

## **SOBOTONE, PONKIRIYON, HERBAL MARKETING COMMUNICATION AND NIGERIA'S HEALTHCARE SYSTEM**

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### **Abstract**

This study examined the sudden rise in the marketing, communication and consumption of herbal products and the challenge of Nigeria's healthcare system. Specifically, it focused on the transformed traditional herbal blends named *Sobotone* and *Ponkiriyon*. Whilst locating the rationale for, as well as the consequences of rising intake of the raw herbal products, the study brought to fore the gains and pains experienced by their consumers. With a brief examination of the application of marketing communication tools that accentuated their local awareness and patronage, the study showed how herbal products fared within the reality of Nigeria's healthcare system. Two Scopus-indexed journals provided arguments for this study concerning the capacity of the country's healthcare system to address the possible outcomes of increased consumption of *Sobotone* and *Ponkiriyon*. Hinged on Uses and Gratification theory, the study adopted a qualitative method of analysis using ten Focus Group Discussions, ten Indepth interviews and content analyzed the two indexed reports on Nigeria's healthcare system. Results from Focus Group Discussions conducted amongst regular consumers of *Sobotone* and *Ponkiriyon* revealed, among other things, the participants' addiction to the herbal concoctions. Also, the Indepth Interviews with sellers of unregulated herbal concoctions indicated marketing communication assisted profiting, attenuated by the hazard of trekking to sell. The deteriorating condition of the country's healthcare system was affirmed by the selected learned publications. The work concluded that urgent action needs to be taken by relevant agencies to avoid herb-addiction disaster which the current healthcare system in Nigeria is not equipped enough to counter. Further researches into the growing herbal industry were also recommended.

**Keywords:** *Sobotone*, *Ponkiriyon*, Herbal Marketing, Concocters, *horecbars*, *Trado-medicine*, *Trado-pharmacy*, Advertising, Marketing Communication, healthcare,

### **1. INTRODUCTION**

Herbs are very popular in Nigeria and their overall consumption and marketing communication have amplified throughout the country, most especially in the South West, in recent times. Herbs domicile in age-long, indigenous medical practices [Falola and Heaton, 2006], traditional religious beliefs [Booth, 1977], and generational proclivities. Herbal compositions from marked leaves, roots, tree barks and tree cores [Iwu and

Wootton, 2002; Olugbemi, 2008] were communicated orally through a lineal heritage in which a particular family was acknowledged the promoter of communal, spiritual and physical wellbeing [Booth, 1977].

However, herbal composers have multiplied with latitudes beyond the lineal household tradition to now offer indigenous medicine with 21<sup>st</sup> century relevance in consumer product categories [Baack, Harris, and Baack, 2013], necessitating the deployment of the promotional tools of advertising [Omojola, 2014], direct marketing [Odiboh, 2002], publicity [Kotler, 2003] sales promotion [Achumba, 2000], to mention a few.

Due to product competition, brand *innovations*, market dynamics and *nouveau* consumer tastes and preferences [Landsbaum, 2004], herbs have forcefully transcended *trado*-medicine and *trado*-pharmacy [Falola and Heaton, 2006] to combine with established brand ingredients thereby producing branded consumer extensions [Baack et al, 2013]. Soaps (Premier Herbal), toothpastes (CloseUp Herbal), non-alcoholic drinks (Malta Guinness Herbal), etc., manufactured with combined chemicals and herbs are in this classification. A second scenario is the manufacturing, marketing and communication of processed herbal products as niche brands targeted at tradition-inclined, herb-accepters who are undecided, lapsed, switch-seeking consumers of existing non-herbal products. Purely herbal soaps (Dudu Osun), toothpastes (Herbodent), non-alcoholic drinks (Origin Zero), etc., manufactured without chemicals dwell in this category. Whilst combined herbal extensions battle with processed herbal products for the attention and cash of consumers in the marketplace through strategic communication, a third segment came to the fore, forcefully, in recent years. These are concocters of raw, unprocessed age-old herbs, generally referred to as *Agbo*, *Afato*, *Paraga* (in Yoruba language) and *Sobotone* and *Ponkiriyon* [Dumo, 2016]. Concocters' application of modern marketing communication tools [Smith, 1997] to sell raw herbal mixtures seems to justify the modernization and transmutation of *Agbo*, *Afato*, *Paraga* to *Sobotone* and *Ponkiriyon* (S&P).

