

**CONTEXTS, COMMUNICATION STRATEGIES AND IDEOLOGIES IN THE
ADVERTISEMENTS OF ROADSIDE HERBAL SEX-ENHANCEMENT DRUGS
IN SOUTHERN NIGERIA**

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**A Thesis in the Department of English,
Submitted to the Faculty of Arts
in partial fulfilment of the requirements for the Degree of**

**DOCTOR OF PHILOSOPHY
of the
UNIVERSITY OF IBADAN**

June, 2023

CERTIFICATION

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DEDICATION

I dedicate this thesis to God Almighty, the creator of life.

ACKNOWLEDGEMENTS

Since books do not have speakers, you cannot hear me. But believe me, I am offering thunderous applause and a standing ovation to Mrs. Mary Adenike Daropale and Hon. Frederick Daropale; my parents and benefactors. You are always good at giving me encouragement. To my late father Mr. Abiodun Olorunsogo who never witnessed this but was a vehicle to my presence in this world, may your soul rest in peace.

Dr. Adesina Bukunmi Sunday – my supervisor who sometimes got behind and pushed, and other times you stood in front and pulled – I appreciate you for mentoring me as well as giving your best to ensure that I become a scholar indeed. Thanks for getting this thesis up the hill sir. You saw the potentials in me and consciously chose to cultivate them, I am eternally grateful.

Special thanks to the H.O.D of the department of English, Professor Olutoyin Jegede and all other lecturers (Dr. Ayo Osisanwo, Professor Akin Odebunmi, Professor Obododinma Oha, Professor Adeyanju, Professor Omobowale, Dr. A. K. Adebisi, Professor M. T. Lamidi, and Professor Lanre Bamidele) who invested their time to train me during the course of my M.A studies. The comments of Dr. Babatunde Ojebuyi and Dr. Temidayo Akinrinola were precious and enriched this thesis. Your investment in me cannot be forgotten. The commitment of the non-academic staff (Mrs. Stella Adekunle, Mrs. Christiana Oladipo, Mrs. Peters) of the department of English is valuable.

The encouragement I got from Dr. Yewande Sunday and my siblings (Tosin Adegbulu, Rhoda Olorunsogo, Dr. Wumi Johnson, Yemi Molu and Fisayo Daropale) are priceless. I also acknowledge the contributions of my seniors (Dr. Ganiu Bamgbose, Dr. Mathew Ilori, Dr. Chioma Sunny-Adikwu, Dr. Olufunke Fagunleka, Dr. Ronke Okhuosi, Dr. Dayo Okoro, Dr. Ruth Oji and Dr. Dayo Kolo) who have gone ahead and decided to “show me the way.”

Appreciation to my buddies and colleagues (Mathias Chukwu, David Dada, Julius Akano, Hon. Titilope Gbadamosi-Adebayo, Mr. Adegbenro Adesina, Funmilayo Abass, Damilola Ajakaye, Oluwakemi Akinade, Taiwo Ajibade, Adesola Obembe, Folorunso Eyitayo, Victor Oluwayemi, Popoola Adebola, Akinade Babayemi, Esther Abe, Felix Amale, and

Ibijoke Omole) who stood by me and assisted in various ways. The dictionary defines the word friend, but you demonstrate it. Thanks for all you did.

This journey was made sweeter by my wife, Orowo (Oluwafeyisikemi), who became my friend through this research and also helped in gathering of data. I love you always, Ifemi.

David Olorunsogo

April, 2023.

ABSTRACT

Herbal sex-enhancement drugs are herbal remedies that function as energisers for sexual intercourse, and the increase in the usage of these drugs in Nigeria has been influenced by advertisements. Existing studies on advertisement of herbal remedies have identified language techniques, discourse styles, and discourse strategies. However, the manifestations of audience engagement and influence through context, ideologies and strategies have been underexplored. Therefore, this study was designed to examine language use in the advertisements of herbal sex-enhancement drugs, with a view to determining how contexts are evoked and how communication strategies and ideologies are deployed to influence consumers.

Teun van Dijk's socio-cognitive approach to Critical Discourse Analysis, complemented by Jacob Mey's Pragmatic Acts Theory and Paul Simpson's notions of Reason and Tickle, was adopted as the framework. The descriptive design was used. The stratified random technique was deployed for the selection of nine southern states: South-West (Lagos, Oyo and Ondo); South-South (Delta, Edo and Rivers); and South-East (Anambra, Abia and Enugu). Similarity in the patterns of advertisement of the herbal sex-enhancement drugs in these regions necessitated the selection. Forty advertisements, average of four from each state, conveniently selected based on availability and relevance, were audio-recorded at markets and motor parks. The data were subjected to critical discourse analysis.

Four contexts, namely sexual, medical, marriage and business, were evoked in the advertisements. They formed the basis for the communication and comprehension of the relevance of the drugs. Sexual context drew on the mental model of sexual intercourse, while medical context built on consumers' understanding of medical consultation by positioning the advertiser as doctor and the consumer as patient. While marriage context relied on the social construct of sex as the binding force between husband and wife in the marriage institution, business context reminded consumers that the advertisement messages were an invitation to purchase the advertised drugs. The communication strategies used by the advertisers were problematisation of medical conditions, blame-shift hedging, non-evidential claims, camaraderie evocation and asserting drug's potency. The target consumers' sexual and medical conditions were presented as problems, to put them in a position where they would long for help, and drugs were sometimes projected to be so potent to address all the issues faced by the customers. Masculinist, pronatalist, "organicist", heterosexualist and theistic ideologies underpinned the advertisements. Masculinist ideology built on the social construct that a male adult is defined by his sexual prowess; while pronatalist ideology projected that sex should go beyond pleasure and lead to procreation in marriage. "Organicist" ideology emphasised preference of herbal drugs to synthetic drugs; heterosexualist ideology promoted sexual intercourse between man and woman; while theistic ideology established the belief in God for healing. All the ideologies, except theistic, which appeared only in the South-South and South-West advertisements, were projected in the advertisements across the regions.

Advertisements of herbal sex-enhancement drugs in Southern Nigeria have context-evoking messages, strategies and ideologies targeted at influencing public perception of sex-related issues.

Keywords: Herbal medicine, Sex enhancement, Communication strategies, Mental model

Word count: 483

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ABBREVIATIONS

HSED	–	Herbal sex enhancement drug
HSEDs	-	Herbal sex enhancement drugs
SED	-	Sex enhancement drug
SEDs	-	Sex enhancement drugs
SSK	-	Shared situational knowledge
REF	-	Reference

Gail Jefferson's (1984) Transcription notation

- (.) - A brief pause, usually less than 0.2 seconds.
- ,
- >text< - Indicates that the enclosed speech was delivered more rapidly than usual for the speaker.
- <text> - Indicates that the enclosed speech was delivered more slowly than usual for the speaker.
- ALL CAPS - Indicates shouted or increased volume speech.
- (text) - Speech which is unclear or in doubt in the transcript.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Sexual dysfunction is considered a cultural issue, particularly in Nigeria, where cultural norms and beliefs often restrict conversations about sexuality (Jimoh, Balogun & Moyoyo, 2020). In Nigeria, sexual dysfunction has become a significant concern, with many people experiencing difficulties in their sexual lives (Iliyasu, Abubakar & Lawan, 2012). Nigeria is a diverse country with a rich cultural history that shapes the attitudes and behaviours of its people. Sexuality is an essential aspect of Nigerian culture, but it is often shrouded in secrecy and silence. Most Nigerians view sex as a strictly private affair that should only be discussed in the context of marriage (Radecki, 2005; Iliyasu, Abubakar & Lawan, 2012). This cultural belief often makes it difficult to discuss issues related to sexual dysfunction. Furthermore, cultural beliefs and practices in Nigeria often dictate the sexual roles and behaviours of men and women. For instance, men are expected to be sexually active and dominant (Mohammed & Olufemi, 2019). Therefore, it becomes pertinent for men to seek medical remedies to alleviate issues related to sexual dysfunctions.

Sex-enhancement drugs (SEDs) are therapeutic cures of sexual dysfunctions, and they also work as energizers for sexual execution and sexual craving in both men and women. The medications focus on both the physiological and mental conditions of human. SEDs control the degree of sex hormones and neurotransmitter in the body framework (Semwal, Kumar & Singh, 2013). Sexual dysfunction issues like erectile dysfunctions, weak erection, poor libido, quick ejaculation and low sperm counts are addressed with SEDs. SEDs have advanced in current medication, and they are not focused on sexual execution alone, but all different issues that are identified with it (West & Krychman, 2015). Sex-enhancement drugs (SEDs) have gained much commercial attention since the notable emergence of

Viagra which is one of the first synthetic SEDs in the 1980s. The negative experiences of men suffering from erectile dysfunctions have prospect of being alleviated through these drugs, thereby leading to a lot of patronage and growth (McKendree, 2010).

In the global community, there is progressive acceptance of herbal medicine, which is one of the forms of traditional medicine. Following the revival from its decline in the mid-20th Century, herbal medicine has experienced improved acceptance universally at the expense of synthetic drugs (Gunjan, Naing, Saini, Ahmad, Naidu & Kumar, 2015). According to World Health Organisation (2010), the use of herbal medicines for treatment outweighs the rate at which conventional drugs are used worldwide, on a ratio of three to one. In Africa and Asia, herbal medicine is the main source of medicinal supplements. Nigeria being the most populous country in Africa also boasts of this development, and as a result of this increasing population of consumers, many small-scale companies are investing in it. “Herbs are very popular in Nigeria and their overall consumption and marketing communication have amplified throughout the country” (Odiboh, Omojola, Okorie & Ekanem, 2017:1395).

The popularity of herbal medicines in Nigeria has yielded the increasing number of the production of herbal alternatives to synthetic SEDs by companies. Therefore, the emergence of various promotional strategies to sell products becomes inevitable, since good promotional strategies function as the soul of a company; they also heighten the image of a company in the marketplace (Osuntoki, 2012). In achieving their desired feat, herbal sex-enhancement drugs’ (HSEDs) companies in Nigeria have devised strategies with which they establish their image in the market and influence more targeted customers to consider HSEDs. They make use of physical public locations to advertise their products and use various communication strategies that have embedded ideologies intended to stir up desires in their target customers.

Language is important in driving social change and influencing human behaviours. Advertisements are usually constructed in language that is built to stimulate a response from those who are exposed to it. Language is a key tool used for transmitting one’s core beliefs, values and cultural knowledge (Krauss & Chiu, 1997). Language is carefully deployed to tell people stories that appear to be true. These stories are presented to the audience, making them desirous of whatever knowledge is being communicated. Advertisers effectively use

this to box the audience mentally, into a state which Aristotle describes as one being “ashamed of his ignorance” and agreeing “with the speaker” (The Rhetorica (trans., Roberts, 1954: 179)).

The effective use of language helps the evocation of contexts, utilisation of strategies and projection of ideologies in advertising. Context in advertising, which refers to the environment in which the advertisement is presented, is very important because it influences how the messages of advertisements are understood by the target consumers. The context of HSEDs advertising in Nigeria is largely influenced by factors like religion, culture, and socio-economic structures. The context in turn motivates the communication strategies (refer to the tactics used by advertisers to convey their messages to their target audience) deployed in such advertisements. While context and communication strategies are expedient constructs in advertising, the advertising messages would project certain ideologies shared by the producers and promotions of products, even HSEDs. The ideologies refer to the set of beliefs and values that advertisers attach to their products' images and messages to influence the perceptions and attitudes of their target audience.

Scholars have investigated the strategies and linguistic techniques used by advertisers of herbal medicines (Adegoju, 2008; Mavunga, 2013; Ayimey, Awunyo-Vitor & Gadawusu, 2013; Dickson, 2015; Adams, Nyakoe &, Okal, 2017; Mutunda, 2018). The attitudes of people to advertisements and the implications of consumption of herbal drugs have also been considered (Abodunrin, Omojasola & Rojugbokan, 2011; Abubakar, Abubakar & Tal, 2018; Allen, Ogochukwu & Ojinime, 2019). These studies have given insights to the advertisements and consumption of herbal medicines within and outside the Nigerian space. This study deploys the resources of van Dijk's approach to critical discourse analysis, Simpsons's notions of “Reason” and “Tickle” and Mey's Pragmatic Acts Theory to investigate how context functions in revealing intent communication strategies and underlining ideologies in the advertisements of herbal sex-enhancement drugs in Southern region of Nigeria.

The target audiences for the advertisements of herbal sex enhancement drugs (HSEDs) in Nigeria are mostly passers-by, vehicle passengers, drivers at motor parks, market traders, and street occupants among others. These target persons must be convinced to buy the drugs

immediately or come back to buy; hence the marketer may not see them again if the advertising is not properly done. Embedded ideologies and the communication strategies deployed to achieve patronage of these drugs are the concerns of this study as it focuses on the marketing of roadside herbal sex-enhancement drugs (HSEDs) by the herbal drugs companies in Southern Nigeria. This research investigates these peculiar strategies and ideologies maximised by the HSEDs companies to persuade their customers.

1.2 Statement of the problem

Sexual dysfunction is a growing cultural issue in Nigeria that requires critical engagement. This problem is multifaceted and has social, psychological, and medical implications (Oseni, Olajide & Ogunyemi, 2018; Iliyasu, Abubakar & Lawan, 2012). It touches on the sexual health of both men and women and has diverse causes ranging from cultural beliefs to illness and disease. One of the cultural factors contributing to sexual dysfunction in Nigeria is the societal stigma around sex and sexuality. Sex is considered a taboo topic and discussing sexual issues is seen as morally wrong (Mohammed & Olufemi, 2019). This societal outlook creates a negative environment that makes it difficult for people to speak out about sexual disorders such as erectile dysfunction, premature ejaculation, and low libido. Another cultural factor contributing to sexual dysfunction in Nigeria is the concept of masculinity. Men are expected to be always sexually active and virile; failing to meet this standard, can lead to feelings of inadequacy and shame. This outlook prevents men from seeking help for their sexual problems, and as a result, untreated sexual dysfunction can lead to psychological distress, relationship problems, and even depression.

On the one hand, most discourse inclined works on the advertisement of herbal medicine in Nigeria and beyond are either on language technique (Adegoju, 2008; Mavunga, 2013; Dickson, 2015; Mutunda, 2018), discourse style (Dickson, 2015; Yakub, Nyakoe & Okal, 2017) and discourse/advertising strategies (Adegoju, 2008; Munyaradzi, 2011). These studies have established that persuasion strategies are inherent in the advertisement of herbal drugs. The advertisements make use of hyperbole, esoterism, and unreal facts to appeal to the targeted audience. On the other hand, studies that focused on advertisement of aphrodisiacs are mainly outside Nigeria and on synthetic drugs. These studies have examined identity construction (Gomez, 2004), marketing campaigns (Wienke, 2005) and

communication strategies (Lexchin, 2006). However, particular emphasis on the advertisement of herbal sex-enhancement drugs (a specific genre of herbal medicine) has not received much attention.

Beyond the style and discourse strategies deployed in the advertisements of sex-enhancement drugs, this study argues that context plays a huge role in effectively conveying the messages of the advertisements. Similarly, the messages are laden with ideologies which are subtly conveyed through the advertisements and introduced to influence consumers and listening audience. As established by earlier studies within and outside Nigeria, sexual dysfunction is prevalent, and the consumption of herbal medicine is high. Also, the advertisement of herbal sex-enhancement drugs in the Southern part of Nigeria is increasing.

This study, therefore, examines the advertisements of roadside herbal sex-enhancement drugs in Southern Nigeria to interrogate how context is utilised in communicating the message; the underlying ideologies projected; and the communication strategies deployed in the advertisements.

1.3 Aim and objectives

The study investigates the role of language in the advertisement of roadside herbal sex-enhancement drugs in Southern Nigeria. This aim is achieved through the following objectives:

1. to examine the evocation of contexts in the advertisements of herbal sex enhancement drugs (HSEDs) in Southern Nigeria;
2. to examine the constituents of the advertisements of roadside HSEDs in Southern Nigeria.
3. to identify the communication strategies employed in the advertisements of roadside HSEDs in Southern Nigeria;
4. to discuss the ideologies in the advertisements of roadside HSEDs in Southern Nigeria; and

1.4 Scope of the study

The study was limited to the context, communication strategies and ideologies in the roadside advertisements of HSEDs in Southern Nigeria, to establish how messages of the advertisement are conveyed to manipulate consumers. The study also discussed the constituents that form the structure of HSEDs advertisements in Southern Nigeria. The study focused on 40 transcribed advertisements of HSEDs from 9 Southern states which were accessible and available in Pidgin or Yoruba language at the time of this research. Excerpts were purposively selected from different transcribed advertisements in line with their relevance to the focus of the analysis. The analytical tools utilised were van Dijk's socio-cognitive approach to critical discourse analysis, Simpson's notions of "Reason" and "Tickle," and Mey's Pragmatic Acts Theory.

1.5 Significance of the study

The study will contribute to how language is used as a tool by a group to position others and influence them towards a certain behaviour. In the case of this study, the examination of the communication strategies and ideologies reflects how ideologies are built to justify and influence cultural beliefs, thereby ensuring that people purchase the drugs that are being advertised. On the one hand, this study will be useful as an instrument to text producers of advertisements on how they will use language to position and influence the behaviours of people. On the other hand, findings will be a shield helping consumers in the building up of mental fence and understanding how advertisers influence their decision on products purchases.

The work will contribute to herbal medicine and sexual discourse, in relation to advertisements. It will be useful to researchers in the field of discourse analysis (in terms of understanding strategies and patterns of text), pragmatics (how contexts are constructed to aid meaning in text), sociology (social practices in the advertisement of products), advertising (language strategies deployed by advertisers) and anthropology (how the humans are made to perceive self in relation to problems and needs) who have an interest in studying how human behaviours are influenced through language and ideologies. Emerging papers from this study will consequently be presented at academic conferences

and published as research articles in reputable journal which will be useful in informing further investigations on language use.

1.6 Southern Nigeria: states and spoken languages

Southern Nigeria is one of the two protectorates that were amalgamated by Lord Frederick Laggard in 1914 (Gayawana, Arogundade & Adebayo, 2014). It comprises of present day South western Nigeria (Osun, Ogun, Ondo, Oyo, Lagos and Ekiti States), South eastern Nigeria (Imo, Enugu, Anambra, Abia and Ebonyi States) and South southern Nigeria (Delta, Akwa Ibom, Edo, Rivers, Bayelsa and Cross River States). Residents of Anambra, Abia, Enugu, Imo and Ebonyi states utilise the Igbo language as their major language. In certain areas of Akwa Ibom, Delta and Rivers states, the Igbo language is additionally spoken. In Ogun, Osun, Oyo, Ondo, and Lagos States, the dominant language spoken is Yoruba. Izon is a language spoken in some parts of Delta, Bayelsa, Ondo and Ekiti States. However, one language that cuts across these entire regions is the Pidgin English (Gayawana, Arogundade & Adebayo, 2014).

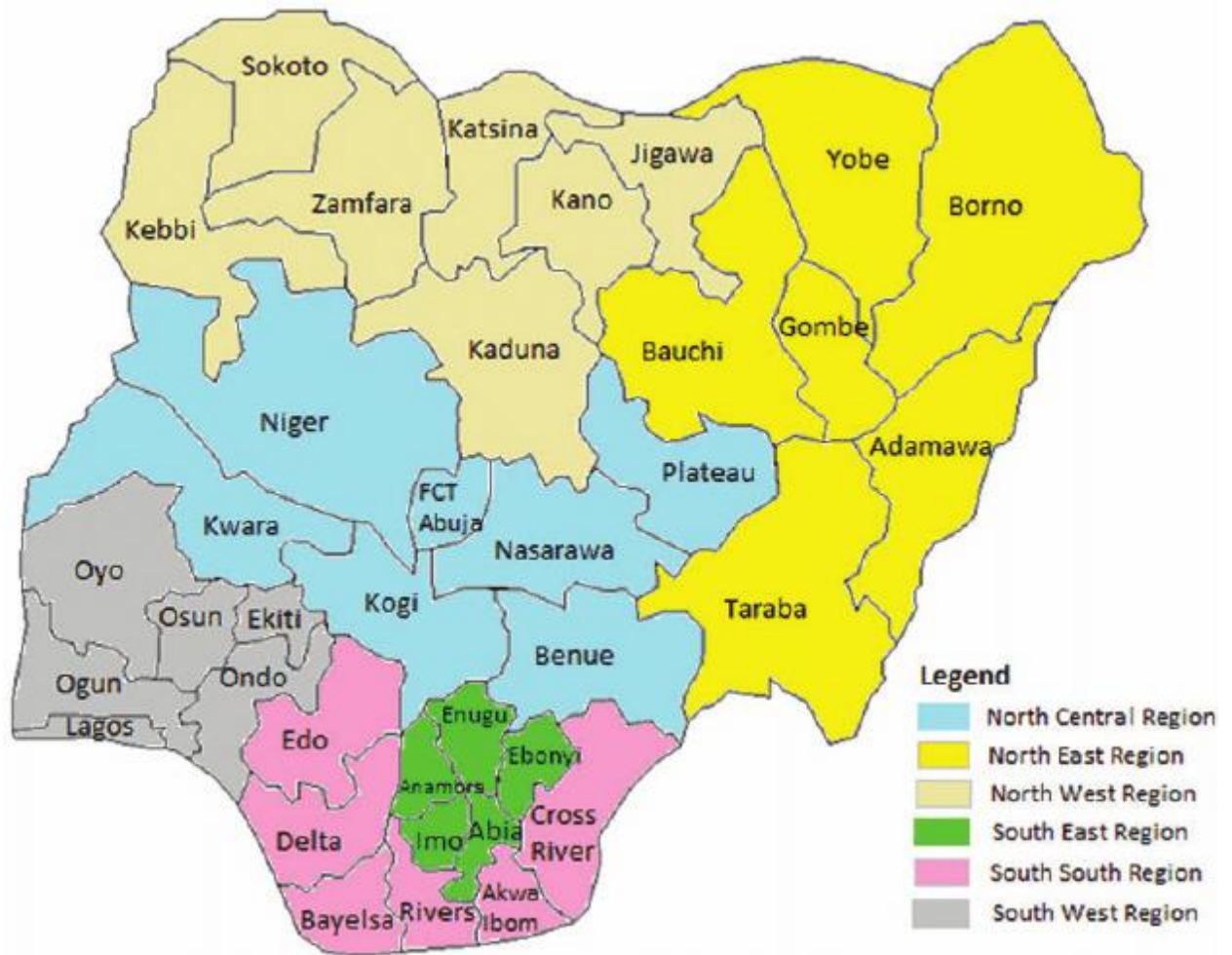


Figure 1.1: The map of Nigeria highlighting the different regions and states in the regions.

Source: Gayawana, E., Arogundade, E. & Adebayo, S. 2014. Possible determinants and spatial patterns of anaemia among young children in Nigeria: a Bayesian semi-parametric modelling. *International Health* 6: 35–45.

1.7 Definition of terms

To provide clear and specific explanations or definitions within the context of this investigation, the following terms are operationally defined.

Context: It refers to the circumstances, background, and conditions surrounding a particular event, situation, or piece of information, which provide additional meaning and understanding to it.

Sexual dysfunctions: Sexual dysfunction is the inability of a person to engage in sexual activity at any level, including the arousal, desire, or orgasm.

Herbal Sex-enhancement drugs: These are herbal medicinal remedies that are used for the alleviation of sexual dysfunctions.

Ideology: An ideology is a set of beliefs, values, and ideas that shape and guide individuals or groups in their understanding of the world and their behaviour within it.

Communication strategies: These are techniques used by advertisers to communicate their products to a specific audience. Such strategies are loaded with messages that are purposefully crafted to achieve the objective of selling things.

