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Article in *British Journal of Marketing Studies* · September 2019

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**PROMOTIONS AND CONSUMER ATTITUDES TOWARDS TRADITIONAL  
MEDICINE USAGE IN CENTRAL UGANDA**

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**ABSTRACT:** *In times of modernity and with advancements in modern medicine, usage for traditional medicine (TM) was expected to have reduced. Instead, TM usage has increased and literature points to a number of predictors; among which is the promotions from the Traditional Health Practitioners (THPs). However, little is known of how the art of communication used by THPs in these promotions, is interpreted by the TM users, which in effect could influence their attitudes hence usage of TM. The objective of the study therefore was to examine the influence of the promotional strategies on the consumer attitudes of TM users in Central Uganda. A sample of 369 respondents was drawn using purposive and snowballing sampling techniques and data was analysed using both SPSS/20 and AMOS/23. Results show that promotions highly correlates with consumer attitude ( $r=.820$ ,  $p\leq .01$ ) and that for every one unit change in promotions, there will be a 27.392 change in consumer attitude. The findings should enable THPs adjust their promotional strategies to be able to take advantage of the most perceived credible promotional strategies, which are highlighted in the study, in order to tap the increasing TM demand. The study was cross-sectional, so there is need for a longitudinal approach should be explored to examine the promotional influence on attitudes across time.*

**KEYWORDS:** consumer attitudes, promotions, traditional medicine, traditional health practitioners.

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### **Introduction**

Traditional medicine was previously perceived as ‘unconventional’ ‘local’ and ‘backward’ and was presumed to be consumed by a specific social group steeped in traditional beliefs (Sirois, 2007) like the elderly, the rural people, the illiterate and the very poor (Cocks & Moller, 2002). This perception has however changed in recent times; to be inclusive of the younger, the highly educated and the very religious, all taking TM as an acceptable treatment option (Kazembe, 2008; Lotfia et al., 2016). Empirical researches highlight several predictors of TM usage like; poverty, accessibility, perceived inefficiencies in conventional medicine (particularly for the rural dwellers), culture, and a need for a holist approach (Sofowora, 1993; NCRI, 2018; Rutebemberwa

et al., 2013). These, among others are some of the TM usage motivations, however, they often change over-time with the shifts in societal values with respect to healthcare (Sirois, 2007). Of late, promotion of TM has increased significantly and has become a new trend and a motivator for TM usage. Adegoju (2008) attributes this trend to the widespread availability of media platforms and the stiff competition in the TM market.

According to Sirois (2007), the increased dissemination of information about TM and the continued trend towards health promotion were responsible for the overwhelming uptake of TM among participants in his study. Similarly, in Lotfia et al., (2016), the excessive usage of TM among participants was partly because of the widespread promotions in pharmacies, groceries and supermarkets on the health benefits of herbal remedies. Likewise, in Nigeria, the number of THPs who publicized and promoted their therapies or medications kept increasing; with more THPs taking to the streets, buses, and media to promote and advertise their services (Adegoju, 2008). In the Ugandan context, it is asserted that the highly commercialised TM by several competing traditional health practitioners 'THPs' could be a motivation for its high usage among Ugandans (Rutebemberwa et al., 2013). Whereas these studies highlight that TM promotions lead to resultant usage behaviour of TM, they do not examine the persuasive art of the THPs' communications and how this influence TM users' perception /attitudes towards these TM promotions hence usage. In this perspective, the objective of the study was to examine the influence of the four traditional promotional strategies on the consumer attitudes of TM users in Central Uganda.

## LITERATURE REVIEW

The promotional role particularly advertising has often been described as an important information purveyor, which contributes to marketplace efficiencies (Belch & Belch, 2009) such as its influence on people's lifestyles. The advertiser's overall goal is usually to reach the target consumers and influence not only their awareness but their attitudes and consequently their buying behaviours. As a promotional strategy, advertising serve as a major tool in creating product awareness in the mind of a potential consumer to take eventual purchase decision (Latif & Abideen, 2011). Critics, however, assert that advertising promotes materialism, corrupts values, and misleads audiences (Wang & Sun, 2010). Advertising, hawking and any other forms of promotions of traditional medicine is a new phenomenon in Africa. Traditionally, THPs depended on word of mouth and referrals from their cured or satisfied customers to generate sales. Interestingly, majority of the THPs would only receive incentives for their services which sometimes had to be given only when the patient cured. However, the marketplace has undergone significant changes and so has the focus of TM providers.