## 2. SOBOTONE, PONKIRIYON AND HERBAL MARKETING COMMUNICATION

Raw herbal mixtures are long-known unregulated claimant remedies for all forms of illnesses, either as preventives or curatives. Early sellers acclaimed the all-healing (*gbogbo n'ise*) power of their products and were *un-niched*. These primary concocters (except the mobile *Ajase Poki-poki*) were fixated venders at motor parks, markets, mechanic villages and active construction sites; they attracted axial customers with words of mouth, credit sales, discount offers and upscale dressing. In 2015, a lady called Taiwo Ramon presented the same raw herbal mixtures as a niche to boost libido and fertility. She called them *Sobotone* and *Ponkiriyon* and launched a social media campaign, sponsored *Sobotone* drinking competition, *Ponkiriyon* street dance and football competitions at her Agege-based shop area.

Added to the public relations and publicity initiatives were advertising banners and *youtube* hypes by musical artistes, which led the popularity of S&P to increase exponentially following which its direct marketing to local *horecbars* (hotels, restaurants, clubs and bars) commenced. Many youths and adults with libido and fertility concerns have taken to regular S&P consumption. In reaction, previously fixated venders have become itinerant, employing direct marketing tactics, whilst many of them transformed to S&P promotional retailers. Clearly, S&P like other raw herbals is impacting peoples' lifestyles in a way that curiously calls for health-related investigation.



Fig1: Retailer & Hawker of herbal concoctions.



Fig 2: Consumers at a Lagos public car park. Source: tribuneonline.



Fig. 3: Sobotone & Ponkiriyon exponent: Iyalaje Taiwo Ramon. Source: tribuneonline



Fig 4: Concocters and sellers of various types of herbal blends. Source: thepunchonline.

### 3. NIGERIA'S HEALTHCARE SYSTEM

Several commentaries on Nigeria's healthcare system by Ngowu, Larson, and Kim [2008], Olanubi and Osode [2017], Uzochukwu, Onwujekwe, Ezeilo, Nwobi, and Onoka [2008], Wahab and Kefeli [2016] and others sound a note of worry. Osaro and Charles [2014] summarise that the sector is "besieged by incessant industrial actions.... as well as bureaucratic bottlenecks.... Despite government spending on the sector, the deplorable condition of the health sector in Nigeria raises serious concerns" (p.S1). The failure of the

government to deliver affordable healthcare services attracted private investor to the sector. According to Onoka, Hanson and Mills [2016], the incursion of Health Management Organisations (HMOs) has not brought the desired result as ineffective regulatory institutions and “undesirable business practices” (p. 11) have undercut genuine efforts to reverse identified systemic decay. This has influenced the recourse to herbs or medicinal plants as cheaper self-help alternative [Sonibare, Moody and Adesanya, 2009; Ochwang'i and Oduma, 2017], which is advantageous to the modern business of herbal concocters.

#### **4. OBJECTIVES OF STUDY AND RESEARCH QUESTIONS**

The objectives of the research are to:

1. Find out the reasons for (and outcomes of) increased consumption of raw herbal products, especially *Sobotone* and *Ponkiryon* (S&P).
2. Inquire about the benefits and drawbacks experienced by consumers of raw herbal products, particularly S&P
3. Examine the application of marketing communication tools leading to the awareness and patronage of S&P.
4. Examine reliable reports on Nigeria's healthcare system and its capacity to address the possible outcomes of increased consumption of S&P.