Advertisement: An advertisement is a promotional message or communication aimed at persuading or informing an audience about a product

1.8 Summary

In this chapter, this study was introduced through the background to the study which explained the development of herbal sex-enhancement drugs and that there are underlying ideologies and conscious communication strategies deployed in their advertisements. In the chapter, statement of the problem was presented as well as the aim and objectives, significance and scope. The focus of the next chapter is review of relevant studies and concepts, and the theoretical framework of this study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Preamble

This chapter is a review of relevant literature. It also presents the theoretical framework for this research. The empirical studies reviewed are in the areas of herbal medicines, advertising, synthetic aphrodisiac, and ideology. The theories adopted in this study are van Dijk's Socio-cognitive Approach to critical discourse analysis, Simpson's notion of "Reason" and "Tickle", and Jacob Mey's (2001) Pragmatic Acts Theory.

2.2 Conceptual review

The key concepts that are essential to comprehending the purpose of this thesis are introduced and explained in this section. The purpose of the following concise explanations is to assist the reader in comprehending the somewhat technical aspects of the work.

2.2.1 Ideology

Ideology was first characterised during the French Revolution to mean 'science of ideas.' When the term was utilised, it alluded to a political belief system. From that point forward, it has obtained renowned and pejorative notoriety. The perception of ideology transformed from a study of thoughts to the inverse of science, truth, discernment, objectivity and theory - obdurate, opinionated, severe and outrageous or just false. It suggests principles and convictions which are either "creeds inaccessible of analysis or shrouds for people and gathering interests" (Moazzam, 2017: 6). One of the earliest scholars who view ideology as a set of ideas is Seliger (1976) in the book titled *Ideology and Politics*. Seliger describes ideology in relation to political and social actions. Irrespective of the rationality of social action, its positive or negative possibilities (of rebuilding, amending, preserving or uprooting a social order), the ideologies of a person become the principles that justify and

explain such social actions. However, recent positions on ideology have departed from just a set of ideas to a system of ideas. After enumerating some components that make up an ideology, Hamilton (1987) offers a definition that portrays ideology as a system and not just a concept. This system is made up of conventional, genuine and normative beliefs and ideas that are held collectively. These beliefs and ideas are either advocating or influencing a particular pattern of relationships and arrangements in society.

Ideology is not just a system of ideas of an individual. They are mental representations that characterise a group reflecting the norms, tasks, identities, values, resources, positions and goals of the group (Hamilton, 1987; van Dijk, 2006). van Dijk (1995) explains three layers of the manifestation of ideologies to be expression and reproduction, enactment, and contexts. He builds his study of “discourse analysis as ideology analysis” on the premise that, typically, ideologies are “expressed and reproduced in discourse and communication, including non-verbal semiotic messages such as pictures, photographs, and movies” (van Dijk 1995:17). The reproduction of ideologies is rooted in institutional and organisational contexts. According to him, the enactment of ideologies within these contexts may be in the form of interactions and actions. He develops his position of ideology on the critical discourse analysis’ conceptual position that connects discourse, society, and social cognition. The position presents ideologies to be both social and cognitive because they “function as the interface between the cognitive representations and processes underlying discourse and action on the one hand, and the societal position and interests of social groups, on the other hand” (van Dijk 1995:17-18). The social cognition that is shared by a social group’s members is organised through the tools of ideologies. The ideologies are rooted in the structures of the minds of social members and society. Strath (2006) aligns with the view of ideologies as cognitive structures that can perform legitimizing functions. Strath explains that while there may not be a clear distinction between the borders of general knowledge structures and ideologies, the two of them are clearly different. A buttress to the difference is that ideologies must be critically contextualised and deconstructed rather than taken as pre-given. Whereas van Dijk (1995) sees ideologies to be built on social structures (which can also include cultural practices). While expanding the definition from the writing of Destutt de Tracy as quoted by van Dijk (2000), Muqit (2012) posits that ideology belongs to the society and not an individual, and it is formed in the society by deposition. Muqit

stresses that ideology reflects the beliefs of the community, thereby, motivating them to keep it, share it, and allow it to influence them. Society, he explains, involves religious, political, and social movements.

The historical nature of ideology, in terms of preservation and continuity of culture, has been criticised. Strath (2006) posits that ideology, as a concept, is not only connected with culture but there is also an overlap between the two concepts. The two concepts share cognitive structures that are capable of mutually influencing change in each other. Hence, ideologies are to be viewed and understood historically in terms of contradictions, discontinuities and opposition, rather than in terms of continuity and cohesion. Regardless of an ideology's progressiveness, liberality or morality, it must possess three crucial viewpoints which are towards spelling out an existing reality. Based on this, an ideology must present ideas and thoughts as well as an investigation of the current and well-known ideology as presented by an ideology, and it must also propose a way ahead (Moazzam, 2017). However, Wodak's (2009) historical view is a departure from Strath's (2006) and Moazzam's (2017) position of its interrelatedness with culture. Wodak's position is that ideology in CDA is not what is overtly deducible from culture; rather, it is a covert form of "everyday beliefs" that are in most cases camouflaged as analogies and conceptual metaphors. Ideologies can be influenced and modified by power-driven groups or organisations to readjust the cognitive capacity of others, thereby, changing their perceptions about life.

According to van Dijk (2006), an ideology is reproduced, expressed, and acquired by text or talk. He identifies ideology as the background belief that underpins shared representations of a specific group within the society. He postulates that ideology forms the basis of discourse and social practices through certain discourse structures. Ideologies, according to van Dijk (2006), are not general social beliefs or personal beliefs, but the fundamentals of a particular group (professions, political parties, and social movements) within the society. A group's social identity is defined by ideologies which are social representations. These social representations include 'shared beliefs about its fundamental conditions and ways of existence and reproduction' (van Dijk, 2006:116). Ideologies in turn, shape and influence social practices and beliefs. van Dijk (2006) proposed a schema that "explains many

properties of ideologies” of a self-identity group. The properties are basic resources, values and norms, aims, typical activities, and identity criteria. He further posits that ideologies are reproduced, enacted, expressed, and acquired by discourse. In order for this to be achieved, he states that “this must happen through a number of discursive structures and strategies”. For instance, the pronoun “we” is one of these structures, typically used to deictically refer to the ingroup of the current speaker.” When a phrase or a word is expressed, other linguistic elements that mark ideologies within discourse are volume, stress or specific intonation. Ideology performs four basic social functions according to van Dijk (2006). The first function is to organise and establish social representations that are collectively shared by group members of an ideological group while the second function of ideology is that it forms the fundamental basis of the social practices and discourses of members of an ideological group or a social group. The third function is that it serves as the basis for organising and coordinating social actions and interactions of the members of a group. The last function is that it serves as a mental interface between social structures and social practices of a group (van Dijk 2006:117). Trckova (2014:19) expatiates the processes suggested by Thompson (1990) about the manifestations of the operations of ideology. These processes are reification (“the naturalization of discursive representations, portraying a particular state of affairs as natural and commonsensical, devoid of social and historical character”); fragmentation (“includes the representation of the other as an enemy that constitutes a threat); unification (“involves a representation of individuals as being part of a united whole, ignoring any differences that may exist among them”); dissimulation (“works by concealing or denying rules of domination, thus drawing attention away from the existing asymmetries”. It can be realised, for instance, in figurative language”); and legitimation (“stands for the representation of asymmetrical power relations as just and worthy of support, for instance, by appeal to traditions”).

Although earlier scholars have stressed that ideology is not individual but societal or group-based, new insights to individuality have emerged from the cognitive instrumentality of ideology. Ideology is a system of ideas that have been stored up in the mind of an individual, hence, it could become individualised. These ideas function as the mentality of the man and they are used to determine how the individual(s) view and judge things. The ideas are influenced by political stance, culture, and religion. As a result of divergent ideologies, what

an individual or community regard as good may be seen as bad by another individual or community (Ghaderinezhad, 2015). Riyono, Lustyantie and Lustyantie (2018) explain that the beliefs of people and what they give preferences to are controlled by ideology. They argue that ideology is the lens with which an individual views the world within an environment. This means that the sense of judgment of a person about good or bad is determined by the ideology of that person. Riyono et al. (2018) explain that ideologies are tools that can be used positively or negatively. On the one hand, ideologies can be the mental positioning used by a social group to advance and defend its interest. On the other hand, ideologies are fraudulently used to distort other people's perception of reality. However, influencing the perception of others may not necessarily be fraudulent even though it might be subtly done without the awareness or permission of the victims.

This study's concept of ideology is hinged on the position that Ideologies are not the general social beliefs or personal beliefs, but the fundamentals of a particular group (professions, political parties, social movements) within society. Although the ideologies are not social beliefs, their enactment is rooted in general societal structures and practices. These ideologies are subtly driven to change and/or propagate social practices and influence the mental structures of individuals or groups. The fundamentals of group, in this case, advertisers of HSEDs, are rooted in informing a viewpoint in consumers towards attitude to sex and sexuality.

2.1.2 Context

Context is intertwined with meaning and communication cannot be successful without the relationship between them (Nouraldeen, 2015). Context is the most important factor in determining the intended meaning of an utterance within a communicative event because utterances are bound by them (Kadhim, 2015). Leech (1983) considers context to be an existing knowledge supposed to be shared by "h" and "s" that helps "s" interpret what "h" means by a particular utterance. In other words, context is what "s" needs to know before they can understand what "h" says. The context is the mental situation or experience that is generated within discourse, and it helps to understand and disambiguate the messages that are being passed (Wilson & Sperber, 2004). Context, in this study, is viewed in relations to van Dijk's (2002; 2006) position of mental model of contexts which are controlled by shared

general beliefs, ideologies, attitudes and knowledge, and they aid the comprehension of discourse.

2.1.3 Communication

The word communication originates from *communis*, a Latin word meaning common. Communication is a process of information transmission that is built on a common understanding between people (Keyton, 2011). On a general view, communication is the exchange of ideas, information and feelings between two people or more. The ideas can be exchanged, through verbal or non-verbal means. The term communication theory refers to the study of how messages are put together so that they can be exchanged effectively.

Communication is a cycle that ensures continuous transmission of information from a sender to a receiver and vice versa. The contextual factors that are responsible for the cycle are family, age, educational background, attitudes, specific aims, and social influences. Culture is very central to communication because how people communicate with language is determined by the culture (Mikanowicz & Gmeiner, 2014).

In communication, the sender is the person who encodes the message, information, idea, and feelings. The receiver is the recipient of the message sent by the sender. He tries to decode what the sender has encoded so as to properly understand the message. This message is the information that is coded and needs interpretation. The message is only completed after the receiver has understood what the sender's intention is. There are various means by which a sender passes his message. It could be through verbal or non-verbal means. This means is what is referred to as medium. The model of communication process as presented by Raman and Sharma (2004) is premised on feedback. Where the sender encodes the message to a receiver through a channel. The receiver receives the message, decodes it, and responds through the same channel.

Communications strategies

Basically, the concept of communication strategies has been viewed by scholars from various scholarly perspectives. However, this study focuses on two perspectives which are the marketing perspective and the interlanguage (linguistic) perspective.

On the one hand, the marketing perspective embraces communication strategies as strategies that are deployed to promote the image of a product or a company to the public. According to Murphy (2008), having a wholesome view of the concept “communication strategy” is almost impossible. The essence of communication strategy is towards creating imagery, imparting information, and creating awareness. Murphy (2008) approaches communication strategy from a marketing perspective, defining it as “a holistic planning approach to engaging brand’s audience to ensure greater effectiveness” (Murphy 2008:2). He explains that the objectives of the communication strategy are more important than just coming up with any strategy. In other words, what informs the strategy is the objective driving it. Hence, communication strategies must be linked with commercial goals. One dominant communication strategy by which the audience gets to know about brands is advertising. Therefore, advertising strategies should not be taken for communication strategies (Murphy 2008:5).

Murphy, like many others, holistically see communications strategies as strategies used to promote marketing, where advertising is not one of such strategies. According to the communication guide of the MED Programme (2012), a communication strategy is carefully planned and the three mandatory ingredient that must be considered are messages, audiences, and objective. Communication strategies fail when these ingredients are well defined. The objective of communication is the first thing highlighted in the guide. The public relations department of a company or organisation must understand the purpose of the communication strategy before setting up a campaign. The audience of the campaign must be defined, and the message must be precise and concise. Mohr and Nevin (1990) consider communication strategies as mitigating factors for the effect of conditions on outcomes in marketing channels. The conditions which influence the outcomes of marketing campaigns are power, climate and structure, while the outcomes are performance, commitment, satisfaction, and coordination.

Mohr et al. (1990) explain that marketing channels try to study conditions and apply communication strategies to be able to achieve desired outcomes. The communication strategies identified by the duo are collaborative strategy and autonomous strategy. They proposed that for communication goals to be achieved, the channel conditions must be understood so that the appropriate strategy may be applied.

The second perspective is built upon Faerch and Kasper's (1983) appraisal of communication strategies as strategies that are deployed in language teaching and language learning situations. Communication strategies are techniques that language learners employ to overcome the issues relating to accurate conveyance of intended meanings during communication (Richards & Schmidt, 2009). The strategies utilised may incorporate substitution, paraphrasing, coinages, code-switching, and requesting explanation among others (Ellis, 1997; VanPatten & Benati, 2010).

While borrowing insights from Faerch and Kasper's definition of communication strategies (a conceivably cognisant designs for addressing what presents itself to an individual as an issue in arriving at a specific communicative objective), Faucette (2001) considers a pedagogical perspective to communication strategies. Faucette establishes language teaching communication strategies in the domains of second language learning, strategy transfer, listening strategies, language learning strategies, procedural vocabulary, cultural differences in language use, learner autonomy, and the teaching and teachability of communication strategies. The systems that Faerch and Kasper (1983) perceived and explored are for the most part phonological, morphological, syntactic, and lexical reduced strategies, which either convey the achievement and reduction practices into execution to dispense with the correspondence challenges brought about by semantic ineptitude in elocution, language construction, and inter-cultural knowledge. They examined and systemised a few essential sorts of interlanguage, which included the language production of "second and foreign language learners, of migrant workers, of pidgin and creole speakers". As such, English speakers may intentionally or consequently apply communication strategies and talk fathomably and fluidly. English speakers improve common understanding when confronting the difficulties of semantic impediments of non-native speakers (Kendall, Jarvie, Doll, Lin & Purcell, 2005: 115-116).

Both perspectives clearly explain that there is a goal for communication strategies. Products are the focus of communication strategies in marketing, and the goal is the specific audience that the products are targeted at. Similarly, from the linguistic angle, language is the product, and the language instructor must carefully map out the communication strategies that would make the product optimally beneficial to the target learner who is the goal.

A hybrid of the relevant aspects of both perspectives discussed above – the communication of intention (interlanguage perspective) and the communication of products and company’s image (marketing perspective) – are considered suitable for this study. A working definition of communication strategies proposed will be the strategies deployed by advertisers to communicate their products to a target audience, and such strategies laden with messages that are deliberately constructed to achieve the intention of selling products. These constructed messages utilise linguistic techniques that are cognitively and emotionally encoded in order to achieve the communication goals (intention). These strategies are persuasion strategies and retention strategy. The sub-strategies under the persuasion strategy are problematisation of the condition, blame-shift hedging, non-evidential claims, camaraderie evocation, and asserting drug’s potency.

2.1.4 Sexual dysfunctions

Sexual dysfunction is the inability to achieve typical sex performance in both men and women. It is typically diagnosed when its symptoms have persisted for six months, and it is caused by a number of things which are anxiety or depression, situation of the woman, relationship difficulties, use of drugs and other psychological factors (Conn & Hodges, 2021). Sexual limitations that cause distress to women include arousal or orgasm problems, lack of sexual desires, painful contraction of vagina muscles and pain during intercourse (Conn & Hodges, 2021).

In men, this sexual inability includes poor libido, weak erection, and poor ejaculation among others. It is regular among men of all ages, ethnicities, and social foundations. Erectile dysfunction is the most generally perceived issue in male sexual brokenness (West & Krychman, 2015). Erectile dysfunction is depicted as the relentless and continuous inability to achieve adequate erection that is required for acceptable sex, or the powerlessness to discharge, or both (Che Musa, Mohd Zain & Ibrahim, 2019). Semwal, Kumar and Singh (2013) view erectile dysfunction as a psychological disorder arising from stress, guilt, depression, fear of sexual failure, strained relationship, and performance anxiety. Erectile dysfunction is also attributed to chronic medical conditions, androgen deficiency, pelvic surgery neurological disorders, penile disease and die effects from drugs. Risk factors

associated with erectile dysfunctions are chronic illnesses, drug abuse, stress, sedentary lifestyle, and smoking (Dabhadkar & Zade, 2013).

Sexual dysfunction within the Nigerian culture

Sexual dysfunction refers to a condition that prevents an individual from enjoying sexual intercourse as they would like. It encompasses a wide range of physiological and psychological factors that may negatively affect sexual response, desire, or satisfaction. The prevalence of sexual dysfunction in Nigeria is a growing concern among healthcare providers and scholars. Nigeria is a country with a rich and diverse culture, including social and religious norms that shape sexual beliefs and practices. However, some of these cultural practices and beliefs contribute significantly to sexual dysfunction. One such practice is the belief that male sexual performance is a measure of masculinity and potency. This belief is deeply ingrained in Nigerian culture, and many men feel pressured to perform sexually, leading to anxiety, stress and other psychological issues that contribute to sexual dysfunction (Oseni, Olajide, & Ogunyemi, 2018). Another cultural issue that contributes to sexual dysfunction in Nigeria is the stigma surrounding sexual health. Many people in Nigeria believe that sex is a taboo topic, and discussing sexual health issues is considered culturally inappropriate. As a result, many people do not seek medical attention for sexual dysfunction, prevent proper diagnosis and treatment (Jimoh, Balogun, & Moyoyo, 2020).

Additionally, cultural beliefs regarding gender roles and expectations contribute to the sexual dysfunction of women. In many Nigerian cultures, the female sexuality is often overlooked, viewing women as subordinates to men primarily. Women are expected to be modest and reserved during sexual intercourse, leading to inadequate sexual satisfaction. Furthermore, cultural beliefs that associate female sexual pleasure with promiscuity, and male sexual potency contribute to a double standard in sexual behaviour, leading to a lack of communication in sexual relationships (Mohammed & Olufemi, 2019).

Moreover, religious beliefs regarding sexuality play a critical role in sexual dysfunction in Nigeria. Nigeria is home to a diverse population of religious denominations, most of which hold strict beliefs regarding sexual practices. For instance, the Islamic faith forbids premarital sex, and sexual intercourse is seen as an act of procreation. These religious beliefs

contribute to sexual dysfunction by prohibiting sexual exploration or experimentation, which can lead to inadequate knowledge of sexual preferences and functional issues.

2.1.5 Aphrodisiacs

The term aphrodisiac originates from the name of the Greek goddess of love, Aphrodite (Gomez-Rejón, 2014). Aphrodisiacs are medicinal remedies that function as stimulants for sexual performance and sexual desire in men and women alike. The drugs concentrate on both the physiological and psychological states of human. The desire for sex is monitored by a nervous system that incorporates olfactory, tactile, mental, and specific auditory stimuli. The function of aphrodisiacs is to manipulate the level of sex hormones and neurotransmitter in the body system (Semwal, Kumar & Singh, 2013). Issues like erectile dysfunctions, weak erection, poor libido, quick ejaculation, and low sperm counts are addressed with aphrodisiacs (Dabhadkar & Zade, 2013).

Before the modern age, there were activities by men to explore herbs and foods that will enhance sexual vivacity and desire (West & Krychman, 2015). Aphrodisiacs have evolved in modern medicine, and they are not targeted towards sexual performance alone, but all other problems that are related to it. Regardless of this evolution, many women still have to rely on natural products to enhance sexual desires because there are little medications that cater for the improvement and treatment of poor libido in women. Aphrodisiacs pharmaceuticals come in form of type 5 inhibitors of phosphodiesterase, implantable pellets, and testosterone tablets gels. (West & Krychman, 2015).

2.1.6 Advertising

The Latin word *advertere* (that means “to direct one’s attention to something” by public announcement) is the origin of the term Advertising. The announcement can be through the written or oral medium of communication. The evolution of advertising as the way something is presented in line with social norms and targeted towards persuading people to patronise something has become the bedrock for the discourse of advertising (Danesi, 2015).

Beyond the public announcement of something, advertising is one of the states in marketing. Advertising falls between product creation and sale of product. Within the framework of marketing are the promotion of product, distribution of product, naming of product, and

pricing of product. This framework is called the marketing mix where the 4Ps (product, price, place, and promotion) of marketing interact with one another to ensure the journey from production to the consumer (Isoraite, 2016). The product is the first key in the marketing mix, and it deals with the consideration of what service or physical product to produce for the consumer, which in this case, is the herbal sex-enhancement drug. The second “P” (price) in the marketing mix deals with the determination of the cost price of the product and where interrogations are made to evaluate profitability. The third “P” is place, and this deals with how consumers will have access to products, and where the products will be purchased. In the case of HSEDs in Southern Nigeria, the places of sale are motor parks, markets, and streets. The last “P” is promotion, and this has to do with how to reach the audience, when to reach them, and how to inform them about the product. Advertising of HSEDs falls within the last “P” or marketing.

Advertising is the vehicle that conveys goods and services from the manufacturers to the end users. Companies that produce product may be unable to survive or thrive without advertising, which is the lifeblood of any organisation (Kulawik, 2009).

Advertisers have various choices and various media to look over when imparting advertisement messages to potential purchasers. The media commercial centre has gotten dynamic, with conventional media constantly adjusting and new media. The various media identified by Hanekom and Scriven (2002) are broadcast media (television, radio, cinema), Print media (newspapers, magazines), outdoor media (transport and roadside: banners, billboards, hot-air balloons, supermarket trolleys, mobile posters, restaurants, hospital waiting areas, motorway service stations), and online media.

Classification of advertising

Advertising can be classified by objectives or types. As per objectives of advertising, Kulawik (2009) classifies advertising into three main functional categories: informative advertising, persuasive advertising, and reminder advertising. Advertising can be informative when it is used as an instrument to inform the public about the existence of a product. Informative advertising builds awareness of both a product and the company that produces it thereby heralding both. Sometime, the information is not on a new product, but to give update and additional information on already existing or rebranded products. The

persuasive advertising aims at swaying the target audience to betray their former brands to switch loyalty by patronising the new product that is being advertised. One of the things that inform persuasive advertising is competition, where many products of kinds struggle to get the center stage and better sales. The reminder advertising is used to keep the position of well-established products in the market space.

According to classification by type, Frolova (2014) explains the seven types of advertising which are brand advertising, political advertising, public or social advertising, retailing and commerce advertising, corporate advertising, business advertising, and advertising with feedback. The purpose of brand advertising is to project the image of a particular brand to get consumer recognition to a higher level. Usually, the advertisement comes in textual or visual form. The political advertisements have become very popular and influential in the advertising world and the aim is to project the positive image of a politician or a political party. In most cases, political advertising is on the rise during electioneering campaigns. Corporate advertising is the form of advertising that is intended to get the opinion of the public and to canvass support for a particular point of view that is being projected by an advertiser. The purpose of social advertising is to target a specific social sect in the society and get their attention with respect to the information being given. The social sect may be based on religion, social status, gender, and age, among others. Business advertising is expertly arranged for advertisement, proposed for dispersion among people who are connected by being members of a given profession. Such advertising is circulated primarily through special publications.

The focus of retailing and commerce advertising is on the sales of products or production organisation. The principal aim of the retailing and commerce advertising is to support the incoming of prospective buyers by advising them about the fundamental terms of the arrangement and the spot of specific administrations or merchandise. The advertising of this sort involves trading data with prospective clients.