Of late, there seems an influx of THPs joining the TM trade which has not only made the market competitive but has also instigated fierce promotions from the THPs. There are several forms of promotions (sales promotions, direct marketing, public relations, personal selling and advertising) that THPs use to market their medicines in order to gain competitive advantages. In Adegoju, (2008) several rhetorical strategies are often used when promoting TM. These not only appeal to the emotions of the THPs' audiences, but also make the THPs worthy of confidence. Adegoju elaborates the propaganda techniques such as bandwagon; testimonials, assertion, euphoria, and narration, among others, which THPs usually employ. They usually buy airtime on radios and

television stations to make bold claims on how they have cured different ailments and that they can cure what conventional doctors find bewildering (Omoera et al., 2011). In their promotional claims, they (THPs) often never present their products as those that can control, manage or suppress (symptoms of) diseases, but rather as complete and permanent cures and solutions to any types of ailments in addition to having no side effects (Adegoju, 2008).

Richer conceptualisation of how these TM promotions influence consumer attitudes and consequently behaviour towards TM usage is scarce. Several empirical studies show how various subgroups of consumers (the illiterate, the elderly, women, past users, those under high or low involvement, the culturally bound etc.) respond to promotions (Pettijohn, 2003; Hansen, 2005; Wang & Sun, 2010). For instance, Harker and Harker, (2007) argue that an attitude towards an advert affects cognitions and perceptions towards the advertised brand and may influence purchase intent. Particularly, a more favourable attitude toward advertising in general is linked to more positive advertising evaluations such as being informative, fun, and acceptable; thus consequently resulting in more ad recalls and higher buying interest (Wang & Sun, 2010).

However, most of these studies are for either experience or search goods, and little is known of how the above subgroups would respond to promotions of credence goods particularly, traditional medicine. Credence goods, according to Cromwick, Root and Roehrig, (2007) are goods and services where an expert knows more about what a consumer needs than the consumer does (in this case traditional medicine). Besides, the systematic reviews on advertising of medicines have often been on 'conventional medicine' and majorly descriptive (Harker & Harker, 2007).

A strand of literature in 'conventional medicine' shows two extremes over healthcare promotions. Proponents argue that there are groups of patients who may prefer the simple and easily accessible information offered in advertisements (Burton, 1991; Hasman & Holm, 2006). Apparently, there is a significant group of patients of low socioeconomic status (the case of so many Ugandans), whom it is notoriously difficult to reach with healthcare information (Hasman & Holm, 2006). The authors further argue that although the information conveyed in advertising is not completely exhaustive, it is still better than no information.

Critics however, postulate that the nature of health care products and the possibly lengthy list of contraindications makes it hard, if not impossible, to provide full disclosure of pharmaceutical properties in a 15- or 30-second television spot (Beales, 1991). Other critics of healthcare promotions assert that the health information made available to patients through commercial marketing is inadequate, biased and untruthful (Mackert, Love & Holton, 2011). In Mason and Scammon (2000) study, it was observed that 'whereas promoting consumer empowerment to make choices and facilitating access to desired products are laudable goals for healthcare promotions, the marketplace should share the burden of providing useful and meaningful information that will assist consumers in making decisions about potential health benefits'. Mackert, Love & Holton, (2011) also insist that advertising of any medication is pure marketing, which not only fails to provide clear, balanced and accessible information but also promotes unnecessary fear and leads to overspending.

### **Consumer attitudes towards promotion of TM**

There are over 100 different definitions of the term attitude such as; ‘an attitude being a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour’ (Eargly & Chaiken, 1993); ‘an attitude being a stable, long-lasting, learned predisposition to respond to certain things in a certain way’ (Robertson & Kassarian, 1991) or ‘a learned tendency to respond to an object in a consistently favourable or unfavourable way’ (Onkvisit & Shaw, 1994). It is the degree to which a person evaluates the behaviour in question to favourable or unfavourable from the dimensions of pleasant or not pleasant, good or bad, harmful or beneficial like or dislike (Ajzen, 1991). There is empirical evidence to show how behaviour stems from attitude but not part of attitude and that attitude may be the primary determinant of intentions (Blythe, 2013). Belch and Belch (2012) assert that there are three attitudinal stages or components, which are encapsulated in the tri-component attitude model: cognitive component (an individual’s beliefs regarding an object), affective component (an individual’s feelings towards the object that may be positive or negative) and the behavioral component (an individual’s readiness to respond to the object in the form of behavior).

