ups on Traditional medicine use from January 1, 2006 to February 28, 2017 In the results, it was taken that, there were moderate usage of traditional medication long-side modern medicine, in wide-ranging population. Traditional medicine users equated with poor socioeconomic and informative grade. Several customers (55.8%–100%) give explanations for use on fear of disclosing healthcare problems to modern medicine workers. providers. It was concluded that traditional medicine users were many in South Saharan African countries. But extra study may be essential to further explain experiments and prospects connected to use in Africa.

Ogunsola & Egbewale (2018) studied "Factors influencing the use of herbs and combination with orthodox medicine for healthcare management in Ibadan, Nigeria" The authors mentioned that the need for natural medicinal plants has increased in the core of the undeveloped counties due to relative affordability, efficacy and seeming user security. Through interview and questionnaire on 104 persons in Ibadan North local government area, Oyo State, Nigeria, 85% of the people identified that they apply herbs, 12.5% differed and 1.9% neutral. Economic standing or reliance revealed expressive impact in side by side herbal utilization with conventional medication. These clarifications stressed the import of traditional medicine as an aspect of fitness provision. The various studies discussed above illustrate a developing tendency in accepting traditional medicine in treatment of diseases in many countries. It has therefore come to be vital to appraise the effectiveness of advertising of traditional medicine to meet health needs. The gap of this present study lie in finding how the users of traditional medicine got the products through channels of advertising rather than only the reasons and the occupational groups as mentioned in the two reviewed studies. The two studies were limited to Nigeria. Therefore, this study has stretched the scope to three more West African countries of Ghana, Liberia and Nigeria which had earlier been undertaken.

Theoretical Framework

Two theories underpin this study. Leading is the Means–End Chain Model developed by Gutman (1982) which postulated that values are dominant factors of consumer decision-making. According to the model, products or services are assessed and carefully chosen based on the extent to which they help consumers achieve wanted ends. Every consumption choice carries consequences—functional or psychological—and consumers emotionally link product attributes to expected results. Gutman explains the model as a categorized structure with three levels: attributes, consequences, and values. Attributes refer to palpable or intangible features of the product like cost, packaging, or perceived potency. The outcome are relief, societal approval, convenience, whereas values are safety, contentment, or well-being. This model explain that consumers can go for traditional medicine based on affordability, natural composition, or cultural orientation.

The second theory guiding this study is the Affective Response Theory, which highlights the emotional responses from advertisements (Holbrook & O'Shaughnessy, 1984). The theory held that consumers have likings not only from cognitive assessment but also through affective factors of enthusiasm, trust, fear, or inquisitiveness. Gardner (1985) notes that emotional responses come from regular exposure to the advertisement and from both subjective and objective topographies of the product. The theory also highlights the wear-in/wear-out effect, that while exposure can support emotional processing, excessive repetition may drop effectiveness. This theory is relevant to

traditional medicine advertising because uncountable herbal product promotions use dramatic presentations, testimonials, or culturally resounding language to elicit emotional responses for patronage.
Jointly, these theories offer an understanding of how traditional medicine advertising appeals to consumers' values (Means–End Chain), while alongside shaping emotions and attitudes (Affective Response Theory).

A conceptual model is thus: Advertising = Emotion = Patronage = Health Implications. This conceptual flow illustrate how the advertising of traditional medicine may lead to emotional reactions, patronage, and health consequences. This demonstrates that advertising evokes emotions in consumers by storytelling, or dramatic claims. These emotional reactions mediate consumer patronage, define if individuals continually use traditional medicines with health implications of temporary relief. This emphasizes that traditional medicine advertising is not just a communication practice but a public health concern calling for regulations. The consumer's patronage, predisposed by the advertising-driven emotional and cognitive process, leads to definite health outcomes, completing the chain from communication to assumed well-being.

RESEARCH METHODOLOGY

Research Design

This work applied a measureable online survey. Akpan (2021) affirms that the survey method is appropriate because it allows researchers to define, examine, and explore opinions, attitudes and preferences regarding phenomena by generating and analysing data for broad-based conclusions. Surveys are particularly useful for gathering information from a large number of respondents at a specific point in time and allow the identification of relationships among variables without direct manipulation. The present study therefore used an online questionnaire to obtain data from respondents across Nigeria, Ghana, and Liberia.