Predominantly, HSEDs advertisements can be classified under retailing and commerce advertising, and they sometimes perform all the three functions highlighted by Kulawik (2009) because the advertisements of HSEDs are intended for the sale of the drugs. These

advertisements are done by HSEDs producers to project the image of products and encourage people suffering from sexual dysfunctions to purchase products.

2.2 Empirical review

There are numerous studies on the issues relating to herbal medicines and advertisements, and these studies have been carried out within and outside Nigeria. The reviews below cover related issues to present the state of research and perspectives of earlier scholars.

2.2.1 Studies on the use of herbal medicines

With the rise in the market of herbal drugs, many studies have been carried out by earlier scholars on the use of herbal medicine and sex-enhancements drugs. In a survey carried out to examine the use of traditional medicines among the Massai of Southern Kajiado district in Kenya, Kiringe (2006) administered questionnaires to the adult members of households. Although 98% of the participants often seek medical care from modern clinics, 72% prefer and use the Massai traditional medicines for the treatment of a wide variety of body challenges and illnesses. The knowledge of the traditional remedies is high because the plants that constitute them are grown within the community, but the knowledge and dependence on the traditional form of medical practices by the locals are threatened by changes in cultural practices and lifestyles through the influence of formal education, European religion, and encouragement to patronise modern medicines. However, the researcher did not justify the sampling of participants and the rationale behind the selection of 50% of the households in the locality was not explained. The research could have helped greatly if interviews were employed rather than questionnaires. Questionnaires reduce the possibility of findings and limit other expressions that could have been suggested by the participants. The study's focus was on the use of traditional medicines, while the consideration of the current study is not on the use, but on the advertisements of herbal medicines.

The effect of the simultaneous use of antiretroviral drugs and herbal drugs on the quality of life in Zimbabwean HIV patients was investigated by Bepe, Madanhi, Mudzviti, Gavi, Maponga and Morse (2011). The researchers posit that the rate at which herbal drugs are used among the Zimbabwean HIV patients is on the increase as a result of traditional beliefs and/or the lack of access to antiretroviral drugs. Bepe et al (2011) developed questionnaires

that were administered to HIV positive patients who were undergoing treatments at Parirenyatwa group hospital's family care clinic, Harare, Zimbabwe. The measurement of the index of quality of life was done through an HIV/AIDs targeted quality of life tool (HAT-QOL) that was developed by the World Health Organisation. Certain adverse effects like abdominal pains, rashes, among others are associated with the simultaneous use of herbal remedies and antiretroviral drugs. More so, the simultaneous use of the herbal medicines does not guarantee a significant improvement in the quality of life index of patients. However, from the frequency table of adverse events experienced by HIV patients who participated, there are no significant differences between those using antiretroviral drugs alone and those who are complementing it with herbal remedies. The claims of the study appears superficial because no scientific laboratory evaluation was carried out.

Having asserted that the increasing cost of synthetic drugs together with their limitations has led people to seek alternative forms of healing therapies, Abodunrin, Omojasola and Rojumbokan (2011) developed a semi-structured questionnaire to carry out a cross-sectional survey among adults living in Ilorin, the capital city of Kwara State, Nigeria. Among the selected adults, 67.7% are regular users of alternative herbal or organic therapies. The alternative therapies are either indigenous or foreign, and some of the users use both forms. The alternative therapies are used for preventive, curative and "promotive" purposes. Abodunrin et al. (2011) posit that only 3.5% of medicinal alternative medicines are considered to be safe for the users, and therefore conclude that the National Agency for Food and Drug Administration and Control (NAFDAC) is encouraged to strengthen the regulation of sales and advertisement of harmful herbal medicines. However, like many other studies, the claims that herbal medicines are unsafe are based on surveys. To determine the quality of drugs, survey findings, which are quite relevant, should be complemented with laboratory studies.

Oreagba, Oshikoya and Amachree (2011) investigate the rate at which adults without chronic illnesses make use of herbal medicine in Lagos, Nigeria. They established that various studies have been carried out to investigate the use of herbal medicines among adult and children with various chronic illnesses. The investigation reveals that a high percentage of adults who are not suffering from chronic illnesses make use of herbal medicine regularly.

Many of them find it safe to just take herbal drugs any time and every time. The population selection of the study limited possible and genuine findings. It suggests that the researcher had concluded that only adults make use of herbal drugs. The researchers did not justify the criteria for determining a chronic illness; as such, some selected participants might have qualified as people with chronic illnesses without being chronically ill.

With the aid of pre-structured questionnaires, Showande and Amokeodo (2014) study the pattern and the extent to which students in Southwestern Nigerian tertiary institutions consume herbal bitters. 1000 students, out of which 960 responded, served as the respondents for the study. The results show that forty percent of the students are regular consumers of herbal bitters, and they use the drugs for anti-infection, rejuvenation, weight loss, and internal cleansing. The side effects reported by the students as a result of taking the herbal bitters are dizziness, loss of taste, nausea, and vomiting. On the pattern of use, the students claimed to co-administer the herbal bitters with anti-malarial drugs, analgesics, and other herbal supplements. Since the population sample of the study was tertiary institution students, the researchers could have considered some variables, such as age, environment, and geographical location among others. These variables may have a notable impact on the causes of the side effects that the students experienced from the consumption of the herbal bitters.

Bello and Isah (2015) assess the prevalent use of herbal medicines and aphrodisiacs among women living in Kano State, Nigeria. They justify that the use of aphrodisiacs is not limited to men and aphrodisiacs can be in the form of orthodox medicine or herbal medicine. The study involves 400 women that were randomly sampled across the state. 378 women responded to the administered questionnaires and from their responses, 42% of them, who are between the ages of 21 and 30, are frequent users of herbal medicines and aphrodisiac substances. A number of these users explained that they experienced more vaginal wetness whenever they use the medications. Most of the sampled women use herbal medicines for the treatment of diabetes, diarrhoea, fever, peptic ulcer, and other ailments. The researchers conclude that the rate at which women in Kano State use herbal medicines is high and like many other researchers, they affirm that there are negative health implications of the usage of herbal remedies. The use of structured questionnaires might have limited the possibilities

of other reasons for the use of herbal medicines among Kano State women. If interviews were employed, the women could have talked about other reasons.

Nwaiwu and Oyelade (2016) examine the use of traditional herbal medicines in the treatment of common ailments in newborns and infants that are less than six months. The researcher claims that age-related differences in drug metabolism are a result of pharmacodynamics and pharmacokinetics changes. By answering questionnaires and granting personal interviews, traditional healers and nursing mothers in Lagos State, Nigeria, participated in the study. The study shows that medicinal plants were used for common treatment of ailments in infants who are below six months such as diarrhoea, skin rashes, abdominal cramps, jaundice, weight loss, malaria fever, insomnia and convulsion. A total of 72% of the mother who participated in the study agreed to the use herbal medicines in the treatment of their infants. While 4% of the mothers who treated their infants with herbal drugs claim to have noticed side effects in their children, all the other mothers attested to the efficacy of herbal medicines. Since only 4% out of the 72% the percentage of mothers who used herbal drugs claimed to experience side effects in their infants, then there is a possibility that the side effects are not reactions to the herbal drugs. Although other studies on herbal medicines in Nigeria have suggested that the drugs are unsafe and have a high rate of side effects, the fact that questionnaires were complemented with interviews suggests that the findings of Nwaiwu et al. (2016) are trustworthy.

To determine the prevalence of herbal drugs usage among postnatal clinic women patients during pregnancy in Gulu district, Northern Uganda, a cross-sectional study on 383 women was carried out by Nyeko, Tumwesigye and Halage (2016). The selected women were patients receiving postnatal care across four clinics in Gulu district. Structured questionnaires, focus group discussion, and key informant interviews were used to gather the study's data. Only 20% out of the 383 participants used herbal medicines during varying trimesters of pregnancy. One of the reasons why the women use herbal medicine during pregnancy is as a result of previous use during earlier pregnancies. Like earlier studies, Nyeko et al. (2016) assert that the lack of access to good conventional western healthcare contributes to the prevalent use of herbal remedies. However, this assertion is arguable. Since the women have unwavering trust in herbal remedies, they might as well have

negative attitudes to western medicines. The study might be enriched if the questionnaires provided the option of preference between synthetic and herbal medicines. The result would actually reveal if pregnant woman use herbal remedies because of lack of access alone or other factors like preference.

A cross-sectional descriptive technique is used by Akram, Salman, Krishnan, Ahmad, and Khan (2016) to examine the attitudes toward the concurrent usage of herbal and allopathic medications among educated Indians. One hundred and twenty educated people participated in the study and 55% percent of them admitted to having used herbal medicine in less than a year to the survey. Over fifty percent of the participants had simultaneously used or intended to use the herbal drugs with allopathic drugs. Some of those who use herbal drugs with allopathy drugs believe that concurrent use is safe to aid total cure of ailment. Unlike other studies in Africa that show a high rate of side effects from the use of herbal drugs, Akram et al. (2016) research bare that only 5% of the educated Indians have experienced side effects or allergic reactions from the use of herbal medicines. There is the possibility that the compositions of herbal medicines in India are not such that could lead to side effects, or the immune systems of the Indians are adaptable to herbal drugs.

To assess the attitude, knowledge, practice, and widespread use of traditional medicines, Ohemu, Sariem, Dafam, Ohemu, Okwori, Olotu, and Jerome (2017) studied residents of Jos North Local Government. Through a systematic random sampling, 300 residents in the local government were selected for interviews and administered questionnaires. A total of 100% have good knowledge of traditional medicines; 31.8% believe that modern medicines are better and safer compared to traditional medicines while 29.9% prefer traditional medicines to modern medicines, and 38.3% prefer the use of both traditional medicines and modern medicines. The study aligns with other studies on the claim that easy accessibility and cost are the reasons for the prevalent use of traditional medicines. However, the study statistics reveal that the difference between the preference for synthetic and preference for herbal is just 1.9%. This slim variation may not be enough to conclude that the prevalence in the use of herbal medicine is based on accessibility. This might not be the case except otherwise presented in the statistics.

Similar to the research of Bepe, Madanhi, Mudzviti, Gavi, Maponga, and Morse (2011) in Zimbabwe, Iloмуanya, Okubanjo, Azubuіke, Oguntibeju, Ajiboye and Maduka (2017) evaluate the rate at which people living with HIV/AIDS in southwestern Nigeria simultaneously use herbal medicines with prescribed anti-retroviral drugs. The researchers also examine the cause of the simultaneous use of drugs by the patients. 351 HIV patients who were receiving treatments at two hospitals each in Ojo areas and Amuwo-Odofin areas in Lagos, Nigeria, were systematically recruited for the study. In the study, over 40% of the patients admit to the simultaneous use of herbal medicines with anti-retroviral drugs, and the predominant reason for that is they feel the herbal medicines will contribute to the improvement of treatment. However, Iloмуanya et al. (2017) do not try to evaluate the positive or negative effects of the herbal drugs to authenticate the feelings (that herbal medicines contribute to the improvement of treatment) of the patients. The evaluation is supposed to yield an attitude change that will either be to encourage or discourage the use of herbal medicines with antiretroviral drugs.

In Benin-city, Edo state, Ebeigbe (2013) uses a cross-sectional survey to examine the manner and frequency with which traditional medicine practitioners treat eye disorders. In the study, sixty-eight traditional medicine practitioners were interviewed, and questionnaires were also administered to them. The findings show that the major way by which the practitioners are trained is through father-to-son tutelage. The common eye problems that are encountered by the practitioners are itching, poor vision, and conjunctivitis. While the majority of the practitioners felt that both patient's physical examination and case histories are equally important for treatment, few others felt the case histories are most important. Many of the practitioners had at one point or the other referred difficult cases to orthodox hospital, where patients could get better treatment. However, the study's focus is different for the focus of the current study. While the traditional healers treat the eye, the purpose of the medicines advertised in the current study is to enhance sexual performance.

Using a purposive sampling technique, Chege, Okalebo, Guantai, Karanja and Derese (2015) interview four practising traditional herbalists in Kenya, to assess the practices deployed by the herbalists during the processing of drugs. The researchers are able to carry

out the study by interviewing the selected herbalists and they also examined the gap in knowledge. The findings of the study reveal that herbalists are faced with varying challenges when they attempt to comply with drugs regulatory bodies because the hygiene of the facilities where the herbal drugs are processed are poor. The cause of knowledge gap is accredited to the way the herbalists treat their knowledge of the herbal medicine with secrecy and the inability or unwillingness to adopt modern methods. More lights could have been shed on the knowledge gap if the researcher was able to examine the strategic efforts that have been made by the drugs regulatory bodies to ensure that the herbalists abide by regulations.

To examine the bacterial contamination of herbal medicines that are sold in the main market of Gombe, Abubakar, Abubakar and Tal (2018) sourced herbal products from retail outlets in the market. They used Total Aerobic Bacterial Plate Count, Characterisation of Bacterial pathogen, and Isolation to assess the existence and extent of contamination in the herbal medicines. Their study reveals that most of the traditionally made herbal medications are contaminated with a variety of pathogenic bacteria which can be dangerous for consumers. However, the focus of the present study is not on the composition of herbal drugs, but how they are advertised. The study carried out by Abubakar et al. (2018) has relevance in the current study because if the drugs are really dangerous for consumers, the consumers will be able to understand the strategies in the advertisements and not become victims.

To determine the unwholesomeness of the herbal medicines that are promoted in the area and their health implications for the general public consumers, Shu, Onyemelukwe, Nwodo, Otuu, and Ilouno (2019) purchased 10 herbal medications in Enugu. Shu et al. (2019) subjected the contents of the drugs to lab experiments, and they identify ten heavy metals and bacterial loads as well as phytoconstituents (carbohydrates, terpenoids, tannins, alkaloids, saponins, flavonoids, proteins, steroids, and glycosides) in the herbal medicines. The lead and Cadmium that were present in the medicines were notably higher than the standard recommended by American Herbal Products Association. Their lab results also reveal that bacteria and fungi were in varying concentrations present in the herbal medicines. The researchers conclude that the presence of phytoconstituents in the drugs is a justification for the health benefit claims by the drug producers. Nevertheless, regulatory

bodies should be aware of the health challenges that will likely arise as a result of the heavy metals and microbial contaminants in the drugs. The study by Shu et al. (2019) aligns with the conclusion by Odiboh et al. (2017) that marketed herbal drugs have merits and demerits.

The studies reviewed above on the use of herbal medicine have established that its use is prevalent even outside the shores of Nigeria. The use of herbal medicine is prevalent in different regions, including Kenya (Kiringe, 2006; Chege et al., 2015), Nigeria (Abodunrin, Omojasola & Rojgbokan, 2011; Oreagba, Oshikoya & Amachree, 2011; Showande & Amokeodo, 2014; Bello & Isah, 2015), Uganda (Nyeko, Tumwesigye & Halage), and India (Akram et al., 2016). Traditional beliefs, lack of access to conventional healthcare, cost, and cultural practices influence the use of herbal remedies. Questionnaires were the primary data collection method used in most studies, limiting the depth of information gathered. The use of interviews alongside questionnaires could have provided more comprehensive insights.

Adverse effects associated with the simultaneous use of herbal remedies and conventional drugs were reported in some studies. However, the lack of scientific laboratory evaluations raises questions about the validity of these claims. Safety concerns regarding herbal medicines were highlighted in several studies. However, the assessment of safety was mainly based on survey findings, and the need for laboratory studies to determine drug quality was emphasised. The reasons for using herbal medicines varied, including preventive, curative, and "promotive" purposes. Some studies mentioned specific uses such as sex-enhancement, treatment of chronic illnesses, eye problems, and common ailments in infants.

Attitudes towards herbal medicines differed among populations. While some participants believed in the efficacy and safety of herbal remedies, others expressed concerns and preferred modern medicines. Studies pointed out the need for regulatory bodies to strengthen the regulation of sales and advertisement of herbal medicines to ensure safety and protect consumers. The presence of bacterial contamination in herbal medicines sold in markets was highlighted as a potential risk to consumers. Overall, while the studies provide insights into the prevalence, usage patterns, and attitudes towards herbal medicines in different regions, there are limitations in terms of data collection methods, lack of scientific

evaluation, and the need for more comprehensive research to determine the safety and efficacy of herbal remedies. These findings underscore the need to examine how herbal drug-producing companies deploy advertisements to achieve a high rate of consumption.

2.2.2 Studies on advertisements of herbal medicines

Scholars within and outside Nigeria have explored the properties of the advertisements of herbal medicines. From the linguistic perspective, the structures, style and techniques of these advertisements have been the focus on the analysis of advertisements for herbal medicines and spiritual healing practices in various African contexts. Adegoju (2008) and Sutton (2011) explore the persuasive strategies used in advertisements of herbal medicines, highlighting propaganda techniques, claims lacking evidence, and the creation of anxiety in potential customers. Munyaradzi (2011) investigates the ethical predicaments associated with the advertising of traditional medicine, emphasising morally negative outcomes, false testimonials, and misinformation. Mavunga (2013) analyses language use in fliers for spiritual healing and herbal medicines, highlighting manipulation techniques such as indigenous languages, hyperbole, and rhetorical questions. Dickson (2015) examines radio advertisements for herbal medicines, identifying appeals based on fear, sex, and humour, and techniques such as persuasion by association and exaggerated claims. Finally, Yakub et al. (2017) and Mutunda (2018) delve into the discourse strategies employed in advertisements by witchdoctors, herbalists, and traditional healers, emphasising techniques like absolute certainty, exaggerated competence, false guarantees, and claims of the source of herbs.

These studies collectively reveal various commonalities in the advertisements analysed. The advertisements often employ propaganda techniques, exaggerated claims, and emotional appeals to persuade potential customers. False testimonials, misinformation, and unethical practices are also prevalent. The use of linguistic choices, such as indigenous languages and rhetorical devices, is frequently observed to manipulate target customers. The societal values of the targeted audience play a significant role in shaping the discourse strategies used in these advertisements. However, some studies lack scientific evidence to support their claims and could benefit from more robust methodologies and data analysis approaches. Additionally, there is a need for more attention to ethical concerns associated with the advertising of traditional medicine.

Overall, these findings shed light on the language, strategies, and ethical implications of advertisements for herbal medicines and spiritual healing practices in Africa, providing valuable insights for further research and regulatory considerations. While the reviewed studies have revealed that messages of herbal drugs advertisements contain conscious deployment of linguistic devices, the current study does not only examine the strategies deployed in herbal medicine (aphrodisiacs) but also how context defines the language of the advertisements.

2.2.3 Studies on the use of aphrodisiacs

Most existing studies on the use of aphrodisiacs have been carried out outside Nigeria, and the focus has been on the prevalence of the use of synthetic aphrodisiacs. In studies, the use of Viagra (sildenafil citrate) as an aphrodisiac was explored, along with its safety and efficacy. Cheitlin et al. (1999) found that Viagra can be hazardous, especially for patients with cardiovascular disease, due to potential complications and increased death rates associated with its use. However, later research revealed that there are generally only mild side effects attributed to Viagra. Steers et al. (2001) showed that Viagra can effectively improve erectile function over time when adhering to a proper prescription. Moser (2001) found that Viagra not only enhances sexual agility but also improves other sexual functions and aging reversals. Meuleman et al. (2001) observed that Viagra significantly improves the ability to achieve and maintain an erection compared to placebo. Moore et al. (2002) also reported positive improvements in erections with Viagra. These studies mainly focused on the positive effects of Viagra and neglected to thoroughly examine the acute side effects.

In addition to Viagra, alternative aphrodisiacs were explored. Afoakwa (2008) studied the health benefits of chocolate and cocoa, including mood-lifting effects and aphrodisiac properties. Bansal et al. (2010) suggested that garlic could be a natural and economically viable alternative to synthetic aphrodisiacs with minimal side effects. However, these studies focused on the positive aspects of these substances and did not thoroughly investigate potential negative effects or addictive tendencies associated with excessive consumption.

The reviewed studies also touched upon the effects of substance abuse on sexual behavior. Calsyn et al. (2010) found that combining abusive drugs and sexual performance can lead to risky sexual behaviors and the potential spread of infections. However, the specific types of drugs abused were not identified. Bucur and Jeczmiem (2011) reported the possibility of Pregabalin, used to treat anxiety disorder, enhancing libido. They positioned Pregabalin as having advantages over other anxiety disorder drugs but did not thoroughly consider the side effects of its use. Tuorkey and Abdul-Aziz (2012) examined the histopathological effects of excessive use of Sildenafil citrate on various organs in male mice. They recommended improved treatment for erectile dysfunction and the need for better communication between doctors and patients. However, this study focused on synthetic drugs, while herbal aphrodisiacs, more commonly used in Africa, were not thoroughly investigated.

Overall, these studies shed light on the use of aphrodisiacs, particularly Viagra, and their effects on sexual function. However, more comprehensive research is needed to consider both the positive and negative effects of these substances, as well as their long-term consequences and potential interactions with other medications. Additionally, further investigation into herbal aphrodisiacs and their effects on human organs would be beneficial. While the reviewed studies mainly examined the use aphrodisiacs, the present study is not on the use, but its promotion. Additionally, the review suggests a gap of study on herbal aphrodisiacs (whether prevalence of use or content of promotional messages), hence, the need for the present study.

2.2.4 Studies on the advertisement of aphrodisiacs

The content of the advertisements messages of aphrodisiacs has appeared as a concern in scholarship, mainly outside Nigeria. These studies aimed at understanding the advertising techniques and promotional strategies deployed in the advertisements.

"Sex-enhancement medication" is established by Gomez (2004) as an institutional discourse using Fairclough's method of critical discourse analysis. He probes the construction of male identity and subjectivity through the print advertisements and television commercials of three sex-enhancement drugs – Viagra, Levitra and Cialis. Gomez settles that the marketing campaigns influence how the standard of male virility is perceived as well as how

consumers view themselves and others. However, while the procedure of analysis was spelt out in the study, the procedure for data collection was vague might improve the integrity of the data which would have affected the general outlook of the study.

While investigating the marketing campaigns (through advertising and promotional materials) of Cialis and Levitra – competitors of Viagra, Wienke (2005) examines the possibilities of different discourse about impotence. The discursive themes that are present on the drugs' promotions were examined. In the study, the researcher concludes that the two drugs have additional campaign strategies to be strong competitors for Viagra. The marketing campaigns for the two drugs (Cialis and Levitra) are premised on the traditional impotence's discourse plus additional strategies to boost the market marketability of the drug. However, Wienke took it for granted that everyone knows the discursive themes in Viagra advertisements, so, and his comparison of Viagra and the two other drugs are based on this assumption which could have been made clearer and authentic if the themes are explicitly stated in the paper.

The strategies used by Pfizer - the company responsible for Viagra, is examined by Lexchin (2006) whose study finds that Pfizer put in place certain communication strategies to construct an image to consumers about a drug that is a legitimate therapy not limited to people suffering from erectile dysfunction as a result of other medical condition, but to almost any man who would want to improve his sexual performance. Although the drug has proven to be predominantly useful for sex intercourse, the marketability would have been limited if the makers do not present it to be useful to almost every man. Lexichin (2006) explain that the claim (more than half of men over 40years suffer from erectile dysfunction) on Pfizer's website is not entirely true, because there's no source backing the claim. He also posits that the testimonials of the website are carefully constructed to suppress some issues while there is a projection of other issues that will promote the marketability of Viagra. Insights from the research are pathways to explore the responsibilities of consumers to investigating claims by manufacturers.