In non-healthcare studies, there is overwhelming support to show how the attitude toward advertising affects the consumers’ response toward advertising, influence consumer’s beliefs and ultimately their purchasing behaviour (Pettijohn, 2003). Chang and Kinnucan, (1991), posit that consumers’ tastes and preferences, and thus their perceptions of product quality, are assumed to be subject to change through advertising. In other words, a consumer’s perception of product quality will depend on the information that the consumer has about the product attributes. Likewise, Mehta’s study (2000) also revealed that consumers with a more favourable attitude toward advertising were more likely to recall the brand and be persuaded by advertising. Chang and Kinnucan, (1991) postulate that the effects of advertising usually linger beyond the period of initial exposure, and that each new ad, builds on the residual contribution of past outlays. This therefore, seems to suggest that the more the THPs advertise, the more product cue they are likely to communicate, and the more likely they influence consumer attitudes towards purchasing and using their medicines.

Individual differences among message recipients could, however, lead to wide variations in the manner in which people respond to advertising appeals (Moore, 1995). Some individuals, when exposed to an emotionally charged advertising appeal, may exhibit a characteristic tendency to experience their emotions with a greater magnitude of intensity (Aaker, Stayman & Hagerty, 1986). Similarly, some individuals may exhibit a tendency to engage in and enjoy thinking when exposed to an ad (Cacciopo & Petty, 1982). Likewise, differences in demographic characteristics (age, education, gender, income, race among others) may also contribute to the way customers form attitudes towards advertising. According to Wang & Sun (2010) ‘advertising by nature is a sociocultural phenomenon’, which could imply that consumers’ beliefs and attitudes toward TM promotions are inevitably influenced by their cultural predispositions. In healthcare promotions, a survey conducted by Chan, Tsang and Leung (2013), revealed a negative attitude of consumers towards medical professionals who advertised. Younger respondents aged 20-29 were more sceptical of advertising by medical professionals than older respondents and respondents with primary or lower education levels had the most favourable attitudes toward advertising by medical

professionals (Chan, Lennon & Leung, 2013). Empirical studies on consumer attitudes in the context of TM promotions are under-explained in Africa particularly Uganda. The few studies like for Adegoju, (2008) about the discourse of advertising herbal medicine in Nigeria; only explored the various rhetorical strategies used by the THPs that make them worthy of confidence. This study specifically investigated the promotional influence on the TM users' attitudes hence usage of TM.

## METHODOLOGY

The TM users in Uganda are estimated at 60% (NCRI, 2018). The study focused on TM users within selected districts of Central Uganda that had come to THPs' clinics or who had used TM in the past 12 months. Data was collected from September 2018 to November 2018, from a sample size of 369, that was determined using Cochran's formula. Non-sampling techniques such as snowballing and purposive sampling were employed with the help of the 'National Council for Traditional Healers and Herbalists' Association' (NACOTHA). A face-to-face approach was employed to administer the structured questionnaire which was anchored on a five-point likert scale.

### Operationalization of the variables

Promotion was the independent variable while consumer attitude was the dependent variable. Promotion was measured using the perceived promotional credibility adopted from Gaziano and McGrath (1986) and 16 items were used to tap credibility of the information claims in adverts, sales promotions, public relations and personal selling. Consumer attitude was measured using items adapted and modified from Chan, Lennon and Leung (2013); Wang and Sun (2010); and from the guidelines of Fishbein (1980) model. Six items tapped cognitive properties of attitude; five items tapped affective properties of attitude and eight items tapped the conative items of attitude.

**Table 1: Operationalization and measurement of variables**

| Variable                 | Measures         | Operationalization   | Dimensions | No. of items | Source   |
|--------------------------|------------------|--|------------|--------------|--|
| <b>Promotions</b>        | Advertising      | Promotional credibility is the degree to which the consumer perceives claims made about TM using a certain promotional strategy to be truthful and believable. | (4 Ds)     | 5            | Gaziano and McGrath (1986).                                  |
|                          | Sales promotions |  |            | 5            |  |
|                          | Public relations |  |            | 3            |  |
|                          | Personal selling |  |            | 3            |  |
| <b>Consumer Attitude</b> | Cognitive        | Consumers' opinions and beliefs of the TM promotions   | (3 Ds)     | 6            | Chan et al., (2013); Wang and Sun (2010);<br>Fishbein (1980) |
|                          | Affective        | Consumers' feelings about TM properties  |            | 5            |  |
|                          | Conative         | Consumers' likely behaviour in relation to TM  |            | 8            |  |

*Source: Primary source*



### Data analysis and management

Data entry, coding and cleaning was done using SPSS Statistics version 20 and it was also used to run the preliminary parametric tests (Levene's test of Homogeneity, Shapiro-Wilk's test, linearity etc.) The exploratory factor analysis (EFA) was performed to identify patterns in the data and to reduce it to manageable levels (Field, 2009). The confirmatory factor analysis was done using SPSS AMOS version 23 to confirm the structure of the data.