Population and Sampling

The population consisted of a probable 263.3 million persons across Nigeria, Ghana, and Liberia. This figure comprised, Nigeria with 223.8 million people, Ghana with 34.1 million, and Liberia with 5.4 million. Sampling followed the judgment presented by Meyer (1979), Fox, Hunn & Mathers (2007), and Wimmer & Dominick (2011), who endorse that when a population exceeds 500,000 persons, a minimum sample size of nearly 384 respondents is statistically acceptable at a 95% self-reliance level and 5% border of error. The sample of 384 respondents was proportionately distributed based on national population size: Nigeria: 326 respondents, Ghana: 50 respondents, Liberia: 8 respondents.

Justification of Sample Distribution and Its Limitations

The proportional allocation method though skewed towards Nigeria revealed the definite demographic population weighting of the three countries digitally connected at the urban centers, since the survey depend exclusively on email responses, with expectations of generalization of findings to cover the urban and the rural or semi urban center residents made up of the well-educated and the uneducated population.

Instrumentation and Validation

The chief instrument for facts gathering was an organized questionnaire containing four modest, closed–ended inquiries considered directly from the study objectives. Each question had multiple-choice response options to determine advertising exposure, emotional response, consumer patronage, and health implications. Questions were in simple English Language for clarity. A trial test was done with 20 respondents while feedback led to minor changes in wordings.

Reliability and Validity

Content strong points were established using estimation by two communication teachers and one public health researcher with knowledge of the study variables and research problems. Face validity was established during the pilot study, as questions were perfect and stress-free to understand. Since the tool contained single items per construct, internal consistency reliability was not calculated; however, the instrument was designed to correspondent to the study variables.

Data Analysis Techniques

Responses from the questionnaires were coded by descriptive and inferential statistics. Descriptive data of occurrences, calculations were used to summarise demographic characteristics and response trends.

Inferential statistics Chi-square test of independence was employed in testing hypotheses regarding relationships between advertising exposure, emotional response, patronage, and health implications. These technique was consistent with quantitative studies involving categorical or ordinal data.

Ethical Considerations

Although the survey was conducted online, proper principles were firmly observed as informed consent was gotten electronically. Every questionnaire contained a consent declaration explaining the purpose, procedures, voluntary participation, and confidentiality assurances. Involvement was voluntary, and as respondents had choices to pull out at any point. Privacy and confidentiality were assured; no identifying data was needed. Only grownups from 18 years and above were surveyed.

Results

Table 1: The outstanding form of traditional medicine receive high level of advertising in developing countries.

TM	Nigeria	Ghana	Liberia	Total	%
Roots	169	23	6	198	52%
Herbs	58	19	2	79	21%
Stems	45	2	0	47	12%
Liquor	37	6	0	43	11%
Powder	17	0	0	17	4%
Total	326	50	8	384	100%

Source: Field Survey

In Table 1, five major traditional medicine were identified. These are roots, herbs, stems, liquor, and powder. From the response of people in the three countries of Nigeria, Ghana and Liberia, it was ascertained that roots traditional medicine received the highest attention of advertising with 198 or 52% response out of 384 persons. The least was powder traditional medicine at 17 or 4 %.

Table 2: The most common strategy of advertising traditional medicine in African countries

Advert	Nigeria	Ghana	Liberia	Total	%
Personal selling	223	23	6	252	66%
Social media	48	7	2	57	14%
Billboards	0	0	0	0	0%
Television	55	20	0	75	20%
Newspapers	0	0	0	0	0%
Total	326	50	8	384	100%

Source: Field Survey 2024

In Table 2, five channels of advertising were identified and personal selling with 252 or 66% response out of 384 was recorded. The least advertising channel for traditional medicine was social media with 57 or 14%. Newspapers scored zero (0)% response in all the three countries.

Table 3: The outstanding reason that people patronize traditional medicine advertising in developing countries Cost, availability, Efficacy, Rapidity.

Reasons	Nigeria	Ghana	Liberia	Total	%
Low Cost	185	29	5	219	57%
Available	34	10	3	47	12%
Efficacy	83	11	0	94	25%
Rapidity	24	0	0	24	6%
Total	326	50	8	384	100%

Source: Field Survey 2024

Table 3 is an indication of the reasons people patronize traditional medicine. These are low cost which had a response of 219 or 57% out of 384 persons. Rapidity of the traditional medicine attracted 24 or 6%.

Table 4: The category of persons who respond effectively to traditional medicine advertising in developing countries.