While exploring the relationship between sexual health and public representation of the masculinity's image, Åsberg and Johnson (2009) investigate pharmaceutical appeals and

the cultural techniques that are deployed to create them. This study asserts that the aligning of possible dependable acts using synthetic drugs and physiological sexual acts with masculinity, regardless of the age of a man, his masculinity can be maintained. The study reveals that the way Viagra's consumption is constructed, sexual agility is promised through one's youth into old age. The construction reproduces another construction of the redefinition of what successful ageing is, and how individuals become responsible as biological citizens, to ensure they become successful. However, apart from indicating that the source of data was the Pfizer's website for Swedish customers, the study does not have a detailed and methodology.

To investigate how erectile dysfunctions advertisements are featured during televised sports with an emphasis on American football, McKendree (2010) explores the strategies and symbolism of the marketing of Enzyte (erectile dysfunction drug) to consumers. The reason for the advertisements spot is to link the drug with speed and agility as well as targeted to make men aware that ED is not a shameful topic – it is common among middle-aged men. However, the strategies deployed in the advertisements are not clearly revealed in the study. Like McKendree (2010) this present study will be addressing a data set that is dominantly marked with erectile dysfunction drugs, nevertheless, its focus is not on synthetic drugs, but herbal drugs.

The findings from the reviewed studies shed light on the concerns surrounding the advertising strategies and techniques employed by pharmaceutical companies in promoting aphrodisiacs. One common thread across the studies is the influence of these advertisements on shaping perceptions of male virility, sexual performance, and masculinity. The research highlights how pharmaceutical campaigns construct an institutional discourse that impacts consumers' views of themselves and others. However, a critical aspect that weakens the studies is the lack of clarity and detail in the data collection procedures. Vague descriptions of data collection methods undermine the integrity of the findings and limit the overall credibility of the studies.

Furthermore, there are some assumptions made in the reviewed studies that could have been clarified and substantiated. For example, Wienke's comparison of Viagra with other drugs

assumes that readers are familiar with the discursive themes in Viagra advertisements, which could have been explicitly stated to ensure a more authentic analysis. Similarly, Lexchin's (2006) examination of Pfizer's strategies highlights potential issues with the company's communication tactics, such as unsubstantiated claims and carefully constructed testimonials. However, without providing specific examples or sources, the findings lack the necessary evidence to support these claims fully. Moreover, Åsberg and Johnson's (2009) study on the alignment of masculinity with Viagra consumption offers valuable insights into the redefinition of successful aging but falls short in terms of providing a detailed methodology, limiting the study's overall rigor.

In summary, while the reviewed studies provide important insights into the concerns surrounding the advertising of aphrodisiacs and their impact on consumer perceptions, they suffer from certain limitations. Vague data collection procedures, unclarified assumptions, and lack of specific evidence weaken the overall findings. Future research in this area should aim to address these shortcomings by employing more rigorous methodologies, clearly stating assumptions and providing concrete examples to support the claims made.

As stated earlier, the focus on the advertisement of herbal aphrodisiacs is low when compared to the many studies on synthetic ones. While some of the strategies and techniques identified in the reviewed studies may be applicable to advertisements herbal aphrodisiacs in Southern Nigeria, an investigation is inevitable, hence the need for present study.

2.2.5 Studies on sex and sexuality

On sexual discourse, copious engagements have been done in the areas of sex orientation, sexual ideologies, power and attitudes. While using Aids as context, Nnko and Pool (1997) worked on sexual discourse among primary school pupils in Tanzania (Magu District). Sexual discourse dominant themes were presented in the study. The themes include fear of pregnancy, deception, reward and money, sexual desire, love and sex. Sexual relationships among these students are discovered to have different transactional components, for instance, girls rendered sexual services for various means of material rewards including money, which was due to a mixture of attraction and financial gain while for boys, what motivates sexual relationship is their sexual desire. Unfortunately, the fact that the use of

protective measures is neglected during sexual activities by these pupils increases the prevalence of HIV and STD especially as a result of their relationships with older men. The research encourages the promotion of the use of condom among school pupils. The use of condoms by men who are engaged in sexual relationships with schoolgirls seems to be the major relevant solution because the promotion of monogamy or abstinence will be of very little effect among these school children who are already engaged in sexual acts. However, without the review of earlier empirical works, it is difficult to ascertain the gap the study filled; what has been done in the study might be a repetition of what had been done by an earlier researcher.

Using the United States as a case study, Whitehead, Hinze and Futrell (2004) researched the nature of heterosexist discourse among adolescents. The study is built upon existing qualitative studies on heterosexual discourse within specific and different cultural contexts. To investigate talks by adolescents on the issues relating to sexual orientation, a discursive psychology framework was adopted; and it was used in contrasting sexual talks with race-related talks. Three themes were identified to be manifested in the talks of the adolescents about homosexuality. The themes are construction of homosexuality as abnormal or unusual; Links between homosexuality and inappropriate or illegal behaviour; and Negative connotations of homosexuality. Although the paper might have benefitted from the justification of sampling technique, the methodology is detailed.

In Niyi Osundare's poetry, sexual discourse is examined by Dare (2005). Dare (2005) posits that the poet made use of a controlled linguistic choice to conform to the African norms and conventions in which he made use of language which includes the use of sex organs of animals or allegory with material things. He makes use of ambiguities and ambivalence in instances of pornography. This is masterly done in such a way that it is difficult to tell if the textual experience is sexual or a metaphor of something deeper.

The portrayal of sexual intercourse on television is investigated by Farrar (2006). He is of the view that a so much sexual content is portrayed on the television to viewers without giving as much needed attention to their sexual responsibly. The study's results suggest that the television portrayal of sexual intercourse tends to influence the script and attitudes of

college women about safe sex. This can be compared to sex scenes not presenting safe sex or condoms usage. According to the research, there is a positive attitude to safe sex and the use of condom from women who had seen sexual intercourse accompanied by responsible messages and condoms usage on the television. The attitudes are different for college women who are exposed to television portrayals of sexual intercourse without the depictions of sexual responsibilities (or risk) and condoms. The result is a validation of the assertion that through responsible and positive portrayals of sexual intercourse on the television, the attitudes of people about sex-related topics may be influenced. This evidence is an indication that there is the possibility of negative and harmful effects of unsafe portrayal of televised sexual intercourse on the attitudes of young adults about safe sex, therefore, television programs should be inclined towards the encouragement of the portrayal of responsible sexual programs to its viewers rather than showcasing majorly unsafe sex to its viewers. However, while describing participants, the researcher specified their different racial identities, but when explaining the considered demographic variables, “race” was missing. This implies that the researcher had concluded that race will not affect their attitudes. Examining the influence of the race of the participant might have contributed to the study.

A study was carried out by Rellini and Meston (2007) to compare between non-sexually abused women and sexually abused women. According to the study, when writing about sexual topics, women who had no childhood experience of sexual abuse use lesser negative emotions compared to women who were sexually molested in their childhood. More use of sex words is evident in the writings (non-sexual topics) of women with child sexual abuse history than in the writings of women who had no child sexual abuse history. However, in the study, there are no differences in mechanism, origin and cause of sexual problems in women with sexual abuse history and women without sexual abuse history.

The examination of sexual discourse in Singaporean women’s magazines was done by Pugsley (2007). Using *The Singapore Women’s Weekly* as a case study, the paper examined how sexuality discourses are reframed by magazines for them to continuously operate within the tightly controlled media system in Singapore. The study is of the view that despite pressure for print media to gain autonomy in terms of its content, certain parameters are set

by the Singaporean government to maintain the traditional values and morals towards sexuality in an attempt to promote civic nationalism. However, a diachronic investigation should have been carried out to examine changes, continuity or transformation in the manifestation of sexuality in the magazines.

Sexual discourse in relation to knowledge, authority, and a submissive body was examined by McLeod (2011). It is argued that pornography is the medium for practices that transform human bodies into sexual bodies. Men are said to extract knowledge from pornography which they use to dominate women and turn them into docile bodies who adapt to different positions and gestures. The study takes a critical look at how pornography relates to the bodies on micro-level and creates a new form of discourse, definitions and knowledge about heterosexuality.

With contemporary Latvia as a case study, Mole (2011) investigated homophobia as it relates to a national threat. He considers why the intolerant level of Latvia to homosexuals is high, compared to all other member states of Europe. The paper reveals that the reason for the intolerance towards gays and lesbians is because homosexuality has been generally constructed to threaten the progressive existence of the nation.

African Homosexuality was the focus of Msibi's (2011) research. He opines that not only do African leaders publicly approve homophobia; other factors responsible for the promotion of homophobia are the usage of outdated laws, contradictions of ideas on morality and homosexual identity imposition. He is of the view that gender contributes to Africa's present political realities, and that rise in the prejudice against homosexuals is a reflection on the rise of neo-conservatism as a result of patriarchy. Moreso, Msibi (2011) is of the view that same-sex relationship is African and its practice predates the arrival of the Westerners. To him, in Africa, homosexuality has always been a reality and it will continue to exist although it is understood differently. He also opines that religion and law should not be used to challenge same-sex desires, but same-sex desires should be allowed and not threatened by the laws of the land or the religious beliefs of the people.

The way young men construct talks relating to sexual health was investigated by Knight, Shoveller, Oliffe, Gilbert, Frank and Ogilvie (2012). A critical discourse analytical

approach was employed to explore how masculine hierarchies inform the constitution of the young men's conversations on sexual health. It is discovered that sexual encounters are primarily the focus of the conversations of young men about sexual health. This means that most of the discussions amongst men regarding sexuality were based on their previous sexual experiences. The term "ironic teasing humour" propounded by Korovov was usually employed by most of the men who were observed in the study. "Ironic teasing humour" was used by the young men to neither explicitly disavow concern about the sexual health of a male friend, nor used to cancel out an expression of concern for other men. The use of humour to express men's various sexual exploits reproduces a form of group solidarity among men, through discourse, leading to the reconstitution of a patriarchal power that marginalises other men or women. Through the exploration of men's sexual health discourse, it is easier to comprehend how their discussions on sexual health are changed, constructed and constituted. The findings of the study support that men's alignment or interaction with hegemonic masculinity may put at risk, the sexual health of men. However, the specific approach to CDA employed by the researcher is not indicated in the study.

Montemurro, Bartasavich and Wintermute (2014) studied the gender of sexual discourse. According to them, sex talk is "masculinised" or seen as acceptable amongst men, therefore, women are prevented from engaging in public discussions about sex, for fear of being judged or condemned for communicating their sexual desires. Certain sexual factors were said to inhibit women's discussion about sexuality. These factors include lack of common ground, willingness to safe face (one's and others), consideration for others' feelings, intimacy level in a sexual relationship, as well as the fear of judgment. Although women are more opened to talk about sex during emotional bonding with their female friends or when expressing support to a female friend, it can be said that female's avoidance to talk about sex could be due to their compliance with femininity, and the fear of being tagged as deviant or masculine. Therefore, for women, sex talk is a taboo or a suggestion that is masculine. It was difficult for the majority of women who participated in the study to define sexuality independent of the relationship. One of the weaknesses of the study is that the theoretical anchorage (grounded theory) of the study was only mentioned. It was taken for granted that readers know the theory, so it was left without being reviewed.

An investigation of the portrayal of male sexuality in magazines was carried out by Plessis (2015). The study reveals that the magazine aims at empowering its female readers by permitting them to be in charge of their sex life. Certain key themes about male sexuality were identified and they are the melodramatic penis; phallogentric scripting of the sex act; and biological accounts of male sexuality. The study reveals that incorporation of substitutive means of male erotic pleasure is needed in the construction of male sexuality. This implies that considerations should be given to texts which motivate men to experiment with and also explore pleasurable feelings associated with non-genital erogenous zones of the body. However, there was no review of empirical studies that should aid the situation of the study within the body of existing works. However, the paper could have had a better analytical structure and precise results if had adopted a theory rather than stating the general field of discourse analysis.

In ample examination of the physiological mechanisms responsible for the coordination of mating and parental force in an insect that is showing signs of parental biparental care, Engel, Stökl, Schweizer, Vogel, Ayasse, Ruther and Steiger (2016) investigate how females' organs are regulated in managing the exchange between the desire to produce more offspring and the motivation to care for the existing ones. Engel et al. (2016) also explore the link between fertility and the possibility of conscious manipulation of females' reproductive state to generate the coordination of parental care and sexual activity. The findings reveal that egg production in females resumes as soon as they are separated from their larvae or whenever the larvae are matured enough to independently care for nutrition, but when the larvae's still critically dependent nutritionally on parents, egg production in females becomes suppressed. However, a lot of references were made to a study that was carried out earlier by the researcher. Because of this, many things were taken for granted in the study. There is no inclusion of the number of insects or what specie of insect was observed for the study. The inclusion of these details would have made the arguments easier to comprehend and less vague.

While adopting a critical discourse analytical lens, Risdaneva (2018), investigates how women are portrayed in news reports of sexual violence. Two newspapers from two different cultures were selected for the study. The newspapers used in this study are *The*

Jakarta Post and *The Guardian*. The study aimed at probing the representation of the main news actors through the choice of lexical items used in depicting them in both magazines. The findings of the study reveal that both newspapers used different lexical choices in the naming main actors. *The Jakarta Post* tends to view women with their positions in the legal system by using such words as “victim”, “detainee”, and “client” while Men are frequently referred to by using words like ‘suspect”, “rapist”, “suspected rapist”, and “perpetrator” which implies that men are not functionalised in terms of their occupations but how they are viewed in the legal world. *The guardian*, on the other hand, made use of words like “serial rapist”, “sex attacker”, “suspect”, “rapist”, and “attacker” while referring to the male actors, while there was only one type of word used for women which is “victim”. It is therefore evident that both perpetrators and victims are functionalised concerning criminal cases’ legal status in *The Jakarta Post*, while both victims and perpetrators are represented as people rather than part of the legal processes. This implies that *The Jakarta posts* tends to view the actors as part of the legal process rather than viewing them as people while *The Guardian*, on the other hand, focuses more on the crime committed by the people rather than the actors themselves. There is no engagement with previous empirical studies, therefore, the extent of relevance the study cannot be established.

The collection of findings presented here offers a diverse range of studies related to sexual discourse, covering various topics such as sexual orientation, power dynamics, gender representation, and societal attitudes towards sexuality. While each study provides unique insights into its respective subject matter, there are some common strengths and weaknesses that can be identified.

One strength across several studies is the use of qualitative methods and in-depth analysis, which allows for a nuanced understanding of the complexities of sexual discourse. For example, the study on sexual discourse among primary school pupils in Tanzania by Nnko and Pool (1997) provides valuable insights into transactional components and risk behaviors, highlighting the need for promoting condom use among this population. Similarly, the research on the portrayal of male sexuality in magazines by Plessis (2015) sheds light on gendered representations and the need for alternative perspectives on male pleasure. These studies demonstrate the importance of qualitative research in capturing the

multifaceted nature of sexual discourse. However, some limitations can also be identified within these findings. One common weakness is the lack of engagement with previous empirical studies in some of the reviewed papers. Without a comprehensive review of existing literature, it becomes difficult to determine the novelty and contribution of these studies. Additionally, the absence of theoretical grounding in some cases limits the overall coherence and robustness of the research. Providing a clear theoretical framework can help situate the findings within a broader context and enhance their theoretical and practical implications.

Another aspect that could be improved upon is the consideration of diverse perspectives and populations. Some studies focus on specific cultural contexts, such as the investigation of homosexuality in Africa by Msibi (2011) or the examination of sexual discourse in Singaporean women's magazines by Pugsley (2007). While these studies offer valuable insights into localised experiences, it is essential to acknowledge the wide range of cultural, social, and historical factors that shape sexual discourse. Including diverse populations and perspectives can enrich the findings and contribute to a more comprehensive understanding of sexuality.

The reviewed findings contribute to our understanding of sexual discourse across various contexts. They highlight the importance of qualitative research in capturing the complexity of sexual behaviours, attitudes, and representations. However, there is room for improvement in terms of theoretical grounding, engagement with existing literature, and inclusion of diverse perspectives. Future studies should strive to address these limitations to further advance our knowledge of sexual discourse and its implications in society.

The current study explores the ideologies (which mostly relates to sex) that are projected through the advertisements of sex-enhancement drugs in Southern Nigeria. This investigation gives insight to sexual orientation and cultural sexual projections in the region.

2.2.6 Studies on the impact and use of advertisements

The reviewed studies on advertising provide valuable insights into the impact of advertising on marketing and consumer behaviour. One strength of these findings is their focus on

specific industries or product categories, such as pharmaceuticals, consumer goods, herbal medicines, cosmetics, and online products. This specificity allows for a deeper understanding of how advertising influences consumers within these contexts.

The studies also highlight the importance of advertising in increasing awareness and creating perceptions about products. Several studies, including Dania (2013) and Fatima and Lodhi (2015), emphasize the positive relationship between advertising and sales volume. These findings suggest that effective advertising campaigns can significantly contribute to the success of a product or brand by influencing consumer behaviour. Another strength of the reviewed studies is their consideration of cultural and social factors in relation to advertising. Allen et al. (2019) and Ayimey et al. (2013) highlight the influence of societal standards, cultural background, and regional differences on consumers' perceptions and purchasing decisions. By taking these factors into account, the studies provide a more comprehensive understanding of how advertising strategies should be tailored to specific target markets.

Furthermore, the use of surveys, questionnaires, and statistical analysis in these studies adds rigor to the findings. By employing these research methods, researchers are able to collect quantitative data and draw meaningful conclusions about the relationship between advertising and consumer behaviour. The inclusion of regression and correlation analysis, as seen in Fatima and Lodhi (2015) and Pembi et al. (2017), allows for a more in-depth examination of the variables at play. Additionally, some studies, such as Chijioke (2016), provide insights into the effectiveness of different advertising mediums, such as television, radio, and online platforms. These findings can help marketers allocate their resources and develop targeted advertising campaigns to reach their desired audience more effectively.

Despite these strengths, there are some limitations in the reviewed studies. One common limitation is the lack of detailed information about the research design and sampling techniques. For example, Ahmed (2002) and Hassan (2017) do not provide clear explanations of their sampling methods, which makes it difficult to assess the representativeness and generalisability of their findings.

Moreover, the studies often focus on specific regions or cities, limiting the generalisability of the results to broader populations. While this narrow focus allows for a more detailed examination of local contexts, it restricts the ability to draw conclusions that apply to a wider audience. In some cases, the studies could have benefited from the inclusion of open-ended questionnaires or qualitative interviews to capture more nuanced and diverse perspectives. For instance, Ayimey et al. (2013) and Nelson et al. (2018) could have incorporated open-ended questions to gather additional insights into the factors influencing consumers' choices beyond the scope of their predefined options.

The absence of a comprehensive review of existing empirical studies in some of the research papers limits the ability to situate the findings within the broader body of knowledge. This gap reduces the understanding of how the reviewed studies contribute to the existing literature on advertising and may hinder the identification of research gaps and future directions.

While it has been established by the reviewed studies that advertising is very effective and contributes to consumers decision to purchase products, it is necessary to examine how strategies and ideologies are deployed by producers to influence the audience through the message of advertising; in this case, the advertisements of herbal sex-enhancement drugs in Southern Nigeria.

2.2.7 Studies on sexual dysfunction

The prevalence of sexual dysfunction has been investigated within and outside Nigerian. These investigations mainly centers on sexual dysfunction in people who are also receiving treatment for other ailment or diseases.

While exploring correlates and the prevalence of erectile dysfunction among the men living in Morocco, Berrada, Kadri, Mechakra-Tahuri and Nejjari (2003), six hundred and fifty-five 25 years-old men and above, living in Casablanca, Morocco were randomly selected as participants in the study. Through the administration of questionnaires, information was solicited from the selected men. The results show that 54% of the men (irrespective of literacy level or employment status) suffer erectile dysfunction. The risk factors associated with erectile dysfunctions are hypertension, diabetes, smoking and heart disease. However,

there is no reason or justification of the selection 25 years as the minimum age of participants. Most studies include all participants who are within the reproductive age (starting from 18 years old) or standard specified age group. The justification of the age range would have opened insights to considerable reasons (that do not apply to people below 25) why people of that age range suffer from erectile dysfunction.

By focusing on female hospital patients who are of reproductive age, Fajewonyomi, Orji, and Adeyemo (2007) evaluated the prevalence of sexual dysfunctions in Nigeria. Data for the study were sourced by administering questionnaires to three hundred and eighty-five out-patient patients who are receiving care at the teaching hospital in Ile-Ife. 63% of the respondents claim to experience sexual dysfunctions and the types identified are orgasm disorder, arousal disorder and painful coitus. Sexual dysfunction is most prevalent among women between the ages of 26-30 years. It is also prevalent among highly educated women. Aside from medical factors, the psychosocial factors responsible for sexual dysfunctions are excessive domestic duties, competitions with other wives, guilt from infertility, inadequate foreplay and uncaring partners. However, assumptions of the researchers about the reasons for the prevalence of sexual dysfunctions among the women could have been justified. Precise reasons for the prevalence could open research paths for addressing the causes of sexual dysfunctions.

In an attempt to determine the rate at which females in the university environment suffer from sexual dysfunctions, Nwagha, Oguanuo, Ekwuazi, Olubobokun, Nwagha, Onyebuchi, Ezeonu and Nwadike (2014) carry out a study in Enugu, Nigeria. They randomly recruited 500 female respondents at the University of Nigeria, Enugu Campus. While the prevalence of sexual dysfunctions among the females is as high as 53.3%, women within the age brackets of 41-50 years old seem to have a higher frequency of prevalence. This is not in line with the claim of Fajewonyomi et al. (2007), probably because of the demographic differences or other factors. As a divergent from the findings of Fejewonyomi et al. (2007), Nwagha et al. (2014) conclude that educational qualification does not contribute significantly to the prevalence of sexual dysfunctions among the females that are studied.

In Mahmoud's study conducted in 2015, the focus was on exploring the consequences and impediments that female genital mutilation poses on the sexual functionalities of women residing in Alexandria, Egypt.. The study adopted a case-control sampling of 272 Alexandria women who have been circumcised and receiving care at four selected health care. From the findings, 43.4% of the circumcised women claim they had experienced obstructed labour; 73.9% have had issues of dysmenorrhea; 27.6 suffered a postpartum haemorrhage. The study concludes that female genital mutilation is highly a factor for lower sexual functions among women in Alexandria. The result of the study may be undeniable, but the tenability is contestable. The claim that there is the prevalence of sexual dysfunctions among women who had undergone genital mutilation will be further established if there is a complementary study carried out on women who did not undergo female genital mutilation. If sexual dysfunctions is also prevalent among women who did not undergo circumcision, then genital mutilation might not be the major cause of sexual dysfunctions among Egyptian women.

The commonness of erectile dysfunction among male diabetic patients living in South Africa was examined by Kemp and Rheeder (2015). They considered 150 patients suffering from type 2 and type 1 diabetes, who were receiving treatments at Steve Biko Academic Hospital Diabetes Clinics. Out of the sampled patients, ninety-nine percent claim to experience erectile dysfunction. The factors identified in the study to be responsible for erectile dysfunction are age, diuretic therapy and body mass index. The researchers administered questionnaires to patients and other information was got from a hospital laboratory system, clinic files and hospital files. There was no mention in the methodology where the researchers got patients' consent before obtaining these confidential details. One of two things could have happened, either there was an ethical and patients' approval which was not documented or the researchers violated research ethics by obtaining patients' record with seeking the appropriate approval.

A study was carried by Olisah, Sheikh, Abah and Mahmud-Ajeigbe (2016) to consider the correlates between socio-demographic factors and clinical factors that are responsible for sexual dysfunctions in men. The study focused on Psychiatric outpatients who were receiving treatment at a Neuropsychiatric hospital in Northern Nigeria. The percentage

prevalence of sexual dysfunctions among the patients was 64.3% and the factors associated with the dysfunctions are psychotropic medication use, age and employment status. The study concluded that sexual dysfunctions are associated with psychotropic medications because sixty-four percent of participants attest that they suffer erectile dysfunctions. However, these findings could be further examined because over thirty percent of the participants do not experience any form of sexual dysfunctions. Some other reasons may be responsible for the sexual dysfunctions in psychiatric patients, but if there are no other reasons, then the reason why thirty-six percent do not experience sexual dysfunctions should be explainable.