### Testing for Reliability

To improve the reliability of the questionnaire, the reliability –which is really the consistency of a measure, was assessed. Reliability was estimated using three indicators; (1) Cronbach's Alpha (Cronbach, 1951), (2) Composite Reliability (Fornell & Larcker, 1981), (3) Average Variance Extracted (Fornell & Larcker, 1981). The Cronbach's  $\alpha$  indicated the overall reliability of a questionnaire and values around 0.7 were considered good (Field, 2009) as this indicates that the measuring items hang together in measuring the respective construct.

**Table 2: Results of Content Validity Index and Cronbach's Alpha**

| Construct                | Cronbach's Alpha | CVI            |
|--------------------------|------------------|----------------|
| <b>Promotions</b>        | <b>.951</b>      | <b>0.7963</b>  |
| Advertising              | .977             | 0.75           |
| Sales promotions         | .972             | 0.83333        |
| Public relations         | .961             | 0.81111        |
| Personal selling         | .965             | 0.76667        |
| <b>Consumer Attitude</b> | <b>.936</b>      | <b>0.85667</b> |
| Cognitive                | .910             | 0.83333        |
| Affective                | .876             | 0.91667        |
| conative                 | .897             | 0.75           |

**Table 3: Composite Reliability (CR) Results**

| Study Variable            | (Sum all factor loading) SSI | Sum all error variances (SEV) | SSI/ (SSI+SEV)           | CR         |
|---------------------------|------------------------------|-------------------------------|--------------------------|------------|
| <b>Promotions</b>         | <b>227.4064</b>              | <b>18.44</b>                  | <b>227.4064/245.8464</b> | <b>.92</b> |
| Advertising               | 22.2784                      | 5.62                          | 22.2784/27.8984          | .80        |
| Sales promotions          | 21.8089                      | 4.38                          | 21.8089/26.1889          | .83        |
| Public relations          | 8.0656                       | 2.68                          | 8.0656/10.7456           | .75        |
| Personal selling          | 8.1225                       | 2.71                          | 8.1225/10.8325           | .75        |
| <b>Consumer Attitudes</b> | <b>125.6641</b>              | <b>11.93</b>                  | <b>125.6641/137.5941</b> | <b>.91</b> |
| Cognitive                 | 15.0544                      | 3.49                          | 15.0544/18.5444          | .81        |
| Affective                 | 6.8644                       | 2.3                           | 6.8644/9.1644            | .75        |
| Conative                  | 22.1841                      | 4.19                          | 22.1841/26.3741          | .84        |

*Source: AMOS; Primary data*

The Composite Reliability (CR) results above indicate the reliability and internal consistency of the latent constructs. The power of composite reliability over the Cronbach's Alpha, is that it never violates the tau-equivalency assumption as does the Cronbach's Alpha. All the study constructs had an acceptable and high composite reliability of 0.60, which revealed internal consistency of all items (De Vellis, 2003).