Persons	Nigeria	Ghana	Liberia	Total	%
Employed	39	8	0	47	12%
Unemployed	176	22	2	200	52%
Educated	0	0	0	0	0%
Uneducated	111	20	6	137	36%
Total	326	50	8	384	100%

Source: Field Survey 2024

Table 4 displays that from 384 persons, 200 or 52% were identified as belonging to the

unemployed category, none of the persons in the educated group or category made any response. The employed category had a response of 47 or 12% as the least. The implication is that those who have no source of income as unemployed are the ones that respond effectively to traditional advertising of medicine in African countries.

Table 5: The level of perceived fears on health implications of traditional medicine advertising in the contemporary situation of select African countries

Health Perception	Nigeria	Ghana	Liberia	Total	%
High	43	8	0	51	13%
Average	190	20	2	212	55%
Low	20	10	0	30	8%
None	73	12	6	91	24%
Total	326	50	8	384	100%

Source: Field Survey 2024

Table 5 showed that out of 384 persons, 212 or 55% had average perceived fears about advertising of traditional medicine on the health implications in the select African countries. This is against the least of High fears of perception which stood at 51 or 13% and low fears of perceptions at 30 or 8%. This shows that though many persons were conscious of the health implications of patronizing advertised traditional medication, they still cannot escape using it due to low level of income and the associated level of poverty as many are unemployed in the developing countries of Africa.

Inferential statistical Test of Hypotheses

H_{02} (Null): The distribution of advertising strategies is the same across select developing countries.

H_{12} (Alternative): The distribution of advertising strategies differs across select developing countries.

The calculated Chi-square value is based on figures in the Table 2.

In summing up:

Row 1: 0.384+2.933+0.107=3.4240.384+2.933+0.107=3.424

Row 2: 0.00314+0.0238+0.551=0.577940.00314+0.0238+0.551=0.57794

Row 3: 1.181+10.713+1.56=13.4541.181+10.713+1.56=13.454

Total $\chi 2$:

3.424+0.57794+13.454 =17.4563.

Chi-Square Test Result

Using the table, the calculated Chi-square value is:

$\chi^2 = 17.46$

This was computed using the 3 valid categories:

Personal selling

Social media

Television

Degrees of freedom df = (r-1) (c-1) = (3-1) (3-1) = 4

Critical value at $\alpha = 0.05$

$\chi^2(0.05, 4) = 9.488$

Decision: Since: the calculated = 17.46 greater than the critical value of 9.488, the null hypothesis is overruled. This means that distribution of advertising methods is not the same across select developing countries.

DISCUSSION

Advertising Dominance of Roots-Based Traditional Medicine

The findings reveal that roots-based traditional medicine remains the most conspicuously advertised category across the study locations, with 198 responses (52%). Although other forms of traditional medicine are advertised, they do not take the same level of promotion. This aligns with the thoughts that roots are widely utilized for medicinal aims. The result supports the statement by Moyo, Aremu, & Staden (2015) that amplified public information and awareness can reduce questionable perceptions surrounding medicinal shrubs. Thus, the fame of roots traditional medicine advertising reflect both cultural knowledge and aged long medicinal beliefs.

Dominance of Personal Selling as an Advertising Strategy

Among the advertising strategies checked were personal selling, radio, social media, television, and newspapers, personal selling had the highest score of 252 (66%), while newspapers had zero responses. This outcome aligns with Akpan (2021) who notes that newspapers provide updates, opinions, and various forms of detailed information, for the literate groups in the urban centers instead of the uneducated that make a large population in the communities who rely on traditional medicines.

The dominance of personal selling is tied to wide-ranging socio-economic conditions of poor literacy and lack of employment opportunities. A major implication is that the target consumers of traditional medicine are illiterates and in low-resource settings and with high unemployment. This is what Adeyemi and Bello (2022) stressed that, unemployment forces individuals to strive for affordable health care while also driving them into informal sectors for livelihood. This creates a good ground for personal selling of traditional medicine in informal markets. Thus, personal selling is both a symptom of and a solution to economic harshness. Supporting this, Akpan (2022) says that indigenous communication systems in Africa typically disrespect mainstream media such as radio, television, newspapers, and digital platforms, but reinforcing the reliance on interpersonal communication forms.

This finding challenges Nwedo-Nzeribe (2022), who argues that numerous herbal medicine suppliers rely on radio and instructional broadcasts for health education. However, it supports Atombo-Mensah and Asemanyi (2021), who found that herbal product promoters intermingling use radio, television, tabloids, online platforms, and personal selling, including mobile public address systems.