In order to ascertain the factors responsible for erectile dysfunction in patients suffering from chronic kidney disease, Agboton, Avakoudjo, Azonbakin, Hazoume, Tossoulegue, Bigot, et al. (2017) carried out a cross-sectional study in CNHU-HKM, Cotonou over six months. The results of the study show that 87% of the included patients had hypertension; 14% had Diabetic Nephropathy; 67% had hypertensive Nephropathy. Among other disorders, 86% of the patients claim they experience erectile dysfunction. The researchers claimed that erectile dysfunctions are amplified in patients who are undertaking dialysis as a result of chronic kidney disease diagnosis, however, the reason for the amplification was not identified in the study. It was not stated whether the erectile dysfunction is automatically amplified by critical kidney disease, or if amplification is a side effect of dialysis. Identifying the reasons for the amplification of erectile dysfunction in men would extend the frontiers of intervention research in the treatment of erectile dysfunction.

In Tigray, Northern Ethiopia, central and northwest zone hospitals treat patients with diabetes who have been diagnosed with erectile dysfunction. Seid, Gerensea, Tarko, Zenebe, and Mezemir (2017) investigate the determinants and prevalence of erectile dysfunctions among these patients. 249 diabetic patients were randomly selected across five hospitals in the region. A total of 69% of diabetic male patients experience erectile dysfunctions. The erectile dysfunctions experienced were mild, moderate or severe. The determinants of the level of dysfunctions are low income, years of diabetic's diagnosis and old age. Only 3.2% of the participants sought treatment for erectile dysfunctions. The recommendation in the study is that medical practitioners should factor in erectile

dysfunction when treating diabetic patients; however, the researchers did not consider the reasons why many of the patients do not get screened or treated for erectile dysfunctions. Perhaps, it has nothing to with the healthcare providers.

Using a cross-sectional study, Owonikoko, Bobo, Tijani and Atanda (2018) investigated the adversities of Ogbomoso woman suffering from infertility. They explored the relationship between the sexual and psychosocial challenges of the women. Questionnaires were administered to 189 infertile women. The women are receiving treatment at hospitals in Ogbomoso in Oyo state. In the findings, there exist a relationship between the duration of infertility and the women's age and educational status. Majority of the women attribute the cause if their infertility to God, while few others think infertility is as a result of biological factor or punishment for sins. The sexual function disorders that were highlighted by the women are orgasm, satisfaction, arousal, painful penetration, desire and lubrication. However, administration of questionnaires might not be sufficient for the study, because questionnaires limits expressions of other possible findings. If interviews were employed, then the indices of the findings might be slightly enriched.

The findings in reviewed studies revealed that sexual dysfunctions are prevalent, even in Nigeria. While most of the studies are within the confine of public health, the findings are pointers to the fact that consumption of aphrodisiacs is also prevalent. Therefore, the present study aims at exploring the messages of the advertisements of herbal remedies targeted at curing sexual dysfunctions.

2.2.8 Appraisal of literature reviewed

The previous studies conducted on marketing campaigns of drugs companies have primarily focused on strategies and discourse practices. However, an important aspect that has been overlooked in these earlier works is the examination of underlying ideologies and communication strategies specifically in the advertisement of herbal drugs. This study aims to fill this research gap by bringing attention to the unique communication strategies employed by producers of herbal sex-enhancement drugs in promoting their products. By delving into the messages conveyed in these advertisements, this study seeks to uncover the

inherent ideologies that shape the content and explore strategies that previous studies have failed to identify in the domain of herbal medicine advertising.

Understanding the communication strategies and ideologies behind herbal drug advertisements is crucial for several reasons. Firstly, it sheds light on the persuasive techniques used by companies to market their products, enabling consumers to make more informed decisions about their health and well-being. By dissecting these strategies, the study aims to reveal how specific messages and claims are constructed to appeal to the target audience. Secondly, exploring the underpinning ideologies within these advertisements provides insights into the cultural and societal factors that shape the marketing of herbal sex-enhancement drugs. This research can contribute to a better understanding of the wider implications and consequences of these advertising practices on individuals and society.

This study also seeks to expand the existing knowledge by uncovering strategies that have not been previously identified in the realm of herbal medicine advertising. By doing so, it aims to contribute to the development of a comprehensive framework for analysing and understanding the communication practices within this specific domain. By examining these unique strategies and ideologies, this study can provide a more holistic understanding of the complexities involved in promoting herbal drugs, thus offering valuable insights for both researchers and practitioners in the field of marketing and advertising.

2.3 Theoretical framework

The research adopted Teun van Dijk's cognitive approach to Critical Discourse Analysis and complemented it with Paul Simpson's (2001) notion of "reason" and "tickle", and Jacob Mey's (2001) Pragmatic Acts Theory otherwise known as pragmeme. These theories were selected because they were found useful in accounting for the concepts and objectives of this study. van Dijk's cognitive approach to Critical Discourse Analysis was used to identify the ideologies that underpin the advertisements as well as to examine the evocation of contexts, while Simpson's notion of "Reason" and "Tickle" was used as a framework to identify the communication strategies employed by advertisers of the herbal aphrodisiacs and Mey's Pragmatic Acts Theory was utilised to examine the pragmatic acts of the strategies as well as the constituents of the advertisements.

2.3.1 Teun van Dijk's approach to Critical Discourse Analysis

The shortcomings of critical linguistics led to the development of critical discourse analysis (CDA). Critical discourse analysis is an innovative multidisciplinary approach which tackles a number of important social issues. The methodological tools of sociolinguistics, text linguistics, critical linguistics and traditional linguistics become the instrument of evaluation of critical discourse analysis. Its concerns are issues that relate to the way language is used in/within social institutions with an emphasis on the relationship between language and ideology on one slant and language and power on the other slant (Amoussou & Allagbe, 2018; Wodak, 2002). Critical discourse analysis is not a single theory; it has various approaches with respect to different theoretical backgrounds that drive specific methodologies and data. There is the need to specify the approach and specific researcher that is being adopted in a critical examination of texts (Wodak, 2002). Against this backdrop, this study is driven by van Dijk's socio-cognitive approach to CDA.

The claim of van Dijk is that there is the need for CDA to bring to account, the various forms of shared cognition by social institutions, organisations and groups (Amoussou & Allagbe, 2018). In van Dijk's approach, social cognition is referred to as the mental processes and mental representations systems of group members. "Part of the system is the sociocultural knowledge shared by the members of a specific group, society or culture. Members of groups may also share evaluative beliefs, viz., and opinions, organised into social attitudes" (van Dijk, 1995:18). Within the socio-cognitive framework of CDA, ideology is projected within a triangular interconnected cycle that consists of discourse, society and social cognition (van Dijk, 2005).

The framework privileges interest in how power and dominance in the society are relationally negotiated as a result of production, enactment and reproduction by discourse structures. He explains that:

Critical discourse analysis (CDA) is a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context. With such dissident research, critical discourse analysts take an explicit position, and thus want to understand, expose, and ultimately resist social inequality (van Dijk, 2005:352).

The argument of van Dijk (2005) is that CDA's focus is not to account for trends and patterns, rather, its primary concerns are political issues and social problems. van Dijk posits that the analytical tools of CDA go beyond the description of discourse structures. The discourse structures are explained in relation to social interactions. In other words, this position suggests that though discourse may be produced by an individual, the concerns of CDA will be to investigate the manifestation of social problems that ensue through proper interrogation of social structures that encapsulate the discourse. He, therefore, presents that CDA should be able to bridge the gap between the micro and macro levels to discourse analysis. The micro-level is textual and it considers communication, verbal interaction, discourse and language use. The macro-level is social and it considers inequality, dominance and power between social groups.

Investigating the relationship between discourse and ideologies (which is one of the concerns of this study) is strong point of CDA. Teun van Dijk (2004) highlights 27 strategies that are used for ideological representations in discourse. These strategies are "victimisation", "vagueness", "Us-Them", "self glorification", "presupposition", "populism", "polarisation", "number game", "norm expression", "metaphor", "lexicalisation", "irony", "implication", "hyperbole", "generalisation", "example/illustration", "evidentiality", "euphemism", "disclaimer", "counterfactuals", "consensus", "comparison", "categorisation", "burden" ("Topos"), "authority", "actor description". These strategies, which are tools for enacting ideologies, are instrumental to identifying ideologies in the data of the current study. The ideologies projected in text are constructed by the text producer's conscious and unconscious use of these ideological strategies. Hence, this aspect (Ideological construction through the ideological representation strategies) and the contextual model (discussed below) of van Dijk's approach to CDA are predominantly adopted for this study.

Contextualisation and context model

The link between discourse and ideologies can sometimes be difficult to establish. Hence, ideologically-based contexts are needed to investigate how participants are able to ideologically interpret discourse and events. The ideological contexts are built on mental models, which enable participants to understand and interpret discourse. In other words,

people's subjective interpretation of talks is driven and controlled by their mental models. Therefore, van Dijk (2006:129) proposes a theory of ideological discourse processing which has "an explicit component that accounts for contextualisation, defined in terms of subjective context models of participants."

The mental ideological context models are controlled by shared general beliefs, ideologies, attitudes and knowledge. Sometimes, discourses may not be suggestive of events or time; thus, to understand the discourse, a mental context is expedient. The mental model is a cognitive interface between discourse and social practice. Mental models constitute the personal, episodic memory of people; they are representations in episodic memory and may be linked with experiences of people (van Dijk, 2002:18-19). The categories that constitute context structures identified by van Dijk (2002:21-23) are domain (the general and social domain in which participants are speaking), global action (actions engaged in within the domain), roles (different roles – interactional, communicative and social - assigned to participants for production and comprehension of discourse), social relations (relationship between participants, in terms of power relation, dominance, formal and informal, among other) and cognition (goals and knowledge).

2.3.2 Paul Simpson's notion of "Reason" and "Tickle"

Simpson (2001) presents a pragmatic model for strategies in advertising discourse. The model which he builds on a range of earlier pragmatic models is a design of two constructs: "Reason" and "tickle". Simpson sees the poles of strategies of advertising as direct and oblique. "Reason" is presented as direct, while "Tickle" is presented as oblique.

One of the interrelated variables that are considered by producers of advertising texts is structure and strategy. On the one hand, "tickle" structures in advertisements do not present consumers with the strong need to purchase products, they are included for other purposes such as humour and to gain attention of consumers. On the other hand, "reason" is one of the options of "strategy", being the alternatives considered by the producers to achieve the purpose of products sales (Conradie, 2013). According to Simpson (2001:594), "reason ads are characterised prototypically by (i) conspicuous product placement with brand name and (if available) company logo visually prominent and (ii) a clear and unambiguous statement

of the principal reason to buy the product.” The unique selling proposition is enacted by the reason strategy; hence, the major focus of the model was on “Reason”.

While highlighting the weaknesses of logic and its limitation in capturing the advertising strategies through texts, Simpson draws on Halliday’s functional view of language. Simpson builds his “reason” framework on the conjunctives of the textual *metafunction* of language as designed by Halliday. However, the major conjunctive adjuncts (based on the verbal texts of advertisements) adopted by Simpson are conditional, causal and purposive. Simpson (2001) adopts only these three conjunctive adjuncts that can be used to make a proposition that would give consumers reasons to purchase a product. Simpson (2001:595) claims that the selected adjuncts ““enhance”, rather than “extend”, the propositional base, with the “reason to buy” element becoming foregrounded through clear exposition of the positive consequences following purchase and, less commonly, the negative consequences resulting from failure to purchase.”

The conditional conjunctives are deployed by a propositional structure – a semantically well-formed conditional statement that bears a direct, positive and beneficial consequence. The causal conjunctives present as reason-result argument, while the purposive conjunctive proposition are constructed on possible and prospective state of affairs.

Communication strategies in the advertising of HSEDs are deployed to communicate the products to the target audience and persuade them to buy the product that is being advertised. To identify the strategies deployed in the advertisements of HSEDs, this study adopts the “reason” and “tickle” model that was developed by Simpson (2001).

Modification to Simpson’s theory

For this study, “Reason” is explained within the persuasion strategies, and the proposition conjunctives are not taken as adjuncts in this study but as build-up on expressions which are, in this study, referred to as clauses that evoke reasons to purchase. This is because the languages of advertising in the region covered are predominantly pidgin and indigenous languages which do not fully (or in all instances) favour the propositional structure of “adjunct + main clause”. Since the language of the advertisements is not English, it would be difficult to force conjunctive adjuncts on the data, and that is why they have been

captured as conjunctive clauses, where the conjunctive element is the sense (which could sometimes be captured in few instances with real conjuncts) that combines two corresponding dependent clauses. This structure is captured, in *passé*, by Simpson (2021) as transposition. The functions of conjunctives in relation to adjuncts are transferred correspondingly to the clauses.

Another contribution to the theory is merging together of conjunctive types to function as supporting tools for a proposition. Since reason strategies are used to project propositions, the conjunctives work together to project the proposition. Simpson's classification of advertisements based on the conjunctive types – causal ads, conditional ads and purposive ads – seem to suggest that a particular advertisement employs just one conjunctive type to project a proposition, however, an advertisement is a rich linguistic data that could possess more than one proposition. So, rather than see these conjunctives as advertisement types, they are, in this study, considered as manifestation of reason strategies that promote a proposition.

2.3.3 Jacob Mey's Pragmatic Acts Theory

Following the criticisms and limitations of J. L. Austin's Speech Acts Theory, the Pragmatic Acts Theory was developed in 2001 by Jacob Mey. Mey posits that for conversations to be understood, utterances must be properly situated within the social context. He explains, that "no conversational contribution at all can be understood properly unless it is situated within the environment in which it was meant to be understood (Mey, 2001:217)." An alternative name of The Pragmatic Acts Theory is *pragmeme*. Mey's. According to Kadhim (2015:1220), the theory "attains that context is the most important factor in recovering the intended meaning of a speech act, for it is the only factor which could tell about the felicity conditions of speech acts."

According to Mey, the acts that are performed with utterances are defined and determined by the affordances of the context. This position is buttressed by Capone (2010:5) who defines *pragmeme* as "a speech act – an utterance associated with a goal. Its intention is to bring about such-and-such effect, to modify a situation and change the roles of participants within that situation or keep the roles the same while bringing about other types of effects."

In the Pragmatic Acts Theory, there exists a super-ordinate term, referred to as Pragmeme. The “activity” and “textual” constituents of discourse are anchored on the super-ordinate term. The roles participants (interactants) play in discourse are portrayed through the activity part. The concerns of the textual part are the contextual features that are manifested in discourse situations. Another feature of the theory is “pract” - through which, there is an initiation of the pragmatic act leading to the production of a pragmeme. A “pract” is constituted by the effects of the knowledge shared by interlocutors within communicative contexts.

Mey (2001) argues that prosodic acts, psychological acts, physical acts, speech acts, and conversational acts are produced by interactants during communication. All these acts are projected in varied contexts.

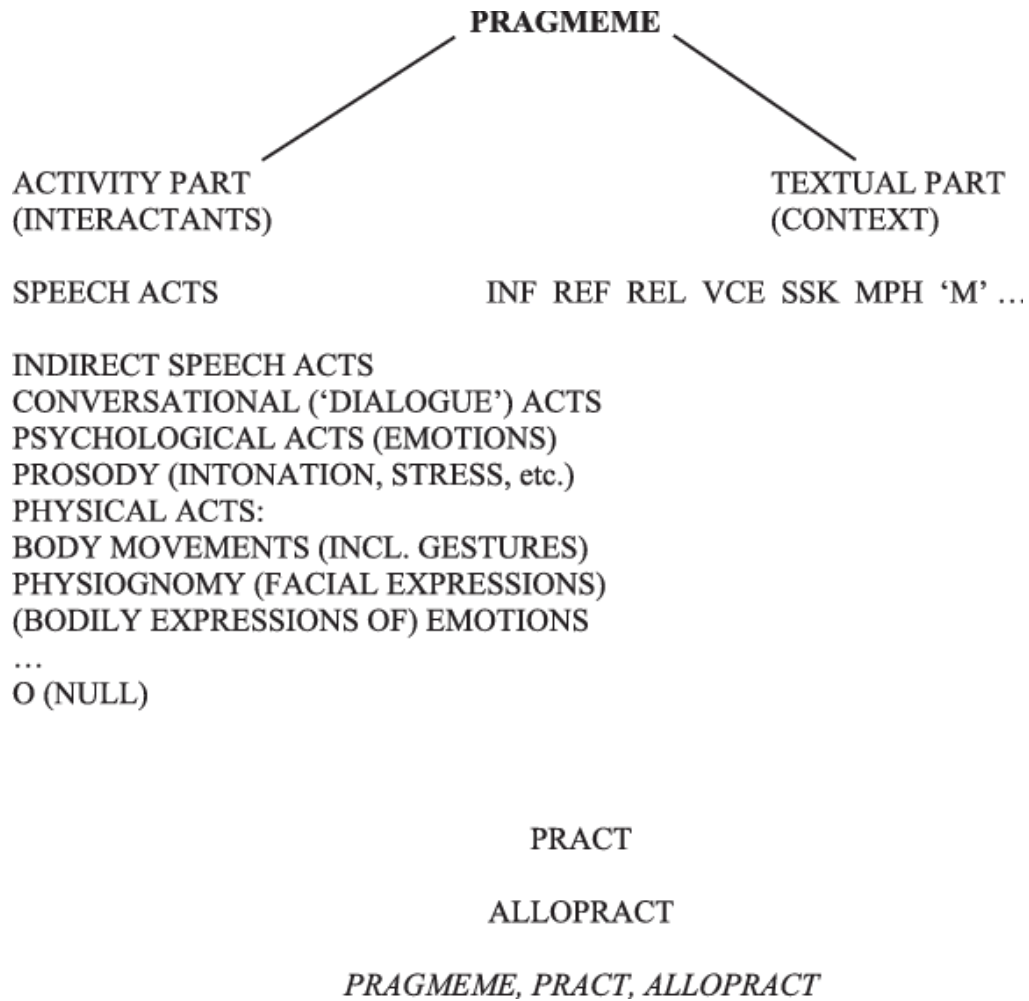


Figure 2.1: Jacob Mey's (2001:222) Model of Pragmatic Acts

Source: Mey, J. 2001. *Pragmatics. An Introduction*. Oxford: Blackwell.

The textual part

The textual part consists of contextual features that are negotiated for the co-comprehension of discourse between interlocutors. What is being said can only be understood by the exploration of the contextual features. The features are M (Metapragmatic Joker), MPH (Metaphor), SSK (Shared Situation Knowledge), VCE (Voice), REF (reference), and INF (inference).

The activity part

The activity part is the classification cadre for how language is conveyed for communication purpose. In this category, there are six means of communication from which interactants can make a selection. The options are speech acts, prosody, psychological acts, and physical acts, conversational act, indirect speech acts.

The Speech Act is an activity classification that deals with the usage of verbal or written words for the purpose of communication, these words hitherto referred to as utterances are used to perform certain functions when negotiated in context. It has a relationship with Austin's speech act theory. The Indirect speech act is similar to the speech acts in form, but in meaning, they differ. While the speech act focuses on what functions utterances perform overtly, indirect speech acts used when the make function of utterance to be overtly uninterpretable, except there is an investigation of the speaker's intention. For instance, one may say something and mean another.

Conversational/Dialogue Acts can only be employed where there is a conversation between interlocutors, that is, it is deployed when there is a dialogue and exchange of turns using utterances for social interaction. When an individual want to express the state of his/her emotion, such individual maximises the psychological act. The psychological act reveals the psychological state of the person making utterances.

The prosody act is concerned with sound waves in relation to rhythm, stress, intonation and rhyme as communicative tendencies a speaker can deploy during interactions or monologue. The physical act involves the use of paralinguistic elements to communicate. These non-linguistic forms of communication include body moves, gestures, facial expression, emoticons, and kinesis among others.

Modifications and criticisms of Pragmatic Acts Theory

The model created by Mey (2001) was modified by A. Odebunmi (2006) while applying the theory to the analysis of proverbs in Ahmed Yerima's plays. Odebunmi (2006) argues that social knowledge cannot be fully contextually navigated through shared situational knowledge (SSK). Therefore, he included shared cultural knowledge (SCK) to the schema. This extends the contextual scope of Mey's (2001) theory. In other words, utterances are not just situational-bound, they are also culturally-bound. Odebunmi explains,

The use of proverbs in specific contexts ultimately produces certain praxs, which are directed at the hearer. The social knowledge shared by interactants occurs at two levels; their shared cultural knowledge (SCK) and their shared situation knowledge (SSK). Interactants share a cultural background, which enables them to understand proverbs as used in specific situations (Odebunmi, 2006:160).

Odebunmi's (2006) inclusion of SCK may sometimes be conflicting. All forms of knowledge are included in SSK and the need to single out SCK may not be needed. In other words, SCK is not a level of shared knowledge but a subsumed form of knowledge that constitute SSK, other sub forms, such as shared institutional knowledge and shared linguistic knowledge could also negotiated in understanding utterances.

On the relevance of pragmatic acts theory as a new theory of utterances functions, Allan (2010) posits that the major arguments of Mey (2001) and Capone (2005) are not strong enough to introduce a new theory. Allan claims that while describing pragmemes and pragmatic acts, it appears that nothing extraordinary has been established because "the importance of common ground...in determining the forms and meanings of speech acts has long been recognised...so emphasising the importance of context to the proper delivery and interpreting of speech acts scarcely justifies introducing new terminology" (Allan, 2010:2920). However, pragmeme, extends its borders of investigation to other forms of communicative acts outside speech acts. This enrichment justifies its relevance as a new theory on communicative acts.

Another criticism of the Pragmatic Acts Theory is that it undermines the potency of linguistic units (to reproduce contexts and vice versa) by placing all emphasis on the situational context. Kecskes (2010) argues that the framework of a pragmatic theory should

accommodate “explanatory movement” from both outside-in and inside-out. “The problem with this definition is that it emphasises that the explanatory movement should go from the outside in...the explanatory movement in any pragmatic theory should go in both directions” (Kecskes, 2010: 2894).

The Pragmatic Act Theory has been generally acclaimed to be a useful theory for accounting for the acting of utterances within certain social contexts. This theory is utilised in the study to account for context-based meanings and implications of the utterances enacted through the communication strategies employed by the advertisers of HSEDs in southern Nigeria. However, since the theory promotes situation bound utterances, meanings and functions of utterances should/could be conditioned by the functional constituents or patterns of texts. In other words, the understanding of functional constituents may change the meanings and functions of utterances even though the situation remains the same. So, in this case, the manifestation of pragmatics acts, when negotiated, may indicate constituent shift. It is not just about identifying the constituents of the text, but also about examining how these constituents are negotiated through utterances meanings and functions. It is on this note that adopted Pragmeme in accounting for my fourth objective: to examine the constituents of the advertisements.

2.3.4 Justification for theories

The three theories were selected because of their complementary nature and also because of the objectives of this study. Teun van Dijk’s socio-cognitive approach to critical discourse analysis is appropriate for the identification of the contexts and the ideologies inherent in the advertisements of HSEDs, but the theory may not be suitable for examining the communication strategies. It is on this note that Simpson’s notion of “reason” and “tickle” becomes of its relevant because of its capacity to account for strategies that convey intentions in advertisements. To account for the fourth objectives (the constituents of the advertisements), the aforementioned theories are not suitable, hence, the reason for the inclusion of Mey’s Pragmatic Acts Theory.