#### **EFA Rotated Component Matrix for promotions**

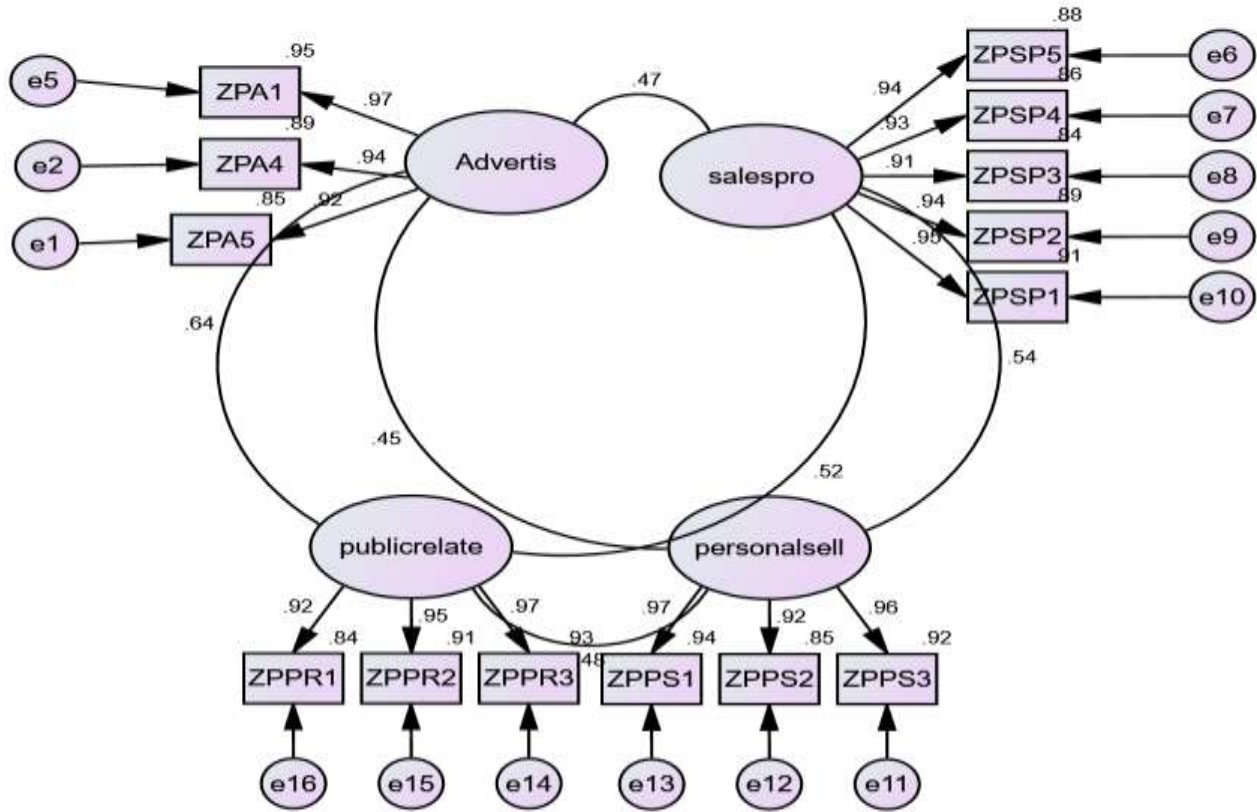
An Exploratory Factor analysis (EFA) was conducted on 16 items with orthogonal rotation (varimax). The Kaiser–Meyer–Olkin measure verified the sampling adequacy for the analysis, KMO = .925 ('excellent' according to Field, 2009), and all KMO values for individual items were > .77, which is above the acceptable limit of .5 (Field, 2009). Bartlett's test of sphericity was significant,  $p < .001$ , indicated that correlations between items were sufficiently large for PCA. An initial analysis was run to obtain eigenvalues for each component in the data. Four components had eigenvalues over Kaiser's criterion of 1 and in combination explained 91.71% of the variance.

#### **EFA Rotated Component Matrix for Consumer Attitudes**

An Exploratory Factor analysis (EFA) was conducted on 21 items with orthogonal rotation (varimax). The Kaiser–Meyer–Olkin measure was very adequacy for the analysis, KMO = .934 ('excellent' according to Field, 2009). Bartlett's test of sphericity was significant,  $p < .001$ . An initial analysis was run to obtain eigenvalues for each component in the data. Three components had eigenvalues over Kaiser's criterion of 1 and in combination explained 60.296% of the variance.