The research questions are as follows:

1. What are the reasons for increased consumption of raw herbal products, especially S&P?
2. What are the outcomes and benefits derived from the consumption of raw herbal products?
3. Which tools of marketing communication are deployed by sellers of raw herbal products?
4. What are the healthcare challenges of raw herbal consumption and how capable is Nigeria's healthcare system to address them?

#### **5. METHOD AND MATERIALS**

Mixed qualitative approaches of Focus Group discussions and Indepth interviews were adopted to obtain experiential answers to highlighted questions. Ten group discussions (ten participants per group) among 100 Lagos-based, weekly consumers (aged 20 to 45) of raw herbal mixes provided a deep understanding of their motivation to patronize herbal (S&P) concocters. Top ten populated areas of Lagos State provided the architecture for participants' selection, using *horecbars* as guides. Following their scattered distribution, the association of herbal products sellers provided the contacts of ten members (including the S&P exponent) from an equal number of areas in Lagos for Indepth interviews. Questions posed and further inquiries were limited by interviewees' sensitivity to threats to their business and initial hesitations by respondents were doused by interviewers' patronage for interviewees' consumption. The content analysis of related works of Awodele, Popoola, Amadi, Coker and Akintonwa [2013], as well as that of Welcome [2011], provided textual exposition of the healthcare angle of the study.

#### **6. THEORETICAL FRAMEWORK**

In seeking to understand why and how consumers patronize herbal concocters as well as the reason sellers use the elements of marketing communication to promote their business, Uses and Gratification Theory (UGT) provided the conjectural anchor for this study. Developed between 1940 and 1974, UGT was used by Herta Herzog, Abraham Maslow, Wilbur Schramm, Dennis McQuail and several others to define and redefine the need concept and its peripheral influences. The assumption of the theory that participants in a (media) process must be active, applies here as some peoples' lifestyle needs are met by an affordable healthcare variable which also serves as a means of livelihood to another category of people. Central to early pontifications of UGT is the media. However, that centrality has been overshadowed in recent times by two components: gratification pursued and gratification acquired, in this case by herbal concocters and consumers respectively.

#### **7. RESULT**

Participants across the ten focus group sessions generally agreed that one ailment or another which they believed only herbal mixtures could solve, motivated their continuous consumption of the product. The second most prominent reason was affordability. Other leading responses are: sexual performance (9

groups), affordability (8 groups), relaxation (7 groups), socialization with friends (6 groups), “enjoyment” (4 groups) and “disappointment with hospitals” (3 groups). Key derivative from the responses is that **deliberate** rather than **blind** consumption takes place among the consumers.

Staggered responses to the question of increased consumption showed strongly amongst the panelists. However, “satisfaction with *Sobotone* and *Ponkiriyon*” appeared most prominently across seven groups. Strong views were expressed by the panelists that they would “continue with herbal consumption” even as only an average of two discussants per group acknowledged the danger of daily consumption.

Curiously, most of the reasons adduced for consuming herbal mixtures were repeated as derived consumer benefits. However, “healing from ailments” featured across board whilst “instant efficacy” was voiced strongly in six groups. Specific benefits of S&P consumption as expressed by the participants in the order of strength are: enhanced sexual performance (9 groups), increased level of personal confidence (8 groups), smooth socialization (6 groups), internal/organ cleansing (5 groups) as well as instant cure of backache, insomnia and stress (1 group each). Responses to the question of drawbacks of herbal consumption noticeably produced the lowest level of voiced response across the FGDs. Except two groups where participants acknowledged consumption drawbacks without specifics, other groups’ participants showed non-committal quietude. The key point gleaned from here is that the participants approve herbal mixture consumption **consciously or unconsciously**. Also, all the participants acknowledged addiction amongst consumers of herbal mixtures (especially S&P) but would not admit it as a drawback. Two contrary points are discernible concerning consumer benefits and S&P drawbacks – the first is enhanced sexual performance, which is positive; second is uncontrolled addiction, which is negative.