2.3.5 Conceptual framework

The model below presents a link between the theories, objectives and the findings of this study. The connection between the objectives of this research is carefully handled in this model.

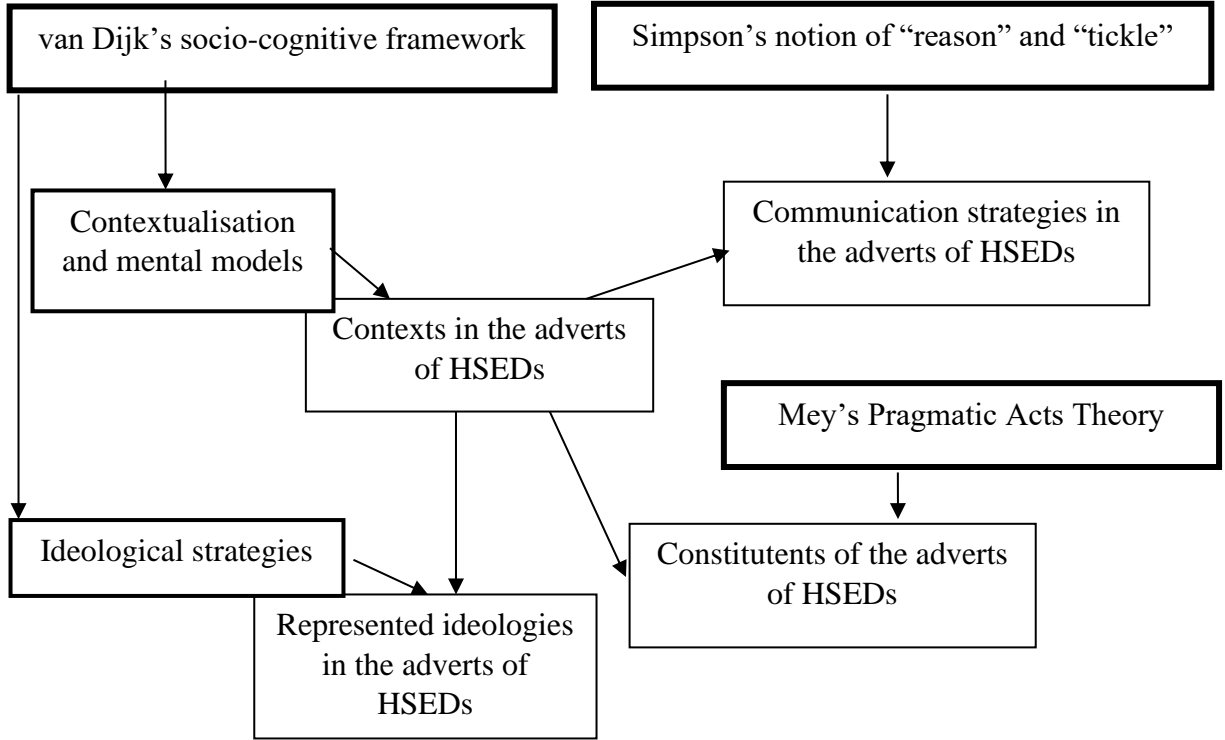


Figure 2.2: Conceptual framework of the link between theories and objectives

Source: Author's conception

Contexts, in this research, are constructed through context models presented by van Dijk's socio-cognitive approach to critical discourse analysis (the framework is suitable in the identification of the contexts and ideologies in the data). The identified contexts form the basis for the ideologies that underlay the messages of the advertisements of HSEDs in Southern Nigeria. Furthermore, the contexts are instrumental to the evocation of communication strategies that are deployed by advertisers of HSEDs. The connectedness can be seen in the conceptual framework with the linking lines. Simpson's (2001) notion of "reason" and "tickle" is used to account for the communication strategies deployed in the advertisements; these strategies communicate the intention of the advertiser, and they are context driven. Mey's (2001) Pragmatic Acts Theory was deployed to identify the contextual manifestations of the constituents of the advertisements. These theories are suitable for this research because they present an avenue for an in-depth analysis of the ideas contained in the data. The nature of the data and the objectives of this research necessitated the adoption and incorporation of the three theories.

2.4 Summary

The chapter is a review literature; previous studies and concepts as well as the theoretical tools used in the study. The approaches of earlier studies to advertising, herbal drugs, aphrodisiacs were reviewed and the gap this study is filling was identified.

CHAPTER THREE

METHODOLOGY

3.0 Preamble

This chapter describes the research design, study population, sampling size, sampling technique, data collection procedure and method of data analysis.

3.1 Research design

A descriptive design was adopted to describe how advertisers of herbal sex-enhancement drugs (HSEDs) in Southern Nigeria negotiate through context and ideologies to present their messages. The description of the communication strategies and the constituents of the advertisements were also concerns of the research. The combination of theories that are utilised for the design are van Dijk's socio-cognitive approach to critical discourse analysis, Mey's Pragmatic Acts Theory and Simpson's notion of reason and tickle.

3.2 Study population

The population for this study is the advertisements of herbal sex-enhancement drugs in public spaces (motor parks and markets) in Southern Nigeria. Southern Nigeria consists of three geopolitical zones namely, South South, South East and South West. There are 17 states across these zones: six states in the South West, five states in South East, and six states in South South (Okorie et al., 2013). According to Britannica geography survey, there are 62 major cities across Southern Nigeria. There is no database to check the total number of advertisements of herbal sex-enhancement drugs in the region, neither is there a unified database to state the total number of public parks or markets in the region. However, through multiples searches across domains and individual state's websites the total number of markets in the region is 288.

3.3 Sample size

Forty advertisements of HSEDs – an average of four from each state – which were aired at six markets and 24 motor parks across nine southern states (Lagos, Oyo, Ondo, Delta, Edo, Rivers, Anambra, Abia and Enugu) constitute the sample size. The statistics of the sample size is presented below.

	Zones	States	Number of recorded adverts
Southern Region	South South	Delta	5
		Edo	4
		Rivers	5
	South East	Abia	4
		Enugu	4
		Anambra	4
	South West	Lagos	5
		Oyo	5
		Ondo	4
	Total	3	9

Table 3.1: Sample size of advertisements of HSEDs for this study

Source: Author's conception

3.4 Sampling technique

The study employed the stratified random and convenience sampling techniques. The stratified random technique was used in the sampling of nine southern states (Lagos, Oyo, Ondo, Enugu, Anambra, Abia, Delta, Edo and Rivers States). Three states from each zone, were randomly selected to represent the southern region. These nine states gave an overview of the contexts, ideologies and strategies inherent in the advertisement of HSEDs in this region. The convenient sampling was adopted (based on relevance and availability) in getting 40 advertisements of HSEDs across the states.

3.5 Nature and methods of data collection

The data that were gathered were *direct data*. *Direct data* are made up of observation interactions, body language and actions as well as written and spoken words that are recordable. For this study, the audio recordings of the advertisements of HSEDs formed the direct data. A data collection guide was given to a total of 10 volunteer research assistants who assisted in the collection of data. The assistants were resident in the locales of data collection, and the guide was to visit motor parks and markets to record herbal advertisements that contain sex-enhancement messages. The gathering of data was done by using audio recorders to make audio-recordings of the advertisements of HSEDs at their respective and strategic business locations (markets and car parks). Audio recordings were done where the marketers of the HSEDs were located at Choba Junction, in Port Harcourt; Ughelli Main Market, Ughelli; Ogige market, Nsukka; Coal Camp, Enugu; Academy, Ibadan; Iwo Road, Ibadan; Iyana Isashi bus stop, Agbara-Badagry express road, Lagos; Osodi, Lagos; Oja Oba in Akure; Isi Gate, Umuahia; Low Cost Housing Estate, Umuahia; Aba Road, Umuahia; Awka, Anambra; and Bobizua Motor park in Benin. Some of the marketers in their company's vehicle already had recorded advertisements being played repeatedly. The audio recordings were transcribed using Gail G. Jefferson's (1984) Transcription notation for the analysis. The transcription notation was employed for visible recognition and understanding of the speech patterns of the advertisements. Predominantly, the language of the advertisement is Pidgin English in the South South and South East while in the South West, the dominant language of advertisements is Yoruba. Transcribed data

rendered in languages other than the English language were thereafter translated to English and presented alongside the original transcripts.

3.6 Ethical considerations

Getting the consents of advertisers posed a great challenge. This is because some of the advertisers were confrontational and were suspicious of recordings for the fear of piracy. While some consented to the recordings, many refused. Therefore, to avoid arising matters with ethics, while representing the advertisements in the presentation of data, pseudonyms were adopted to replace the names of advertised products. This is done because the research is for academic purpose, and the advertisers' confidentiality is protected.

3.7 Method of data analysis

The transcribed audio-taped records of the advertisements were analysed using the qualitative and an in-depth discussion of each through a top-down approach – an approach that identifies the general then proceed to specifics. It is like a pyramid structure that has the macro categories first, followed by the sub-categories. Also, in the top-down approach representativeness of data is privileged. It attempts an analysis of the advertisements using the theories adopted. To fulfil the aim and objectives of this research, the analysis of the data was divided into four stages. The first stage was an exploration of the contexts that are evoked in the advertisements, and this was engaged by van Dijk's contextualisation model. The second stage handled the underlying ideologies in the advertisements through the ideological strategies from van Dijk's socio-cognitive approach to critical discourse analysis. By deploying the tools of Simpson's approach of "Reason" and "Tickle", the third stage focused on the communication strategies in the advertisement of Herbal Sex Enhancement Drugs in Southern Nigeria. The fourth stage accounted for the constituents of the advertisements through the application of the textual features of Jacob Mey's Pragmatic Acts Theory.

3.8 Summary

This chapter has examined the data collection procedure, sampling, and the method of analysis for the analysis of contexts, communication strategies and ideologies in the

advertisement of roadside herbal sex-enhancement drugs in Southern Nigeria. The analysis of transcribed data is discussed in the next chapter.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.0 Preamble

The focus of this chapter is the analysis of data, findings and discussion of this research. Based on the transcription of forty sampled advertisements of roadside herbal sex-enhancement drugs across southern Nigeria, the analysis follows a top-down analytical approach. The analysis is divided into four segments which are contexts in the advertisements, ideologies in the advertisements of the roadside HSEDs, communication strategies in the advertisements of HSEDs in Southern Nigeria, and constituent of the advertisements of HSEDs in Southern Nigeria. The study adopted Gail Jefferson's (1984) Transcription notation to present excerpts.

4.1 Contexts in the advertisements of HSEDs in Southern Nigeria

In the advertisements of HSEDs, the context is evoked by the advertisers, and it becomes easier for them to specifically send messages to adults who would be able to draw on social experiences to fully understand the messages. There are four contexts constructed in the advertisements HSEDs, and they are sexual, business, medical and marriage contexts.

4.1.1 Sexual context

HSEDs advertisements ride on the portrayal of sexual activity to project advertisers' messages to the public. The person who would understand the message in the advertisements would have in his/her mental model what sexual intercourse is. Within this context, the target customer is expected to be able to interpret any indirect representation that is given by the advertiser and also be able to draw inferences from the lexical choices made.

Excerpt 1:

(Advertisement of *Product 1* at Bobizua Motor Park in Benin)

You *go* start *moto* for night, *moto no go fit* enter. You *go* start again, you *no go gree* move. Your wife *go dey* say honey, honey, honey, you *man go dey* say honey, honey, honey. Before you know *wetin dey* happen, 4 O clock *don nack, una no go* do anything.

You will start the engine at night, the engine will not respond. You will try to start it again; it will fail to start. Your wife will be moaning “honey”, “honey”, “honey” and you will be responding the same way, but before you know what happens, the time would be 4’O Clock and you will not do anything.

The domain of excerpt 1 is advertisement, and the local action is the advertisement of herbal aphrodisiacs. The advertiser (speaker) draws on many words that may not be termed sexual lexical items. However, within the structure of the discourse, the speaker’s use of the lexical items draws on the mental construct of the audience – here referred to with the second person pronoun – to make inferences, and substitute the lexical items with sexual organs within their experiential realities of sexual intercourse. While drawing on the metaphor, sex is a journey, the advertiser consciously chooses linguistic items such as “start”, *moto* and “enter” which are relevant to the motor park which is the setting (location) of discourse. Within the sexual context, “*moto*” would mean the male genitals, and the “start” means trying to make the male genitals erect. The excerpt is from a drug advertisement done at a motor park where the recipients included drivers, passengers and passers-by, among others. The sad experience – “*moto no go fit* enter”, implies that the male genital refuses to become erect after so many attempts to ensure that it does. The expression “enter” builds on the Nigerian notion (knowledge) of “enter gear”. A vehicle cannot move if it refuses to “enter gear”; likewise, a man cannot metaphorically start the journey of sexual intercourse if his genitalia does not get erect. The use of metaphor “sex is a journey” to compare sex with automobile by the speaker (advertiser) shows appropriate lexicalisation that are related to setting. The frustration of the driver trying to move the gear to the appropriate position to start the car is compared to the frustration of a man trying to have erection during sexual attempts and the inability to achieve sexual pleasure with should lead to satisfaction.

The repetition of “honey” paints the pictures of the pleasurable atmosphere that the thought of ecstasy and excitement of having sexual satisfaction creates between sexually active partners. This is a gradual shift from the motor park setting, and it is done to systematically reposition the minds of the listeners and situate their imaginations within the sexual intercourse reality.

Another inference that can be drawn by recipients, is a timing frame designed in the advertisement. That is pointing to the fact that the “*moto*” that is being started at that time is towards intercourse. “You *go start moto* for night” and “4’O clock *don nack*” are developed on the social knowledge that the day is meant for business activities and other works, while night is usually the period for sexual activities. This sexual context is constructed in such a way that indicates that a man is expected to have strong erection at night when he wants to have sex with the wife. The erection is taken for granted after “4’O clock,” implying that when the “motor” – male genitalia – refuse to function after so many trials and frustration, the man should give up, because the period to do “anything” (have sexual intercourse) is before 4’O clock. “*Una no go do anything*” (you will not do anything) presupposes that when this kind of atmosphere is created, there is expected to be sexual intercourse, but since the male genitalia refuses to “start”, the situation becomes ironical which is frustrating. The goal of the advertisement is to make recipients understand the gravity of erectile dysfunction, and how it can render the recipient useless.

Excerpt 2:

Product 2 Benin

We also get *Product 2, Product 2*. This one *na* special for man, man *wey dey get* poor libido, rise and fall, break and wait, *wey go see* food *wey e go chop*, *e no go* react. Even if woman naked for your presence, *e no go* react as a man, no, you *no dey* again. Come, my broda, *make you no* think. All you need *na Product 2*, *e go* sanitise your system, sanitise every weak arteries, you *go be* man again to do your work. *E go* build your sperm, *e go dey kakaraka*.

We also have *Product 2*. This is special for a man that has poor libido, rise and fall, break and wait. When it sees the food that you are supposed to eat, it won’t react. Even if a woman is naked in your presence, it won’t react as it should in a man. No, you are not existing anymore. Come, my brother. Don’t be dejected. All you need is *Product 2*. It will sanitise your system and every weak artery, and

you will be a man again to perform your responsibilities. It will build your sperm, and it will be strong.

The sexual context in excerpt 2 is built upon the narrative of food – “*see food wey e go chop.*” Sexual intercourse is created using the metaphor of sex as food. Here, as the speaker performs the role of product seller, s/he constructs sexual intercourse from the purview of a man who wants to eat a meal. This is enacted by introducing the medicine as a medicine targeted towards men – “This one *na* special for man.” So, in the inter-textual food narrative, the male genital is used as synecdoche to represent that man who is supposedly hungry but cannot eat because of certain limitations. These limitations, which betray the appetite for sex, are “poor libido, rise and fall, and break and wait.” This construct is further explicated with the reference to “*e no go react,*” and this means that because of “poor libido, rise and fall, and break and wait,” the genitalia of a man would not be able to stand erect to start eating the food (sex) it is supposed to eat. This suggests that nakedness of a woman is supposed to instigate sexual appetite in a man.

The expression – “Even if woman naked for your presence, *e no go react* as a man” – further explains the naturally expected reactions from the male genital when a man sees a naked woman. This product, the advertiser claims would solve the symptoms of loss of appetite, in other words, it will solve issues like “poor libido, rise and fall, break and wait.” The expression “*e go sanitise your system, sanitise every weak arteries, you go be man again to do your work*” explains how the drug functions to aid sexual appetite – “*food wey e go chop*” – is that it will sanitise the arteries of the man and equip his organs for a feast of sexual intercourse.

The sexual context is enacted by the construction of several metaphors through social and cultural intertextualities. In excerpt 1, there is the construction of “male genital” as “*moto*” and “sexual intercourse” as “driving.” In excerpt 2, the mental model for sex is developed through two metaphors. One is the metaphor of “sex” as “food”, and the second is the metaphor of “naked woman” as “food”. One notable reason for the use of metaphors could be because of the mixed audience in public spaces. The target audience would be able to understand the advertisements through inferences and drawing from the mental models that are being created by the advertisers.

4.1.2 Medical context

A medical context is constructed by the advertiser to give the listeners the sense that the drug producers have the knowledge of medicine and understand how the human anatomy operates. The relationship between the participants (the advertiser and the target audience) is projected and re-modelled as doctor-patient interaction and relationship. Certain lexical choices are made to establish knowledge of the medical institution.

Excerpt 3:

(Advertisement of *Product 3*, at Choba Junction, Port Harcourt, Rivers State)

Man *wey dey get* low sperm count, <you *no go fit* pregnant woman at all at all>, because *e get* quantity of sperm *wey dey* come from man, go inside the woman *belle* and form *pikin*. If *e no* reach five million, *e no go* work *o*. Those small small boils like pimples *wey* you *dey* see for your private part, you *no* know *wetin e be, na* symptoms of staph.

A man that has low sperm count can never impregnate a woman, because there is a required quantity of sperm that a man must deposit inside the woman before a child can be formed. If the sperm cells do not reach five million, a child can never be produced. Don't you know that the small acne-like boils growing on your private part, are symptoms of Staph?

In the excerpt 3, the advertiser (speaker) establishes dominance through the display of in-depth knowledge of medicine by educating the recipients on the implication of a medical condition – low sperm count. The recipients (referred to through the pronoun “you”) of the advertisement’s message are not every listener but all those suffering from the medical condition (low sperm count). As such, the interactional roles evoked is doctor versus patients. The assertion - “man *wey dey get* low sperm count, <you *no go fit* pregnant woman at all at all>” – presupposes that the speaker has mastery in the knowledge of medical practices. The transition to slow speech is intended to get recipients’ attention to the danger of low sperm count. The advertiser employs statistical number knowledge to inform the listeners as though giving the medical information that the required amount of sperm cells for “*pikin* to form” (to form a child) is “five million”.

The advertiser does not only give statistical details to inform the recipient, but s/he also demonstrates authoritative voice and mastery in the knowledge of medicine. This suggests a medical institution which assigns interactional role of “doctor” to the advertiser and the role of “patient” to the recipients. “Those small small boils like pimples” is a descriptive explanation of the condition of the recipients from what they know to what they do not know. This technique follows formal doctor-patient encounters. Usually, for patients to understand certain things, doctors would try to draw on patients’ experiences through the use of general (what could be regarded as lay man’s) expression to explain the situation (Olorunsogo, 2021). In excerpt 3, the manifestation of staph through the symptoms – “small small boils” like pimples” is patterned after formal hospital doctor-patient encounter. It is expected that doctors are more knowledgeable than patients, and that patients could be wrong about interpreting symptoms. By saying “you no know *wetin e be*”, the advertiser assumes the doctor’s position to tell the recipients that the boils in the private parts only resemble pimples, but they are indeed not. This ascertains the dominance of the advertiser as holding the key to the treatment of low sperm count.

Excerpt 4
Product 4, Port Harcourt Road

(inaudible) for enlarging of man organ, *e go* increase your sexual performance, *e go* help your manhood stand *kakaraka*, *e go* last for as long as you want. (inaudible) because the blood *wey dey* supply to the man organ *na hin dey* give strong erection. If you no get strong erection, you *no go fit* penetrate (inaudible) *e no go fit* enter. Another thing be say some people, because of power failure, if you climb woman for two minutes, you *go dey* think *say ah* this man *go* fall now, *e go fall* now, *e go fall* now, and once the thing enter your heart, your manhood *go just* fall like when NEPA *take* light, *fiam!* *E don reach* ground.

It is for the enlargement of male organ. It will increase your sexual performance and make your penis stronger. It will last for as long as you want. The blood supply to the penis is responsible for strong erection. If you do not have a strong erection, you will not be able to penetrate, your penis won’t enter. Another thing is that some people, because of weak erection, when they try having sex, they would start worrying about the strength of the penis. Once that worry is given a chance, your manhood will fall like when NEPA ceases power supply.

The advertiser in excerpt 4 explains that the drug being advertised is potent for “enlarging of man organ” and “*e go* increase...sexual performance.” The credibility of this assertion is cemented by the evocation of the medical context. In a similar way to what is observed in excerpt 3, the advertiser in excerpt 4 assumes the medical institutional voice to show expertise and versatility. S/he displays his medical expertise by saying “the blood *wey dey* supply to the man organ *na hin dey* give strong erection.” This is to prove that he knows a lot about the medical situations of sex. Referring to blood supply to male organ and erection portrays the cause-and-effect structure in medical consultation. It is common practice that doctors during medical consultations educate patients about the similarities between medical conditions and how the human organs interact with one another (Olorunsogo, 2021). Here, the advertiser positions himself as the doctor and the target prospective buyer is the patient.

The advertiser has initially talked about a desired condition “help your manhood stand *kakaraka*” which will eventually lead to another desired condition – “*e go* last for as long as you want.” As the abstract doctor, the advertiser displays the knowledge that doctors know that patients have desires and need for gratification (Olorunsogo, 2021). In this instance of abstract medical consultative context, the advertisers identified two desires which are desire to have strong erection and desire to last long during sexual intercourse. It is upon this desire and the willingness to gratify them that the advertiser introduces the drug. The implication of the expression – “because the blood *wey dey* supply to the man organ *na hin dey* give strong erection” - is that the drug being advertised (in this sense, the advertisement is like a prescription) will aid the supply of required and adequate blood to the genital of the man, and thus the desire for strong erection which will consequently aid penetration and sexual pleasure, would be gratified.

The speaker further manifested medical versatility by engaging the psychological causes of the weak erection and the inability to last longer during sex. He tries to explain that the cause of weak erection may go beyond physiological problem of blood supply. The further psychological information – “another thing be say some people, because of power failure, if you climb woman for two minutes, you *go dey* think *say ah* this man *go fall* now, *e go fall* now, *e go fall* now, and once the thing enter your heart manhood *go just* fall like when

NEPA *take light*” – is either a bonus medical service or a suggestion that the drug also solves psychological problems that affect blood supply to the penis of a man.

The employment of this construct in excerpts 3 and 4 is useful in placing the advertised drugs within the general confines of traditional medicine. It serves as evidence that the drugs being advertised are produced after proper research has been done. Although the advertisements are educative, the recipient will need to construct a medical experience that relates with a doctor giving the patient explanations on a medical condition. The interactional role the speaker is playing within this context is the doctor role, while the role of the recipients who are listening are passive patients.

4.1.3 Marriage context

The discourse of sex in Nigeria is legally configured to be between a male and a female; however, the advertisers of HSEDs in Southern Nigeria construct sex within the marriage system, that is, between a man and his wife. Constructing a marriage context for the advertisements is instrumental to the general appeal and acceptability of the drugs. Within the Nigerian context, sex outside marriage is generally regarded as immoral, so, the evocation of the marriage context, suggests that the advertisers are aligning with the morality positions.