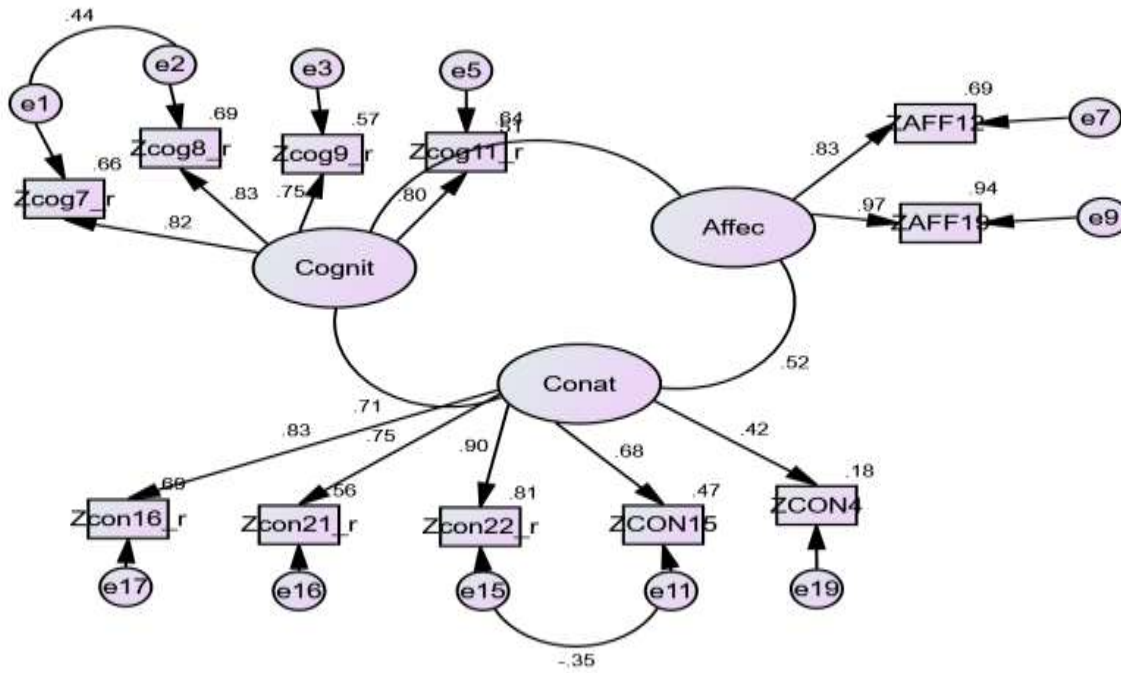


### MEASUREMENT MODEL FOR PROMOTIONS



Chi-square (CMIN)=125.590, Degree of freedom (df)=71  
 Probability (P)=.00, PCLOSE=.686  
 Chi-square/degree of freedom (CMIN/df)=1.769  
 Adjusted goodness of fit (AGFI)=.932,  
 Goodness of fit index (GFI)=.954  
 Normed fit index (NFI)=.982  
 Tucker Lewis index (TLI)=.990  
 Comparative fit index (CFI)=.992  
 Root Mean Square Error of Approximation (RMSEA)=.046

**MEASUREMENT MODEL FOR CONSUMER ATTITUDE**



Chi-square (CMIN)=90.271, Degree of freedom (df)=39  
 Probability (P)=.000, PCLOSE=.147  
 Chi-square/egree of freedom (CMIN/df)=2.315  
 Adjusted goodness of fit (AGFI)=.929,  
 Goodness of fit index (GFI)=.958  
 Normed fit index (NFI)=.963  
 Tucker Lewis index (TLI)=.969  
 Comparative fit index (CFI)=.978  
 Root Mean Square Error of Approximation (RMSEA)=.060

The results indicated that the measurement models for all the variables fit the hypothesized models and the observed data as recommended by Hu & Bentler (1999).

**Table 4: Summary of Measurement Model Results**

| Variable           | CMIN   | DF | PCLOSE | CMIN/DF | GFI  | AGFI | NFI  | TLI  | CFI  | RMSEA | AVE  |
|--------------------|--------|----|--------|---------|------|------|------|------|------|-------|------|
|                    |        |    | ≥.05   | <3      | ≥.95 | ≥.90 | ≥.95 | ≥.95 | ≥.95 | ≤.08  | ≥.5  |
| Promotions         | 125.59 | 71 | .686   | 1.769   | .954 | .932 | .982 | .990 | .992 | .046  | 0.89 |
| Consumer Attitudes | 90.27  | 39 | .147   | 2.315   | .958 | .929 | .963 | .969 | .978 | .060  | 0.63 |

Source: AMOS; Primary data

The results show that at least all minimum standard cut off points of P-close, GFI, AGFI, TLI, CFI for all variables were met. Similarly, the Root Mean Square Error of Approximation (RMSEA) for each variable met the recommended standard ratio of less than or equal to .08.

## RESULTS

A Pearson correlation coefficient (r) was computed to establish relationships between the study variables. A relationship is linear when a change in one variable is associated with a proportionate change in the other variable. Table 5, indicates that all the promotional strategies are positively and significantly correlated with consumer attitude components. This implies that a change in either of the promotional strategies is associated with a change in consumer attitudes.

