In Kenya modern medical practitioners are not allowed to advertise while the traditional and alternate Healthcare providers advertise at leasure. A study looking at the healthcare consumer perception was carried out in Nairobi - Kenya between July 2014 - January 2015.

Results.

Equal gender representation was observed. 58% were of middle age and 43% in business. Over 50% were versed with the various medical cadres, specialization and also had family doctors as well. The sources of knowledge were diverse and equally distributed. 75% of the respondents welcomed the need for advertising for both the modern medical services as well as the traditional and alternate medical practices. The paradox of advertising only the alternative medical services and not the conventional modern medical services was expressed and the need for harmonization of policy towards this direction cited by 90% of the respondents. Misinformation was reported as the biggest challenge in advertising among 90% of the study group.

Conclusion

The respondents supported the art of advertising in healthcare provision especially if it involves vital and useful information to the public but were emphatic on getting the government arm in it for ratification. They further sought to get one voice from the government concerning all sects of health care

Introduction.

In 1886 in Atlanta, Georgia, Dr.Pembert a pharmarcist by proffession produced coca cola solution.This product was so unique that he decided to let more people know about it an exercise that gave birth to the whole industry of advertising(Phillip et al 2006, Belch et al 1993). Advertising is described as personal communication of information which is persuasive in nature about products, services or ideas through various media. The type of an advert depends on the products, area of coverage, media used and the audience.(Bovee and Arens, 1996.

Healthcare provision like any other displine has evolved over the years from the traditional healers to alternate partakers up to the current ultra modern providers. Despite changing times each modality still claims sizeable market share in health care provision (Katz et al 1973). The advent of the internet and the speed at which the information technology has spread world over has led to an explosion of knowledge in our midst. This has put the professionals on the fast track, propelling them to break neck speeds in an effort to meet the challenging needs of their clientele(Belch and Belch, 1993, Macleod 1978). If we consider medical services as consumer products, then we need to know the consumers, what they think of the products, how they would like them packaged and presented to them in order to conform to their needs and living styles. Listening to their opinions and looking soberly beyond thecurrent set norms of medical advertising, one comes face to face with what is happening in the real world of advertising whereby the consumers are increasingly demanding to be partakers of the intricate changing trends of the products and not mere spectators (Kibera etal 1998, McMillan et a1989, Yeshin et al 1988).

Objectives & Methods.

A descriptive study was carried out to determine the consumers perception on the use of advertising of the health providers. The specific objectives were to establish whether the clientele approve of it and the preferred modes.

The study was carried out in the city of Nairobi between July 2014 and January 2015 where a random sample of 300 respondents was obtained using a questionare. Collection and storage of data was done using the standard methods. Minitab and SPSS computer packages and other routine statistical tests were used for data analysis. The Level of significance was set at 5%.

Results.

The respondents were cosmopolitan and 65% were of middle age. 75% of them knew of the various medical specialization by description and not by name. 55% had family doctors and 60% of these had known them through the word of mouth. 75% felt that advertising was necessary but with the government involvement. The main reason for quest for advertising was that some services are too valuable to the society and need to be communicated to the society. Letting the snail method of filtering information through the word of mouth would take too long before it gets to those who need these services. 75% were against uncontrolled private mass advertising and 90% cited misinformation as the major drawback in advertising. 20% believed in traditional medicine and 90% of these supported its advertising with government ratification. 40% supported alternative medicine with 85% of them advocating government involvement. Pamphlets, small boards, cards,government registers in various government institutions and limited radio, TV and print media were the most preferred modes of advertising. 90% supported central control of the three arms of medical practice namely traditional, alternative and modern type.

Discussion.

up till 1977, professional advertising was illegal and it was then that the american legal fraternity championed this subject. Their efforts led to a landmark US supreme court decision(Bates v.state bar of Arizona) that opened the avenues of advertising among the American professionals. Since this american supreme court ruling on adverting was made, the adoption curve has been gradual with the older professionals taking a conservative approach while the younger professionals who are comming in the highly competitive world are more accomodative to advertising concepts.

Unlike the past, there is a growing whole new spirit of individualism globally where consumers are seeking to quickly satisfy their own goals, serve their own ambitions and find their own life styles. This hastened pace of lifestyles is also calling for enhanced speed of passing over any relevant and vital information such as new medical breakthrough including their inventors and the providers to the consumers so that they can make their informed choices. Although the control of health institutions rests in the hands of the government many respondents did not understand the gist of the paradox whereby the highly qualified personel with the state of the art in their own respective displines are not allowed to advertise while those that are not well schooled and as yet tested and ratified in their own trades are allowed to advertise.

This paradox begs for an interesting debate, scrutiny and solutions for the interested parties.

Against the backdrop of medical ethics, we are currently faced with the evolving information technology age, the growing trends of transparency, the increasing demands for human rights and the obvious need to fight against ignorance. All these are posing a serious dilemma because if we conform to them then we are likely to slip into the minefield of ethical issues. These are real challenges of the day that provide an interesting mix which is good for thought and cannot simply be wished away.

The respondents did support the art of advertising in healthcare practice especially if it involves some vital and useful information to the public but were emphatic on getting the government arm in it for ratification. They further sought to get one voice from the government concerning all sects of health care.