Patronage of Traditional Medicine Driven by Low Cost

A significant percentage of respondents (217 or 57%) indicated that low cost was the reason for adapting advertised traditional medicine. This submits that poverty and economic constraints in West African societies affect health-seeking behaviours. Traditional medicine is affordable and accessible in evaluation compared to conventional medicine.

This aligns with Isola (2013), who states that traditional medicine maintain high patronage since it is inexpensive than Western drugs, and give accessible healthcare for low-income people. Moreover, Tabi, Powell, & Hodnicki (2006) highlight that in rural Ghana, the non-availability of medicals, poor infrastructure, and high treatment charges contribute to the dependence on traditional medicine.

Socioeconomic Status and Responsiveness to Advertising

Findings from Table 4 indicate that the jobless constituted the largest group responding to traditional medicine advertising, with 200 respondents (52%), compared to only 47 (12%) among the employed. This proves a strong connection between economic hardship and reliance on traditional medications. This pattern corresponds with Chukwuma et al. (2016), who assert that occupation, income level, and employment grade pointedly shape individuals' preference for herbal treatments. Inadequate access to formal healthcare and financial constrictions thus push unemployed individuals to depend more on traditional medicine, often regarded as a cost-effective option.

Health Perception and Implications across Nigeria, Ghana, and Liberia

The cross-country study of health perception reveals thoughtful public health implications. A majority of respondents (55%) rated their health as average when condescending to traditional medicines. Only 13% believed their health was high, with Liberia recording zero score in this group. Furthermore, 24% selected "None," suggesting poor health literacy, poor engagement with healthcare systems, or limited idea of personal health status. The result point to differences in healthcare access, health education, and socio-economic barriers. The findings emerged that many Nigerians rely on advertised traditional medicine, even when the remedies lack scientific authentication. Similarly, Gyasi et al. (2016) stated that in Ghana, old-fashioned medicament is used without diagnosis, with only outlying changes. This argument is that traditional medicine users experience mere relief rather than recovery. Overall, the findings highlight a general shape of confidence on advertised traditional medicine that tends to produce middling rather than optimal health outcomes across the three countries.

In theoretical integration, the Means-End Chain Theory explains how individuals choose products (means) to achieve desired ends. In this study, Personal selling functions as avenues of creating robust emotional and cognitive relationships between product attributes and user beliefs. Consumers associate low cost (attribute) with affordability and convenience (consequence), leading to the end-value of health stability within their economic limits. The extraordinary patronage by unemployed individuals reflects decisions driven by value–attribute position, dependable on the theory.

In the application of Affective Response Theory, it posits that emotional reactions heavily influence consumer behavior. Personal selling produces direct interpersonal communications from eye contact, and verbal persuasion to strong affective triggers. The trust built through indigenous communication nurtures emotional acceptance of traditional medicine. The emotional appeal entrenched in vendor demonstrations and personalized messages helps clarify why personal selling outclasses other media advertising. Thus, the theories help clarify how emotional and value-based conclusions shape the preference for traditional medicine advertising approaches and products.
On limitations of the study, while the findings offer dynamic insights, several methodological limitations are admitted in sampling as participants may not fully

represent all demographic clusters in Nigeria, Ghana, and Liberia. The great number of unemployed respondents, may twist the pattern of health opinion and patronage. The responses relied on participants' individual assessments, which may be influenced by memory lapses, personal beliefs, or societal desirability, specifically regarding health perception. The study does not include scientific or medical imposts to validate if traditional medicines really improved health outcomes. On generalizability limitations, findings may not apply to other African countries with dissimilar socio-cultural and economic backgrounds. The study captured advertising tactics but does not empirically measure the definite reach or frequency of specific media channels. These limitations provide context for understanding the results and point toward spaces for future research especially if interviews or group discussions are used in the research methods.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study examined advertising strategies of traditional medicine and consumers' responses across Nigeria, Ghana, and Liberia. The findings disclose that traditional medicine advertising remains a solid and influential commerce in these developing countries, particularly within rural and low-income populations where access to modern healthcare is imperfect. Based on analysis, the work springs explicit answers to the separate study questions. For instance on which form of traditional medicine receive the most advertising, it noted that roots-based traditional medicine received the peak level of advertising, representing its cultural relevance and perception as operative among the population.