Though participants’ awareness of the health implication of addiction to herbal mixtures was clearly low, their cognizance of the product was quite high whilst some participants claimed not know S&P. Interpersonal communication with family members, extended relations, trusted friends, confirmed consumers as well as word-of-mouth advertising by sellers of the product were claimed by the panelists as the sources through which they knew about herbal concoctions.

Findings from indepth interviews conducted among ten herbal concocters/sellers revealed the prominent use of personal selling (hawking) and advertising (word-of-mouth) among available marketing communication tools. “We walk for long hours from morning till evening to sell” was a common comment in the ten interviews. Four interviewees claimed that in addition to hawking (personal selling), they have shops or kiosks in commercial bus garages and neighbourhoods, which they “create awareness for in the course of hawking.” A *Sobotone & Ponkiriyon* interviewee said that apart from personal selling and advertising, she is also very active on the social media with messages, “many of which have been viewed by millions of supporters.” Sponsorship of street football, music and “drinking competition” are public relations and publicity are activations of marketing communication which she claimed to have applied since S&P was introduced into the market.

As commuting sellers, the interviewees claimed that they communicate with an average of 80 customers per day, half of which translate to sales at N50 (minimum) per serving, depending on each mixture’s herbal configuration and volume. Roughly estimating the existence of over 10,000 Concocters throughout Nigeria, mostly women and predominantly South Westerners, the interviewees agreed that all blends for the same need are not necessarily the same as each Concocter applies “wisdom” and “experience” to get it right. Though the trade uplifts their financial status, trekking long distances to generate adequate sales every day is identified as a major occupational hazard. Lastly, Concocters’ pitiable understanding of the health menace of S&P and the endorsing participation of law officers as “free” consumers further promote S&P and other herbal blends.

Skewed gender promotion was observed in this study as herbal mixture consumers were predominantly males and concocters largely females. This industry-imposed limitation of the study calls for more researches especially outside the current scope of marketing communication.

Sources of herbs are a source of worry to many researchers especially Awodele, et al. [2013] because “the toxicity of medicinal plants is sometimes associated with environmental sources of the plants” (p.1) and could negatively impact health expectancy of adult male and female Nigerians according to the Global Health Observatory report [2015]. Public health surveillance is advocated by Welcome [2011], to counter the main failings in the Nigerian healthcare system such as poor demographic access, substandard drugs, poverty, high cost of health care, lowly referral system, and poor communication among various tiers of healthcare providers.

## 8. CONCLUSION AND RECOMMENDATION

Clearly, herbs have an ontological presence world over but without self-regulation, particularly in Nigeria. Therefore, they require human mediation and formalization. As objects of anthropological state of affairs, herb entities heal and hurt, please and displease, comfort and discomfort as well as birth and kill (www.tribuneonline). In this juxtaposition of opposites, the negatives could have the upper hand in a country like Nigeria where the healthcare system is suspect, drug control is below par and consumer education is limited [Dellink and Ruijs, 2008].

Herbal blending is part of the healthcare systems of indigenous societies that formed the country, Nigeria. Authentic herbs have gone through the ontological process of transcending traditional relevance, one of which is refusing to be anachronistic but communicating its own rejuvenation as *Sobotone* and *Ponkiriyon*. However, the excessive and uncontrolled consumption now observed point to a worrisome healthcare disaster waiting to cascade like an avalanche.

To avoid the impending danger, mass awareness and action are recommended. Relevant authorities should step into the scene, open a line of communication with concocters and the public for feedback on herb abuse. Mass media campaigns laced with two-way IEC (Information, Education and Communication) strategy should be launched to curtail the menace through mass awareness and assertive action. Communicative activations should attract an emergency not the impending disaster. Official of the National Food and Drugs Administration and Control (NAFDAC) can no longer be detached but cognize the problems of S&P, launch detailed inquiries and communicate their findings to the public.

Finally, more researches should be conducted into the glaring delinquency of herbal misuse with a view to providing appropriate communication models that would help to harmonize herbal marketing with the healthcare system in Nigeria.

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