At the policy level in Kenya, modern medicine and traditional medicine are in different ministries in that whereas modern curative medicine is under the ministry of health, the traditional and alternative medical practictioners are under the ministry of science and technology makes it difficult to have common legislation. It is therefore prudent that all curative services of any nature be placed in one ministry.

In any profession, it is important before advertising to get correct legal advise in advance to avoid making mistakes and getting entangled in legal challenges.

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Figure 1 The age distribution.

Fig 1 Gender distribution:

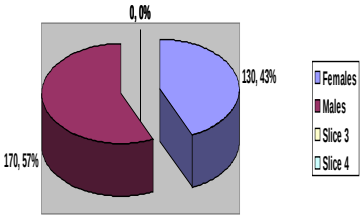

FIG 2 Age distribution

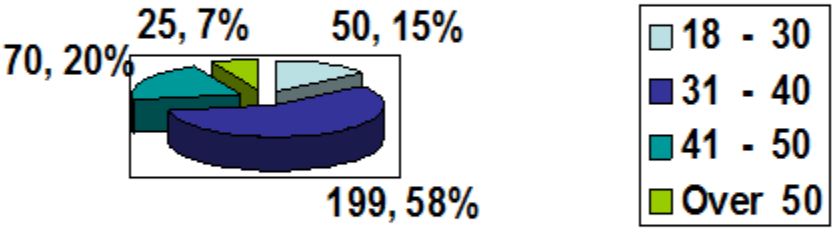

Fig 3 Occupation

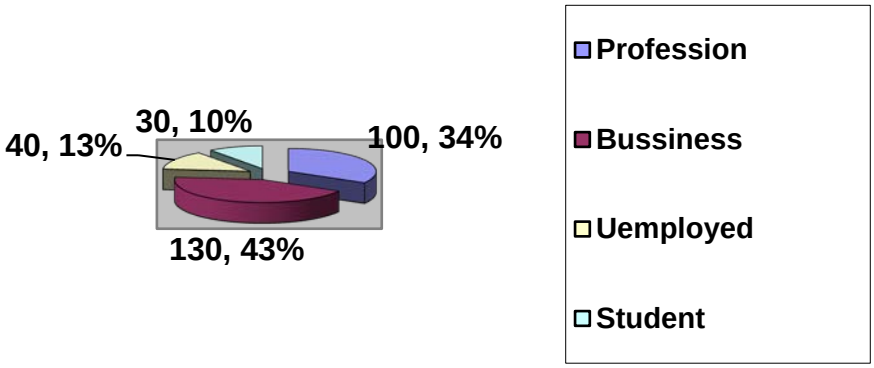

Figure 4 Knowledge of the various medical cadres or specialization

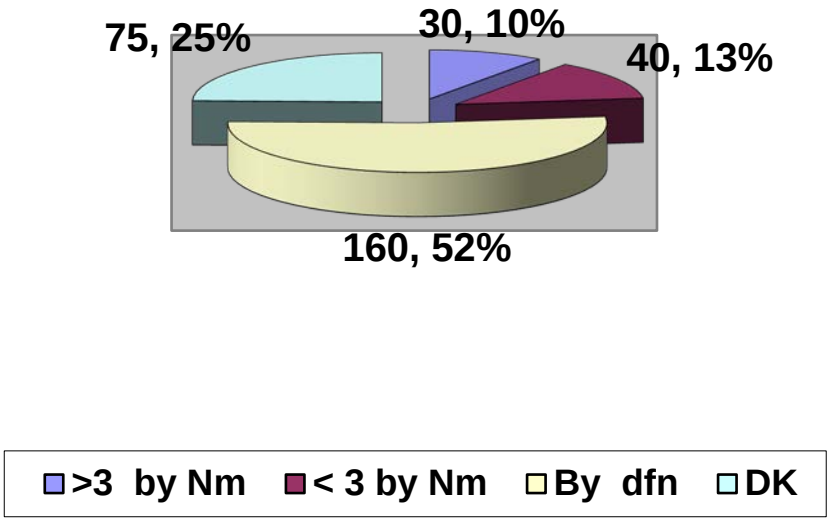

Fig 5 Family doctor

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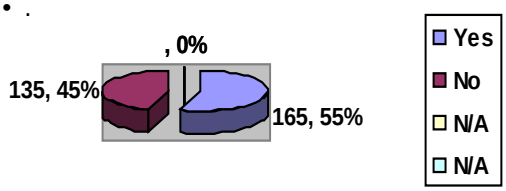

Fig 6 Source of knowledge

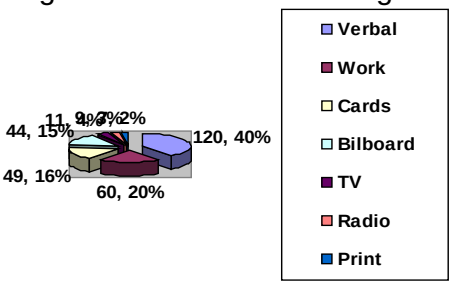

Fig 7 Control of advertising Agencies

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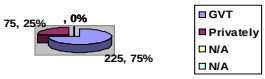
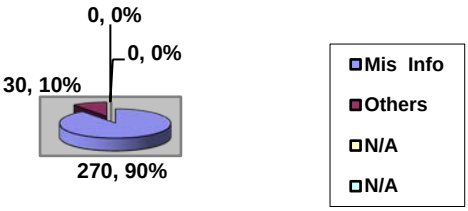
Figure 5 Challenges of advertising.