Excerpt 5:

Advertisement of Product 3 at Choba Junction, Port Harcourt, Rivers State

When man deposit something, *e go* stay and born *pikin*. Staph *don cos* PLENTY PROBLEMS for husband and wife. (.) Husband and wife *go* marry for six years, eight years, >nine years, ten year<, no *pikin*. They *no go dey* happy, the urge for love *no dey* again, *e go* kill the sexual feeling, *e go die patapata*.

Whenever a man deposits something, what is being deposited will survive to produce a child. Staph has caused a lot of problems for married couples. A couple will be together for six to ten years and there will not be able to birth a child. They will be unhappy and the motivation for love decrease, it can even lead to loss of interest or total death of sexual desire.

In Excerpt 5, the goal of the advertiser (speaker) is to give an illustration of the importance of regular sperm count in the marriage context. He establishes that love in marriage diminishes when sex is not yielding fruits. The listeners can relate with this by drawing on their societal and cultural experiences and perhaps create a mental picture of marriages that are suffering because they could not have children. The advertiser makes the assertion that usually, the sperm cells (referred to using the lexical item “something”) from the man should make the woman pregnant – “when man deposit something, *e go* stay and born *pikin*.” Further lexical choices of “husband”, “wife” and “marry” are kinship terms create the mental model for marriage, and they are used to suggest that the “man” (being the recipient) earlier referred to, is not any man, but a man who has the social role as husband by marrying a woman.

The advertisement portrays the fact that many marriages have suffered “PLENTY PROBLEMS” because of the inability to produce a child as a result of unproductive sperms resulting from ‘staph’ infections. The increase in volume speech is intended to emphasise that the problems associated with dead sperm cells are huge, and the emphatic shout, is relevant is projecting the problems so that recipients could pay attention and take necessary steps of action. The marriage context in the excerpt is situated within the Nigerian cultural context. When couples are married for some years, what defines and sustains happiness in a marriage is the ability to give birth to children – “*born pikin*”. “They no go dey happy, the urge for love *no dey* again, *e go* kill the sexual feeling, *e go die patapata*” is an indication that not only does delay in or lack of childbearing lead to unhappiness in marriages, but it also eventually affects the desire to have sex, thereby increasing the level of the hopelessness of childbearing. The implication of this is that before “sexual feeling” in a marriage reaches the stage of irredeemable death – “*die patapata*”, the couple should find a way to defeat “staph” by treating the husband. The mental model construct assigns the interactional role of counsellor to the speaker and role of victim to the recipients. This is a way to engage emotional counselling which is similar to the strategies identified as pathos and ethos (Yakub et al., 2017) to communicate empathy.

4.1.4 Business context

The business context suggests the transaction of services between the advertiser and the target audience. For the herbal sex enhancement drugs, the drugs being advertised are the products, and it is expected that the listener may become a potential customer. Advertisers of herbal aphrodisiacs sometimes make a shift to start talking about the relevance of the drugs, thereby creating awareness in the listeners that would, in turn, make them want to purchase the drugs. In the business context, the advertisers focus on the image of the product and highlight its importance until the image is created and recreated in the mind of the listeners, thereby leading patronage.

Excerpt 6:

(Advertisement of *Product 5* at Ughelli main market, Delta state)

Any man *wey get* diabetes, him manhood *no go stand KAKARAKA* to do *hin* work o. *E dey* weak the man organ. That is why you need the medicine. *Product 5, Product 5* (.) to clear >all those wicked bacteria *comot* from your body system<, you need *Product 5, Product 5*. Any woman *wey dey get* vagina discharge needs *Product 5*. To fortify your body, >MAKE YOUR BODY STAND *KAKARAKA*< against all *YAMAYAMA* sickness and disease like syphilis, >gonorrhoea, () < All sexually transmitted infections or toilet infections, you need *Product 5*. Good will herbal mixture, good will herbal mixture, *E DEY DISSOLVE ANY CHEMICAL CONTENT IN YOUR BODY*.

Any man who is diabetic will have weak erection and his penis will not be able to function well, it weakens that man's organs. This is the reason why you need *Product 5* to treat all the wicked bacteria in your body system. You need *Product 5*. Any woman that experiences vagina discharge needs *Product 5*. You need *Product 5* to fortify your body so that it is immune to all sorts of annoying diseases like syphilis, Gonorrhoea, all sexually transmitted infections or toilet infections. *Product 5* will dissolve any chemical content in your body.

The location of the advertisement is the main market in Ughelli, where people come to transact businesses, especially buying and selling. The interactional roles between speaker and recipients are seller and buyers respectively. The goal of the message is to suggest different conditions that would become the reasons why the *Product 5* needs to be patronised and consumed by the recipients. Thus, the structure of the message follows the

identification of health issues, and how the advertised product could help cure them. This construct performs the persuasive goal of the advertisement. According to the advertiser, the conditions are not limited to sex-related issues. This is also done to present to the recipients that the drugs are for sale and not just for show. Sickesses like diabetes, vagina discharge, syphilis, gonorrhoea, all sexually transmitted disease, toilet infections and chemical content within the body are listed as what *Product 5* can treat. Here, the drug is positioned in as being potent in treating many diseases.

By saying “any man *wey get* diabetes, him manhood *no go stand KAKARAKA* to do *hin work o. E dey* weak the man organ”, the advertiser links diabetes with erectile dysfunction. the strategy deployed is metaphor (sex is work) that is built on recipients’ knowledge that the work being referred to is sexual intercourse. *KAKARAKA* (the stage of completely stiff hardness) being shouted is meant to intensify the amount of strength the drug would supply to the recipient’s penis. Here, the recipient may draw on the knowledge of the kind of “work” a hard penis could do. The statement – “any man *wey get* diabetes, him manhood *no go stand KAKARAKA* to do *hin work o. E dey* weak the man organ” is syntactically ambiguous – could be interpreted by the recipient to either mean if one does not treat diabetes on time, erectile dysfunction is imminent, or if one is experiencing erectile dysfunction, one should treat diabetes. This dual interpretation is intended to present a dual possibility of the effectiveness of the medicine as a product to buyers who are suffering from diabetes and those who are experiencing erectile dysfunctions.

Another condition the drug is presented to address is “to clear >all those wicked bacteria *comot* from your body system<, you need *Product 5*”. The rapid delivery of the fast speech presupposes the expected speed with which the wicked bacteria would leave consumers’ body after taking *Product 5*; this also present a mental picture of speed as connoted by *comot* which means “to leave”. The bacteria in the system of listeners are not in any way related to sexuality by the advertiser, and they are not related to anything specifically. But the multipurpose function nature of the drugs is being projected, to justify its usefulness. Unlike erectile dysfunction symptom of the “bacteria” in the earlier function of the drug, the “wicked bacteria” is not said to have symptoms. This is to position the drug as being useful for anyone and everyone listening to the advertisement. How an individual will know he/she

has “wicked bacteria” is not spelt out, and through the use of the lexical item like “wicked” by the advertiser, the goal of the advertisement, persuading the recipients to purchase the drugs, might be achieved.

Sometimes, the functions of the drugs that the advertiser highlights are all the same but different lexical items are used in representation. As stated by Semwal, Kumar and Singh (2013), many related issues are associated with sexual dysfunctions. An instance manifests in excerpt 7.

Excerpt 7:

(Advertisement of *Product 6*, Ughelli)

Even if woman naked for your front, you *no go fit* react. You *no be* man enough again o, COME, we *get* special medicine, *hin* name *na PRODUCT 6, PRODUCT 6* for men. Man *wey dey get* >low libido, poor erection<, (.) >power failure, break and fail, rise and fall<, (.) oh, my brother *no fail o*, COME, come take this thing, special herbal medicine, *Product 6* for men, *Product 6*, >E GO DO WELCOME BACK FOR THAT YOUR MANHOOD *WEY NO DEY* STAND AGAIN<, when we do your manhood welcome back.

If you cannot have sexual arousal when a woman is naked before you, you are unable to have sex, then you have ceased to be a man anymore. Come, we have a special medicine, its name is *Product 6* for men. A man that has poor libido, poor erection, rise and fall, breaking and failing...please my brother, do not fail. Come and take this drug; a special medicine that is called *Product 6*. The drug will restore your manhood to its original and normal state.

The setting of the discourse is a market in Ughelli, which naturally evokes the business context where buying and selling takes place. Similar to excerpt 4, the interactional roles between speaker and recipients are seller and buyers respectively. The goal of the message is to persuade buyers in the market to purchase *Product 6*. This goal is fully projected as the speaker consciously shouts every time the name of the product is mentioned in the advertisement. In the excerpt 7, all the attributes or functions of the drug are restricted to erectile dysfunction. The drug is a “special medicine” that will allow a man to “react” when there is a “naked” woman in before him. “React” means having a libidinal urge that will, in turn, cause the erection of the male genitals. This presupposes that when a man, the recipient, sees a naked woman, erection should be a natural reflexive response.

The advertiser makes use of lexical items and phrases like “low libido”, “poor erection”, “power failure”, “break and fail”, “rise and fall” to point out all the sexual diseases or conditions that can be alleviated by consuming *Product 6*. The utterance - “COME, we get special medicine, *hin name na PRODUCT 6, PRODUCT 6, PRODUCT 6* for men” is a strong implication that the drug’s purpose is focused on men (recipients), especially men with sexual dysfunction. This is supported by preceding utterance creating the image of a man suffering from the inability to engage in sexual intercourse - “Even if woman naked for your front, you *no go fit* react. You *no be* man enough again o”. The choice of “COME” is a directive to come and purchase the drug that could solve all the problems that are related to sexual dysfunctions in men, and as a call to action, the speaker decides to shout.

The manifestation that all lexical items suggest one course in the advertisement of the drug is further revealed by the utterance *>E GO DO WELCOME BACK FOR THAT YOUR MANHOOD WEY NO DEY STAND AGAIN<*. The concluding utterance, which gains salient increase in speech, is a suggestion that the overall goal of everything the drug stands to address is to make sure any man that uses it can overcome erectile dysfunction.

4.2 Constituents of the advertisements of roadside HSEDs in Southern Nigeria

The advertisements of herbal sex-enhancement drugs in Southern Nigeria are marked with several activity constituents. With these constituents, these advertisements may be presented as a specific genre of drugs advertisement. These constituents are not treated in a sequential order, because there is no specific sequencing across data. However, these constituents are found in almost all the advertisements that were recorded. Therefore, inferences could be drawn that the constituents are consciously considered sections put together to form the structure of the advertisements of HSEDs in Southern Nigeria. The constituents identified in the data are condition profiling, invitation to purchase drugs, drugs potency, producer’s address, drug’s prescription, drug’s description, producer’s identity.

4.2.1 Condition profiling

Condition profiling is an obligatory constituent of selected HSEDs advertisements in Southern Nigeria. It is an important constituent because it is upon it that the purpose of advertisement is built. It premises the medical ailment(s) a particular advertised drug is

capable of curing. This constituent is also important because it serves as an elimination measure for excluding non-target audience. People who are suffering from the conditions highlighted in the advertisements therefore become the target consumers.

Excerpt 8:

Product 8 at Low cost Housing Estate Umuahia

Come (.) my man, what is this one that whenever its time to make your woman jolly, you will be making excuses. Are you a man, but your manhood does not function well. Is your manhood failing you, is it doing you like the world has come to an end. Stop worrying because your solution is here. Come and take *Product 8* so that your manhood will dance for joy.

In excerpt 8, the advertiser performs the practice of questioning by asking relevant questions that address the medical situations that would warrant a target consumer to purchase the advertised drug. Such questioning series – “Are you a man, but your manhood does not function well? Is your manhood failing you? Is it doing you like the world has come to an end?” – adopts reference to such lexical item as “manhood” which is also relevant to the nature of the drug being advertised. Through shared situational knowledge, the reasons for “making excuses” could be tied to the issues raised in the questions, and affected members of the public could infer that the issues responsible for not having good sex-times with their partners – “make your woman jolly” – could be addressed when they take *Product 8*.

Advising is performed in excerpt 8 as the constituent of condition profiling cannot be complete without the added feature of solution. The advertiser, through an assertive voice, advises members of the public who suffer from the conditions profiled to remain hopeful because the drug being advertised could turn their lives around for good. Through the employment of reference, the pronoun “your” is used to refer to the sufferers of the profiled conditions. “Here” as the place of solution is also used to refer to the particular point where the advertiser is marketing the drug. The advertiser further continues by advising affected persons to “Come and take *Product 8* so that your manhood will dance for joy.” Here, using metaphor, “manhood” is compared to a happy human.

Excerpt 9:

Product 9 at Motor park, Iwo Road, Ibadan

Ìnkan ọmọkùnrin tó bá sùn kì, ìnkan ọmọkùnrin tí kò bá yọ dádáá, Product 9 ni kẹ́e lò. Ó ma jẹ́ kí ìnkan ọmọkùnrin yọ dádáá. Tí ìnkan ọmọkùnrin b' tètè ñ wálẹ̀, Product 9 ni kẹ́e lò. Product 9 á jẹ́ kí ọmọkùnrin pẹ́ lórí obìrin. Tó bá tètè ñ rẹ ọmọkùnrin, Product 9 ni kó lò.

Use *Product 9* for a male genitalia that is shrunken, or for a male genitalia that is not projected well. It will make a man's genitalia come out well. If something becomes weak so quickly, the remedy is *Product 9*. *Product 9* will make a man last longer on a woman. If a man gets exhausted too soon, he should consume *Product 9*.

The advertiser in excerpt 9 performs the pract of describing through the use of reference as a contextual feature. There is the continuous reference to *ìnkan ọmọkùnrin*, the male genitalia, and its unhealthy condition. The conditions profiled are *Ìnkan ọmọkùnrin tó bá sùn kì* (shrunken penis) and *ìnkan ọmọkùnrin tí o yọ dádáá* (shrunken penis). Unlike in the medical context where there is the professional expertise with terminologies, the advertiser does not just give a terminology for these conditions, rather, a pictorial description is given to make communication and comprehension easier.

In a similar pattern to the conditional profiling in excerpt 8, the advertiser in excerpt 9 rounds up the constituent with a solution to the conditions that have been presented (SSK). To provide the solution, the advertiser performs the practs of advising and asserting. Employing an institutional voice, the advertiser advises the target audience that for such profiled conditions mentioned, the consumption of *Product 9* is the solution – *Product 9 ni kó lò*. By referring (REF) to the conditions again, the advertiser reiterates the advice in the expression - *Tí ìnkan ọmọkùnrin b' tètè ñ wálẹ̀, Product 9 ni kẹ́e lò*. The asserting pract is achieved through the institutional voice. The advertiser asserts that *Product 9* is capable of making a man last in bed during sexual intercourse - *Product 9 á jẹ́ kí ọmọkùnrin pẹ́ lórí obìrin*.

4.2.2 Invitation to purchase drug

In the advertisements of HSEDs in Southern Nigeria, advertisers make conscious efforts to invite people to purchase the advertised drugs. Since the goal of advertisements are to project the drug towards profitability, this constituent is very essential in advertising.

Excerpt 10:

Product 10 Aba Road, Umuahia

...COME, come and take *Product 10*, a herbal medicine carefully made for you. There is no shame in doing a wise thing o, don't stay in the water and allow soap to enter your EYES *Product 10* will make your manhood stand at ATTENTION in the morning, mama Nkechi will great you "good morning SIR, because you have shown her what makes you a man.

Invitation to purchase drugs is marked with the pract of encouraging. In the excerpt 10, the advertiser initiates this constituent by inviting the would be consumers to come and patronise the advertised drug - COME, come and take *Product 10* a herbal medicine carefully made for you. The contextual features engaged are references and shared situational knowledge. There is a reference to the drug by calling its name, and the personal pronoun "you" refers to the target members of the audience.

The advertiser performs an indirect act of advising as he tells the prospective consumer that nothing is shameful about seeking help on sex related issues. He refers to such help-seeking as a "wise thing" as opposed to foolishness - 'stay in water and allow soap enter your eyes - of not getting help on sex-related challenges. The "wise thing" is referring to the purchase - "take *Product 10*" - of the advertised drug.

As a booster to motivate sufferers of sexual dysfunctions to purchase the HSED advertised in excerpt 10, the advertiser performs the act of assuring. This is done through reference to *Product 10* as a potent drug that will cause man to have strong erection. Shared situational knowledge is also engaged in the use of "attention", which term used to achieve stern and active standing position in the military and paramilitary commands. Here, the metaphor of the penis as an active military officer is projected.

4.2.3 Drug's potency

Establishing the potency of product is one of the core constituents of the data. Significantly, its importance is not limited to HSEDs as every kind of product advertisements must include potency of product for the saleability of product being advertised. Within this constituent, the advertiser reels out the benefits of the products, in order words, this section in the selected advertisements is usefulness oriented. The advertiser tells the audience what the advertised drug is capable of doing, the possible medical conditions the drugs could cure, and the expected outcome in consumer's sexual life.

Excerpt 11:

Product 11 at Isi gate Umuahia

If it happens that you climb a woman, you come down. You climb a woman, you come down. What makes you a man does not stand CHIM again, COME you have a problem. Does it happen that in the night when your wife touches you, you will tell her to level you that you are doing night vigil, COME you have a problem. Come and take *PRODUCT 11*, so that when you touch a woman, she will know that a hand has touched her. *PRODUCT 11* una well done!

As explained in earlier excerpts, drug potency and condition profiling are two interwoven constituents. The condition is not profiled without the potency of the drug. Also, the drug's potency is hinged upon the profiled condition. In excerpt 11, the advertiser performs this act of describing while talking about the conditions that the advertised drug is capable of curing. Given that the pragmatic act of describing has been analysed in excerpts under the "condition profiling" constituents, discussing it again in this section would be redundant and this section focuses on drug's potency and not condition profiling.

As the advertiser constructs the constituent of invitation, there is a quick glide to project the potency of drug and s/he thrives on reference and shared situational knowledge to perform the act of assuring. There is the assurance that "taking" *PRODUCT 11* will make a man last longer in bed. "Touch a woman" in this context means consummating love to a woman, and there is a euphemistic play on the word "touch" and "hand" in the place of direct mentioning of sexual organs and sexual intercourse.

Excerpt 12:

***Product 12* at Coal Camp, Enugu**

Fortify yourself with *Product 12*, real *akpucative* revival, Monday hammer, repairer, reproducer, e go help man stand gidigba, your manhood go stand kakaraka to do hin work, that is why you need *Product 12* real *akpucative* herbal medicine we dey energise man, any man wey dey climb woman two minutes don come down, you no be man again, e don separate so many families today, that is why you need *Product 12*, to fortify yourself. Number one be say wen e enter your bodi, e go repair all the things wey sexually transmitted infections don dabaru inside your bodi.

Fortify yourself with *Product 12*. It is a real strong revival medicine, Monday hammer, repairer, and reproducer. It will help a man to stand strong, and your manhood will stand firm to perform its functions. This is the reason you need *Product 12* real strong herbal medicine that energises a man. Any man that comes down after climbing woman for two minutes is no longer a man. This has led to separation of many families today. This is the reason you will need *Product 12* to fortify yourself. The number one reason is that when the medicine enters your body it will repair everything that sexually transmitted infections have destroyed in your body.

The advertiser in excerpt 12 advises the members of the public to fortify themselves with *Product 12*, the drug being advertised. To establish the potency of *Product 12*, the advertiser thrives on metaphor as a contextual feature. There is the comparison of the nature of the drug with being a strong and effective drug that has a regenerative capacity - “real *akpucative* revival, Monday hammer, repairer, and reproducer.”

The pract of assuring is performed by the testimonial of the drug’s capacity to give the penis a strong erection – “e go help man stand gidigba, your manhood go stand kakaraka to do hin work.” The advertiser keeps making reference to the *Product 12* and the word *akpucative* to establish the strength of the drug.

4.2.4 Producer’s address

The office address of the producer of herbals drugs is an observable constituent of HSEDs advertisements. This constituent does not only reveal where the advertised drug could be purchased, it also suggests an establishment of the authenticity of the drugs. This is because consumers could get the feeling of knowing where to lodge complaints if there are any issues after using drugs.

Excerpt 13:

Product 14 at Enugu

Come, come ask questions. Come save your life, life no get duplicate. *Product 14*. Our address na number 3 Market Road, opposite Diamond Bank, Enugu. Another one dey for number ... Market, Onitsha. Our number na ... Make I call am again, our telephone na ... *Product 14*. Our business na to supply you with correct medicine wey go take care of your problem.

Come and make enquiries. Come and save your life because life has no duplicate. *Product 14*, our address is No. 3, Market Road, opposite Diamond Bank, Enugu. We are also located at No. (inaudible) Market, Onitsha. Our telephone number is... Let me call it again. Our telephone number is... *Product 14*...Our business is to supply you with effective medicine that will take care of your problem.

In excerpt 13, the advertiser performs the practice of advising by thriving on voice to invite target audience to come to a place where enquires could be made - come, come as questions. He proceeds by advising that the way by which life could be saved to come to the place where questions could be answered. In context of this advertisement through the deployment of metaphor, the expression - come save your life, life no get duplicate - means that sexual dysfunctions are similar to a terminal disease, and since a life lost cannot be replaced, it becomes pertinent to seek solutions to sexual dysfunctions.

By the deployment of SSK and Reference, the advertiser informs the audience of the office address of producer of the advertised HSEDs. The audience could through inference deduce that *Product 14* is the place to visit for answers to all sex-related problems. The advertiser proceeds with informing as he gives out the office address of *Product 14*. Here, relevance is brought to bear and references are made to landmark locations that would aid easy direction to the office. While the address is "number 3 Market Road", the inclusion of "opposite Diamond Bank Enugu," is just to provide a relevant landmark for identification.

While the constituent - producer's address - is marked with informing practice that encapsulates the address of company and other information that would aid prospective consumers in making contacts with the company and eventually purchase the drugs, excerpt

14 concludes with the information about what the company does. The advertiser concludes with "Our business na to supply you with correct medicine wey go take care of your problem." This information is so pivotal to what would give prospective consumers the assurance that their problems would be solved when they visit *Product 14*.

Except 14:

(*Product 7...Port Harcourt*)

Man wey dey get LOW LIBIDO, POOR ERECTION, POWER FAILURE, BREAK AND FAIL, RISE AND FALL, oh, my brother no fail o, COME, come take this thing, special herbal medicine, *Product 7* for men, *PRODUCT 7*, e go do welcome back for that your manhood wey no dey stand again, when we do your manhood welcome back, you go become,.....na we be debiscol herbal, our head office dey for number > 212, 212, 212...Port Harcourt....< You fit call us.

A man with poor libido, weak erection, power failure, break and fail, rise and fall, oh! My brother, don't fail. Come and take this thing, special herbal medicine. *Product 7* will do welcome back for your manhood that does not stand erect again. When we do welcome back for your manhood, we are the Debiscol Herbal, and our head office is located at number 212, 212, 212...Port Harcourt....You can call us.

Unlike excerpt 12, Excerpt 14 is initially marked with features of condition profiling, invitation to purchase and drug's potency. The pragmatic functions performed are describing, advising and assuring respectively. The advertiser, through the deployment of reference, describes the condition of those who are the targets of the advertisement. These people in this category are those who suffer from "LOW LIBIDO, POOR ERECTION, POWER FAILURE, BREAK AND FAIL, RISE AND FALL". He proceeds to advise those suffering from such that the solution to their problems is to take *Product 7* - "oh, my brother no fail o, come, come take this thing, special herbal medicine, *Product 7*, *PRODUCT 7*. The assuring pract is achieved through reference to the advertised drugs and institutional voice of medical assertions - e go do welcome back for that your manhood wey no dey stand again. With this, the advertiser assures sufferers that consuming the medicine would return their penis to the original and optimal state for effective sexual performance.