**Table 5: Correlations**

|                  |                     | 1      | 2      | 3      | 4      | 5      | 6      | 7   |
|------------------|---------------------|--------|--------|--------|--------|--------|--------|-----|
| Cognitive        | Pearson Correlation | 1      |        |        |        |        |        |     |
|                  | Sig. (2-tailed)     |        |        |        |        |        |        |     |
|                  | N                   | 367    |        |        |        |        |        |     |
| Affective        | Pearson Correlation | .579** | 1      |        |        |        |        |     |
|                  | Sig. (2-tailed)     | .000   |        |        |        |        |        |     |
|                  | N                   | 367    | 367    |        |        |        |        |     |
| Conative         | Pearson Correlation | .670** | .598** | 1      |        |        |        |     |
|                  | Sig. (2-tailed)     | .000   | .000   |        |        |        |        |     |
|                  | N                   | 367    | 367    | 367    |        |        |        |     |
| Public Relations | Pearson Correlation | .582** | .577** | .660** | 1      |        |        |     |
|                  | Sig. (2-tailed)     | .000   | .000   | .000   |        |        |        |     |
|                  | N                   | 367    | 367    | 367    | 367    |        |        |     |
| Personal Selling | Pearson Correlation | .532** | .478** | .559** | .465** | 1      |        |     |
|                  | Sig. (2-tailed)     | .000   | .000   | .000   | .000   |        |        |     |
|                  | N                   | 367    | 367    | 367    | 367    | 367    |        |     |
| Sales Promotions | Pearson Correlation | .656** | .416** | .559** | .502** | .527** | 1      |     |
|                  | Sig. (2-tailed)     | .000   | .000   | .000   | .000   | .000   |        |     |
|                  | N                   | 367    | 367    | 367    | 367    | 367    | 367    |     |
| Advertising      | Pearson Correlation | .529** | .454** | .711** | .617** | .422** | .443** | 1   |
|                  | Sig. (2-tailed)     | .000   | .000   | .000   | .000   | .000   | .000   |     |
|                  | N                   | 367    | 367    | 367    | 367    | 367    | 367    | 367 |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The overall predictive power of promotions was 67.2 percent (Adj. R squared) of the variance in consumer attitudes of TM. This means that promotions explains up to 67.2% of the variability in TM consumer attitudes. *See table 6 below*

**Table 6: Model Summary<sup>b</sup>**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics |          |     |     |             | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|-------------------|----------|-----|-----|-------------|---------------|
|       |                   |          |                   |                            | R Square Change   | F Change | df1 | df2 | Sig. Change |               |
| 1     | .820 <sup>a</sup> | .673     | .672              | .39457                     | .673              | 750.339  | 1   | 365 | .000        | 1.922         |

a. Predictors: (Constant), promotions

b. Dependent Variable: attitude

**Table 7: ANOVA<sup>a</sup>**

| Model |            | Sum of Squares | df  | Mean Square | F       | Sig.              |
|-------|------------|----------------|-----|-------------|---------|-------------------|
| 1     | Regression | 116.814        | 1   | 116.814     | 750.339 | .000 <sup>b</sup> |
|       | Residual   | 56.824         | 365 | .156        |         |                   |
|       | Total      | 173.638        | 366 |             |         |                   |

a. Dependent Variable: attitude

b. Predictors: (Constant), promotions

Overall, the predictor (promotions) was statistically significant as depicted in the ANOVA table: Promotions;  $F(1, 365) = 750.339, P < .001, R\text{-squared} = .673$ .

**Table 8: Coefficients<sup>a</sup>**

| Model |            | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig.  |
|-------|------------|-----------------------------|------------|---------------------------|--------|-------|
|       |            | B                           | Std. Error | Beta                      |        |       |
| 1     | (Constant) | 6.130E-016                  | .021       |                           | .000   | 1.000 |
|       | promotions | .747                        | .027       | .820                      | 27.392 | .000  |

a. Dependent Variable: attitude

A simple linear regression shows that promotions highly correlated with consumer attitude and for every one unit change in promotions, there will be a 27.392 change in consumer attitude.