On which advertising strategies are most usually used, it had that Personal selling appeared as the most dominant and effective tactic. Mainstream media such as radio, television, and social media play a secondary role, while newspapers showed no important influence. Concerning why consumers patronize advertised traditional medicine, the answer was that the chief drive was affordability. Most respondents purchase herbal products as they are low-cost, accessible, and professed as effective enough for basic health needs. Considering which sets of people respond most to such advertising, the deduction was that the jobless individuals demonstrated the highest sensitivity to traditional medicine advertising, reflecting economic restrictions for reliance on inexpensive healthcare substitutes. More so, on how consumers observe their health when using advertised traditional medicine, most respondents rated their health as "normal," suggesting that while traditional medicine gives some respite, but does not result in perfect health. Remarkably, a large number of respondents point to ambiguity ("None"), showing that there are gaps in health literacy.

On the general understanding, it means that traditional advertising of personal selling remain relevant and active in the spread of herbal products sales and usage. This reflects deep-rooted belief in social communication practices and show the level of health care infrastructural restrictions of many West African communities. Though modern media channels also contribute to making awareness consciousness about traditional medicine, the unpredictable electricity supply, low digital literacy, and socioeconomic issues limit what it can do in giving out information about traditional medicine above personal selling methods.

The study also demonstrated that traditional medicine advertising plays a double role. On one hand, it offers accessible health gain to underserved populations. On the other

hand, unregulated or exaggerated claims pose dangers, including delayed access to professional medical care. Therefore, a balanced method is needed to preserve the cultural and economic value of traditional medicine while enhancing safety, credibility, and public trust. Given the study's limited geographic coverage and sampling restraints, the findings was interpreted as insightful results of the three countries studied rather than generalizable to all African settings.

Recommendations

From conclusions, the resulting recommendations are offered traditional medicine advertisers, users, policy developers and practitioners.

1. While personal selling remains effective, herbal practitioners should adopt balancing digital platforms such as radio jingles, social media adverts, and mobile public address systems to touch wider and more different audiences.

2. Testimonials presented in advertisements should be exact and credible rather than all-purpose claims. Real-life success stories, substantiated by users, can improve public confidence.

3. Herbal marketers should spread campaigns into workplaces, markets, and urban hubs to differentiate their consumer base beyond mostly unemployed persons.

4. That there should be a develop and standardized advertising protocols as government agencies should create clear plans to regulate the advertising of traditional medicines, preventing overstated claims and ensuring the dissemination of precise, safe information.

5. Ministries of Health should upsurge awareness campaigns on the harmful practice of out-of-date medication, highlighting importance of analysis, dosage, and when to seek expert medical care while traditional medicine practitioners, regulatory bodies, and public health educators should cooperatively advance culturally sensitive, scientifically informed health communication strategies.

For Future Research

Further studies should include more African countries to decide whether the observed patterns hold across broader cultural and economic circumstances.

Future research should examine the study with the use of other arithmetical analysis to test relationship between advertising strategies and consumer patronage arrangements to deepen theoretical and empirical understanding.

Contribution to Knowledge

On empirical contribution, this work has provided fresh data on advertising strategies and consumer responses to traditional medicine in Nigeria, Ghana, and Liberia. It has also offered cross-country relative insights into health perceptions and socioeconomic issues concerning herbal medicine patronage. On the theoretical contribution, it has demonstrated how the Means-End Chain Theory explains value-driven decision-making in traditional medicine consumption. It has also shown how Affective Response Theory accounts for the effectiveness of personal marketing through emotional engagement and

indigenous communication arrangements. Practically, it has made contributions by highlighting actionable ways for advertisers, policymakers, and health educators to expand the security, credibility, in addition to influence of traditional medicine advertising while also proposing an agenda for balancing cultural health practices with community health safeguards.

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Conflict of Interest Statement

In the conducted study, proper principles were firmly observed. Informed consent was gotten electronically. Every questionnaire contained a clear purpose, procedures, voluntary participation, and confidentiality assurances. Involvement was voluntary, and respondents had choices to pull out at any point. Privacy and confidentiality were assured; no identifying data was needed. Only grownups from 18 years and above were surveyed.

Author's Contribution Declaration

It is declared that each of the authors made significant contributions to the writing, gathering of data, formation of questionnaire, interpretation of data and arriving at the conclusions as well as in preserving the references.

Declaration of Competing Interest

The authors declare that there were no competing interest as none of the authors serve as advertisers of traditional medicine or have any known person who uses the item under study.

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