## DISCUSSIONS

A significant and positive relationship was established between promotions and consumer attitudes in general (cognitive, affective, and conative). This finding implies that when one has a positive attitude towards the TM advert or promotions, they are in turn likely to develop a positive attitude towards buying or using TM. Many of the participants found the TM promotions are enticing, captivating, intriguing and persuasive. Majority admitted that TM promotions reduce the time and effort spent finding a suitable THP. The study revealed that some of the TM promotions are not only educational, but also keep TM users up-dated about the TM products available in the market

place. This finding links well with Teisl, Fein and Levy, (2009) study, which concluded that whether internally (friends and family) or externally provided (advertisements), promotions play an important role in attitude formation, especially when the attribute is not easily verifiable 'credence attribute'. Similarly, Harker and Harker, (2007), posit that attitude towards an advert affects cognitions and perceptions towards the advertised brand and may influence purchase intent. Harker and Harker's study on attitude towards DTCA found that consumers have a favourable attitude toward DTCA, particularly with respect to the educational value of campaigns and the ability of DTCA to provide consumers with information "that they rightly deserve to know". Majority of the participants would not want government to ban these promotions and many supported the move for THPs to promote their medicine.

The study revealed that majority of TM users often paid attention to TM promotions whenever they had or suffered from an ailment whose drug was being advertised. According to the information perspective theory, consumers have limitations on their capacity for processing information. These limitations include limited working memory and limited computational capabilities (Bettman et al., 1998), making it impossible for consumers to process large amounts of cognitive information in relation to all choice situations. It is for this that the information perspective theory concludes that it is usually the highly-involved consumer who is more likely to process large amounts of cognitive information (Blackwell et al., 2001).

However, despite some pros to TM promotions, participants expressed some negative attitudes or shortcomings of these promotions. This study established that majority of the participants felt that TM adverts were overly exaggerated, annoyingly repetitive and some really misleading. The study hence deduced that the misguidance of these promotions could be causing many TM users to overly use this medicine. And whereas most of the participants did not want the TM promotions banned, majority agreed that they should be regulated by government because of the above shortcomings. This finding was similar to Moynihan, Heath, and Henry (2002), whose study reported an increasing dislike for DTCA. They concluded that adverts often cause patients to focus on trivial and even imaginary ailments rather than serious illnesses hence making them to take medicines they do not need. According to Prendergast, Liu and Poon (2009) advertisements which are unbelievable or over-dramatized can irritate consumers.

Considering the strong correlation between promotions and consumer attitudes in central Uganda, the association actually exists and is very significant. This therefore implies that as THPs continuously promote their medications using the various strategies especially advertising or public relations (media tour); they get to influence the consumer attitudes hence usage. These promotions are very beneficial to some TM users as they (1) encourage TM users to plant the various advertised herbs in their compounds (2) use the known TM that may have been revealed in the promotions (in case they have it around their neighbourhoods) (3) visit some of the advertising THPs for those that may not know the herbs or cannot have the complete combinations as directed in the promotions.

Sales promotions however, were found to be the least credible promotional strategies. Majority of the respondents did not find sales promotions especially price reductions appealing. Participants interpreted these promotions as deceptive hence did not find them attractive or motivating enough

to get them to buy or TM. The study hence deduced that majority of TM users infer sales promotions to the THPs' desire to sell their 'almost' expired drugs. This finding is consistent with Raghubir (2004) study that showed how price promotions can decrease perceptions of quality and result in a discounting of brand image.

Personal selling was also found to be less credible compared to adverts on TV or Radios and public relations. Hawking of traditional medicine is a new trend and many participants found it odd. Some participants on the one hand appreciated that the THPs bring the medicine closer to them which saves them on transport. Besides TM sales people give more elaborate and detailed teaching about their drugs, in addition to giving TM users instant feedback. However, the majority of the participants said they wouldn't buy from sales people unless they really knew them or actually knew the herbs they are hawking.

## CONCLUSION AND IMPLICATIONS

The study deduced that TM promotions do increase the TM users' knowledge and awareness of the various TM remedies in addition to letting TM users know the whereabouts of the THPs. Many TM users that hear or see the TM promotions are very likely to act on some of the promotions such as; ask their trusted THPs about the promoted herbal products, plant the herbal plants (they hear being advertised) around their gardens, mix a few combinations they know to come up with their own concoctions, or even start the trade themselves after knowing that their concoctions have some relieving effects. However, not all promotional strategies (like sales promotions) may be successful in generating a sale of the advertised herbal products. The study concluded that because of the massive illiteracy levels among the majority of TM users, many TM users genuinely believe in the credibility of TM promotions and would not only stop at planting the advertised herbs but would also buy TM from promoting THPs. However, there is a section of TM users who see through some of these TM promotions and instead have grown distrust for promoting THPs. In other words, the more the THPs promote, the more unbelievable they seem and the less trusted they get. The study limitation is that it was a cross-sectional survey, so the researchers recommend that future research should be undertaken to examine the promotional effect on consumer attitudes across time.

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