The excerpt concludes with the producer's address and the pragmatic function performed is informing. The advertiser rides on SSK to give the information and description to the office address of the producer of Debiscol Herbal – “our head office is located at number 212, 212, 212...Port Harcourt”

4.2.5 Drug prescription

Drug prescription is an element within the structure of HSEDs advertisements. This constituent portrays the instruction on how an advertised drug is supposed to be consumed. Drug prescription is not one of the obligatory elements of HSEDs advertisements. However, a few of the advertisers include prescription for the usage of drug in their advertisements. The implication of this is that the particular advertised HSEDs would be perceived as proper medical drugs and not just some herbal remedies. One major accusation against herbal drugs is that there are no prescriptions, hence many people avoid consuming them because the lack of prescription suggests that the drugs are not scientific. It is in the light of this that one could infer that some advertisers include prescription to justify the authenticity of HSEDs.

Excerpt 15:

Product 15 at Iyana Isashi bus stop, Agbara-Badagry express road, Lagos

This one na original medicine for premature ejaculation, weak erection, and instant insemination. (.) (.) You wan make your penis stand up, e no gree, you no dey last on top your woman, my broda () one bottle of *Product 15* go do the work. With one bottle of *Product 15*, you go be like superman, drink am three hours before you meet your woman, POOM, and start the action. e go circulate for your bodi, e go ejaculate and enjoy am.

This is original medicine for premature ejaculation, weak erection, and instant insemination. You want to make your penis stand up. It has not been permitting you to last longer on a woman. My brother, one bottle of *Product 15* will do the work. With a bottle of *Product 15* you will become a superman. Drink it three hours before meeting a woman, then, start the action. The medicine will circulate well in your body.

In excerpt 15, the advertiser highlights the functions of the aphrodisiac, and what it is capable of curing are “premature ejaculation,” and “weak erection.” There is the employment of reference to present the failed reality that sufferers of the conditions would hope for. This reality is the expected posture of the male sex-organ during sexual intercourse – “you wan make penis stand up e no gree”.

After the conditions have been described, the advertiser simultaneously performs the pragmatic act of prescribing and assuring. He assures those suffering from earlier mentioned conditions that purchasing and drinking a bottle of *Product 15* would solve the problems - “one bottle of *Product 15* go do the work.” He further assures that medicine has the capacity of making consumer to be superhuman during sex performance. This is a subtle way to encourage and entice prospective consumers.

In the concluding utterances of excerpt 15, the advertiser prescribes how to use *Product 15* before sex encounters. The pract of instructing is performed in the prescription constituent. Here, with a medical institutional voice, the advertiser instructs users to consume the drink three hours before engaging in sexual intercourse - drink am three hours before you meet your woman. This is because, according to the advertiser, the medicine would have been able to circulate in the body before the actual act. It is important to note that prescription of drug is devoid of dosages. The advertiser failed to tell the quantity or measure of *Product 15* that must be taken. Here, the issue of overdose or abuse of drug is taken for granted.

4.2.6 Producer’s identity

Producer’s identity is the constituent of HSEDs advertisements that captures the identity of the producer of a particular drug. Sometimes, for evidentiality and to serve as booster for advertised drugs, advertisers of HSEDs make reference to the producer of the drugs. Because most HSEDs are not produced by synthetic pharmaceutical companies, the producer is usually a person who facilitates the production of the drugs.

Excerpt 16:

Product 16, Academy Area, Ibadan

Ògùn ale ni o, ògùn afàtò, ògùn idákólè tó dájú ni. Àlhàjì doctor Aláyò ló gbe jáde, ọlòópá gbogbo àrùn nínú ara. Ògùn idákólè fún ọlọkùnrin ni, bí òkan ọmọkùnrin báá n súnkì, tí òkan ọmọkùnrin ò

bá le dáadáa, tí òkàn ọmọkúnrin báa n pẹ kó tó lè, ó ẹ ẹ́súkẹ́súkẹ́, ó ti dide, ó ẹ ẹ́kan, kò lágbára t'ófi ẹ́mí ọ̀gùn idákólẹ́ tó dájú ni, ọ̀gùn ale ni ò, ọ̀gùn afàtò ni, ẹ́kan múná lẹ̀ bùòdá, wón ní kòò ri wa, ẹ́kan sùn lẹ̀, l'ọmọkúnrin, wón ní kóo kàn sí wa o, ọ̀gùn idákólẹ́ tó dájú ni.

This medicine is for strong erection and sperm booster. This is a potent drug for weak erection. It is the police for all kinds of diseases in the body, and it is produced by Alhaji. It's the medicine for weak erection in men. It should be used if the penis of a man is shrunken, not turgid, or having delayed erection. After short moment, you have stood up; you did one round and you are tired you need, you need a potent medicine for weak erection. This is a drug for strong erection, a drug for sperm boost. If you are a man that goes off after one round, you are advised to come see us. If you are the man that sleeps off after one round, you are advised to see us. This is the drug for weak erection.

The advertiser initiates excerpt 16 by informing the audience, through SSK, about the functions of drug being advertised. He highlights what the drug is potent for, and these are strong erection and sperm boosting - ale...afato...idakole. The advertiser proceeds to mention the name of the person who produces the drug. Here, the advertiser does not mention the name of a company, but the name of the person who either does or facilitates the production of drugs. Riding on SSK, relevance, reference and inference, the constituent is constructed as Alhaji is mentioned as the producer. Through a shared knowledge of religion and medical practices, the advertiser is able to projects titles which would give credibility to the product. The title "Alhaji" is a referred title in south-western part of Nigeria. The title, in the Nigerian context, portrays a person who is religious and has high integrity in the society. Therefore, whatever such a person is associated with will be taken to be dependable. As such, Alhaji being the title of the producer of drug is very relevant to the perceived and inferred integrity of the drug. In the same vein, "doctor" as a title in this context (medicine-related) is relevant to the perceived medical integrity of the drug.

4.2.7 Drug description

Drug description is the constituent that deals with the physical description of the product being advertised. If a target consumer forgets the name of a product, s/he is not likely to forget the physical description of the drug. In a competitive market, it is the duty of

advertisers to inform the target consumers about the physical features of a product. This will enhance the precision of the consumer. There is a possibility that retailers of drugs have more than one product that address the same health issues. In such instance, the description of the specific product will guide the consumer's choice of the product to purchase. The failure of product description may lead to the futility of advertisement, in other words, consumers may not know the exact product to buy, and their inability to recognise intended product may lead to the possibility of purchasing another.

Excerpt 17:

Product 15 at Iyana Isashi bus stop, Agbara-Badagry express road, Lagos

This medicine dey brown container , e dey sealed , no be medicine wey dey cure 100 decease (.) our medicine na for sex problem and sex problem only, example, premature ejaculation, weak erection, and quick release, instant insemination. *Product 15* na final.

This medicine is in a brown container and it is sealed. It is not a medicine that cures 100 deceases; our medicine is for sex related problems and sex related problems alone. Examples are premature ejaculation, weak erection, quick release, and instant insemination *Product 15* is final.

To construct the constituent of drug description, the advertiser performs the pract of describing. He describes what the drug's physical packaging looks like. There is a mental reference to colours, properties and container – “this medicine dey brown container, e dey sealed.” This side description is relevant to those who might want to purchase the product, so that they can have a picture of what the product they want to buy looks like. To further improve on the integrity of the drug by disclaiming, the advertiser specifies the actual ailment the drug is meant for. His disclaimer is developed on the shared situational knowledge and criticism that herbal medicines are harmful because of the heterogeneous claims (see business context) by advertisers of these drugs. So, to assure prospective customers that the drug is potent, the advertiser in Except 17 consciously claims that the medicine “na for sex problem and sex problem only, example, premature ejaculation, weak erection, and quick release, instant insemination *Product 15* na final.”

4.3 Communication strategies in the advertisement of HSEDs in Southern Nigeria

In advertisements, communication is very important. It is one thing to have a good product, it is another to be able to effectively communicate the effectiveness of the product. Advertisers of HSEDs in Southern Nigeria understand the consumers' behaviour and their possible psychological dispositions to the product being introduced. These supposedly researched behaviour would inform the types of communication strategies deployed. In this study, the communication strategies under consideration are verbal strategies. There are two communication strategies deployed in the advertisements of HSEDs, and they are persuasion strategies and retention strategy.

4.3.1 "Reason" as a persuasion strategy in the advertisement of HSEDs

In his framework, Simpson (2001) identifies "reason", as "unambiguous statement of the principal reason to buy the product". "Reason" is a cognitive strategy used by HSEDs advertisers, to motivate their prospective consumers to purchase the drugs. This strategy is hinged on the functional and implicative properties of the drugs. The sub-strategies under the persuasion strategy are problematisation of the condition, blame-shift hedging, non-evidential claims, camaraderie evocation and asserting drug's potency.

Problematisation of condition

Problematisation of condition is a reason strategy that is built on the proposition: "p" is a problem. "p" is a variable for medical conditions which may be experienced by consumers. The selected advertisements of HSEDs are sometimes strategically organised to highlight sex-related medical conditions before introducing the drugs. This strategy is deployed to create in the target audience, that if they are experiencing such condition(s), it is a problem that not be allowed. Problematisation of condition puts the audience in a mental box that suggests that they are suffering, and that they need help. This enhances "reason", and the overall intention is to persuade the prospective consumer.

Excerpt 18: (Advertisement of *Product 6*, Ughelli)

Your manhood >*no dey* function again as *e* suppose< as man, to stand *KAKARAKA* and do *hin* work. You *no say* to penetrate, *e* need STRONG erection, but when your manhood *don* shrink, you go *dey*

look your manhood, till *e no go* get power <AT ALL AT ALL>. Something *don comot* your BODY O, come, get better medicine *wey go do* that your manhood welcome back.

Your male genitalia as a man does not function anymore the way it is meant to function, it is not standing erect and hard to carry out its functions. You should be aware that for the male genitalia to have penetration during sexual encounter it should be erected and strong, but when the genital has shrunk, you will keep looking at it till it loses all its power. Something has left your body, come and get the better medicine for welcome back.

The advertiser in excerpt 18 builds on many “causal” clauses to problematise the condition of the prospective consumer. The first clause – Your manhood >*no dey* function again as *e* suppose< as man, to stand *KAKARAKA* and do *hin* work – which is the health condition, is the conditional clause for the propositional structure (suggesting adjunctive sense if “p”) and its corresponding consequent is “something *don comot* your BODY O”. *KAKARAKA*, which means very turgid, is the expected state of the penis during sexual intercourse, but when it does not achieve the state then it signals a challenge that there is a problem with man. This problem is emphasised in the consequent clause with the advertiser’s emphasis on the emptiness of the consumers’ BODY. A sharp ironical construction was utilised by advertiser between the conditional clause and its consequent. The irony is achieved through the causal conjunctive – You *no say* to penetrate, *e* need STRONG erection, but when your manhood *don* shrink, you go *dey* look your manhood, till *e no go* get power <AT ALL AT ALL. The adjunctive sense that the consumer cannot penetrate a woman because of shrunk manhood yields an awareness of a need in the consumer upon which the advertiser employs the purposive conjunctive in form of a call to purchase drug.

The advertiser expatiates further, the condition and intensifies it. As a result of the ability to properly problematise the condition, the advertiser employs the purposive clause, which is a call to action. The condition clause leads to direct persuasion – “come, get better medicine”. The purposive clause is in turn used to evoke another causal clause “*wey go do* that your manhood welcome back.” All these clauses are laid upon one another to motivate the desire of the prospective consumers of the drugs, giving them a reason to want to buy the drugs. The advertiser thrives on the metaphor of “sex is a job” to amplify the challenge of suffering from erectile dysfunctions. Seeing that sexual performance is the duty of a man,

the man becomes ineffective at his job if the tool of operation - manhood - is not in its optimal state.

The problematisation of condition is laden with the informing pract, and it thrives on referencing. The advertiser informs the supposed audience that the human brain (referred to as “*Ogberi* brain”) performs a function in sexual intercourse. There is also a consistent referencing to “Manhood”. In his expression “to stand *KAKARAKA* and *do hin* work”, the advertiser rides on shared situational knowledge that can be easily inferred as the extent to which the manhood is expected to be turgid. The pract of directing is also employed as a follow-up to informing pract in order to achieve this strategy. The contextual features used to support the directing pract are reference, metaphor and voice. The advertiser assumes authority through VCE to guarantee that *Product 6* will restore anyone suffering from the condition he had explained earlier.

Excerpt 19:

Advertisement of *Product 17* at Ogige market, Nsukka)

Anyt in wey dey pain you for bodi, expose enter your bodi, na in dey cause what we dey call sensational movement. E go be like small ants dey waka inside your bodi, e go from head come to your toe, from hand to your waist, >na so e go dey waka round your bodi<. As blood dey circulate for your bodi, na so that virus (), sometimes e go come from your neck, e go vibrate like Nokia three three, sometimes wen e come to your waist or your chest, or your knee e go vibrate, GIRIRI, GIGIGI. <SENSATIONAL VIBRATION>, the one wey dey waka for your bodi, all over your bodi, oyibo dey call am SENSATIONAL MOVEMENT, SENSATIONAL MOVEMENT AND SENSATIONAL VIBRATION, NA STAPH DEY CAUSE AM. E dey cause man low sperm count(.) watery sperm(.) poor ejaculation(.) if you climb woman, three minutes, you don come down, before the woman go satisfy, you don come down, e no dey ordinary my brother, come, something dey wrong for your bodi, something dey wrong with your system, your manhood no go dey stand as he suppose be KAKARAKA like man. Any man wey dey healthy, if you wake up by 4’O clock or 5 am in the morning, your manhood go follow you wake up, you go no say you dey healthy KAKARAKA. If you no dey experience this kind thing wey I tell you, come o, you get problem o. If you climb woman, within three minutes, you don release, come, e no dey ordinary o, you get problem.

Anything causes pain in your body through exposure is responsible for what we call sensational movement. What you will feel is as though small ants are moving inside your body. It will move from head to toe, hand to your waist and that's how it will be moving round your body. As blood circulates in your body, the virus will also do. Sometimes, the movement will be on your neck, and it will vibrate like Nokia three three; the movement can also proceed your waist or your chest, your knees may also vibrate rigorously. Sensational vibration that moves all over your body is called sensational movement by the whites. Sensational movement and sensational vibration is caused by Staph. It; causes low sperm count, watery sperm, poor ejaculation in men. When you climb a woman to have sex, within three minutes you would be tired and the woman will not be satisfied. This experience is not ordinary my brother, come, something is wrong with your body system. Your manhood is not standing erect as it is supposed to in men. When any healthy man wakes up in the morning, his manhood should also be awake, that is how you know that you are strong and healthy. If you do not experience this, come, there is problem. If you climb a woman for sex, and you have ejaculated within three minutes, your condition is not normal, you have a problem.

The advertiser, in excerpt 19, highlights “anything” as the source of poor health conditions of body pain and exposure. This use of this indefinite pronoun “anything” presupposes the unlimited scope of the problem the target consumer may have, and that any form of body concern should be addressed without delay. Through this labelling, the first statement which could have been the effect of a causal clause is in itself made a casual clause for sensational movement in the body. The causal effect of “anything” is further enlarged beyond “sensational vibration” to include “low sperm count, watery sperm, poor ejaculation” and inability to satisfy a woman during sex. The problematisation of the condition becomes evident after the condition has been highlighted by the advertiser through the causal clause. With the clause “*e no dey ordinary my brother*” the advertiser plays on the psyche of the target audience, making them feel the conditions highlighted are serious and way out of hand. He follows up with a purposive statement with the imperative “come”. This is carefully deployed after establishing that there is a problem, and the need to get a solution, the drug being advertised must be purchased. As a build-up on making the situation look critical, he further buttresses that such conditions are indications of a serious problem as he said “something *dey* wrong for your *bodi*”. The advertiser continues by employing multiple conditional clauses to explain the normal condition for a man's penis after he already stated

the abnormal condition. First, he asserts that the parameter for judging a healthy man is “if you wake up, your by 4’O clock or 5 am in the morning, your manhood go follow you wake up”, hence, the second conditional clause that any man whose experience is otherwise is not healthy. The last conditional clause – “If you climb woman, within three minutes, you *don* release, come, *e no dey* ordinary o, you get problem” – finalises the problematisation strategy by linking men’s sexual experiences with the assertion of a problem and the need for concerned persons to come to get help by buying the advertised drugs.

The statements in excerpt 19 are laden with the informing pragmatic act. At first, the advertiser employs REF to refer to “anything” and “*bodi*”, which the concerned audience will only understand base on the SSK of experiential pain. The advertiser informs that “anything” is the cause of “sensational movement”. “pain you for *bodi*”, “expose enter your *bodi*” become relevant contextual features for the audience to understand what sensational vibration means. The conditions and their problematisation is full of informing. Coupled with the pract of informing is the explaining function that the advertiser performs to expatiate on the information given. Here there is the prevalence of REF to and SSK of “small ant”, “waka inside your *bodi*”, “from head come your toe”. These narrative lexes are also relevant to the understanding of the problematisation problem.

On two instances, the advertiser in excerpt 19, makes use of the directing pract, with the imperative “come” which is hinged on the REL ‘something *dey* wrong for your *bodi*’ and “*e no dey* ordinary, you get problem”.

Asserting drug’s potency

Similar to most advertisements, the HSEDs that are advertised are presented to have many functions and the reason why they are important. The assertion of drug’s potency is built on condition clause(s) that is hinged on the image of the drug, and the overall proposition is that the drug has the capacity of curing identified sex-related problems. The structure of the proposition is usually if “q” (being the product) is consumed, it cures “p” (being the problem).

Excerpt 20:

(Advertisement of *Product 5* at from an on-speaker at Ughelli main market, Delta state)

If you take *Product 5*, *E GO DESTROY ANY CHEMICAL CONTENT*, all that chemical content for your body, and make your body *kule*.

If you use *Product 5*, the drug will destroy any form of harmful Chemical contents that are in the body and give you comfort.

The condition clause in Excerpt 20 is to “take *Product 5*.” If this condition is satisfied, the drug is potent enough to generate a causal effect, which is to “destroy any chemical content for your body”, and the overall goal is drawn through the use of “*kule*”: a word that means peace and satisfaction. The advertiser uses the strategy to persuade the target audience by establishing the causal effect of the HSEDs. With no particular chemical content mentioned in this advertisement, this projects the possibility of falsehood and untrue claims. This is quite interesting as the asserted potency also suggests that the drug cannot cause any harm to the body, so, anyone who feels s/he has chemical content of any kind could consume the product without the fear of other complications. This is projected assumption is a departure from the findings (Abubakar et al., 2018; Shu et al., 2019) that herbal drugs in Africa contain harmful constituents that have great tendencies of damaging the body of consumers.

To achieve the strategy, asserting drug’s potency, the advertiser performs the pragmatics act of assuring. He, through SSK, makes reference to the drug *Product 5* and assures the listeners that the drug will “destroy any chemical content” in their bodies. The assurance is generic, meaning that the drug is capable of taking care of all diagnosed and unknown ailment in the body. It is expected that each target listener would identify through REF to “all that chemical”, to relate with the chemical that is peculiar to them.

Excerpt 21:

Advertisement of *Product 13* at Ogige market, Nsukka

If you take *Product 13*, even if you *dey* on top of woman, and your phone ring, carry your phone, answer your call and come back to your work, *e go dey KAKARAKA*, no shaking, I tell you, no shaking. Man *wey dey* get weak performance for bed, *Product 13 na* your

solution. If you *no dey* fit perform with your wife, come, come nearer, come take *Product 13* for men.

After taking *Product 13*, if you are on a woman and your phone rings, receive the call and come back to your work. The manhood will still be strong, there is no need to worry. I am telling, there is no need to worry. For any man that has poor performance in bed, *Product 13* is your solution. If you cannot perform well with your wife, come to this stand, come and take *Product 13* for men.

To assert the effectiveness of the medicine being advertised, the advertiser begins with a condition clause – “If you take *Product 13*” – that embeds in itself another condition clause – “even if you *dey* on top of woman, and your phone ring”. The first conditional clause is a conditional adverbial clause that is hinged on taking the medicine “energy three thousand” and should have been followed by a causal clause of the good effects of the drug, but the advertisement’s producer deploys an adverbial clause of concession – “even if you *dey* on top woman and your phone ring” – to reinforce the first clause. When a man is in the act of sex, distractions are supposed to be avoided so as not to truncate the sexual pleasure, such distraction is “your phone ring”. Nevertheless, the advertiser claims that those distractions are pointless “if you take energy three thousand”, and he encourages the man to attend to the distraction and continue with the sex. The implication of this is the consequence “*e go dey KAKARAKA*, no shaking” which is the direct causal effect of taking energy three thousand. An indirect conditional clause adopted by the advertiser is saying that the solution for “weak performance for bed” is “energy three thousand”. The excerpt concludes with a conditional clause that is backed up by a purposive clause. The advertiser projects the situation of the concerned audience and encouraged them to come and get the drug “Energy Three Thousand” which is potent enough to solve their problem.

Excerpt 21 is predominantly marked with assuring pragmatic act. Hinging on REF to the drug “energy three thousand”, “phone ring” “your wife”; SSK of sexual performance and how distractions affect it; and REL of the descriptive narration of the answering a call to come back to sex in a way to justify the potency of “energy three thousand”. The advertiser assures the concerned audience that the drug being advertised will make sexual performance become better against all odds. He assures men who find it difficult to have sex with their wives that once they start using the drug, their problems will be solved.

Blame-shift hedging

The advertisers of the herbal aphrodisiacs are aware that sometimes, many people complain that the drugs do not work, thus, there may be lack of trust and more complaints. Bearing this in mind, while reeling out the benefits of the drugs and why they should be purchased and consumed, the advertisers try to hedge their utterances by distancing themselves and the credibility of the drugs from the lingering problem of drug users. To achieve this, the advertiser must attribute to something else, the cause of continuous problem after drug usage. This is a backup strategy for maintaining the image and integrity of products. It gives the impression that the drugs work effective, however, if it does not, then other factors are responsible for lack of efficiency.

Excerpt 22:

Advertisement of *Product 18 Sperm Booster* at Ogige market, Nsukka

THIS ONE *E DEY* BOOST SPERM. Your sperm *go* complete (.) *e go dey* complete when you put am inside woman, unless woman *no dey* ready to catch, but if time don reach for her to catch, when you put *am* inside her *GRARA*, she *go grab am*, *e go* germinate, *NA PAPA EJINMA BE DAT*, *no shaking*, *NA PAPA EJINMA BE THAT*.

What this does is to boost sperm. Your sperm will be complete, it will be complete when you discharge it inside a woman, except the woman is not ready to catch, but if it is her time to catch, when you discharge inside her, it will germinate. That make you a father already, no need to worry, you are a father already.

The excerpt begins with a causal clause, claiming that the drug being advertised boosts sperm. The follow-up is another causal clause reinforcing the previous. The advertiser then utilises a conditional clause to assert that when a man uses the drug and deposits, the “complete” sperm inside the woman, the woman should undoubtedly be pregnant. However, the introduction of the second conditional clause – “unless woman *no dey* ready to catch” – extends the condition for the workability of the drug. The first causal clause – “*e go dey* complete when you put am inside” – is made a statement fact, and the drug will appear not to be effective not because it is ineffective, but the woman is the one who is not biologically ready to complete the process. Another proposition achieved is through a hedging clause employed by the advertiser to have a stand whenever the end users of the medicine complain

that the drug is ineffective. He builds on the conditional clause for the workability – “but if time reach for her to catch, when you put am inside her *GRARA*” – suggesting an assured result through the causal clause – “she *go grab am.*” This is to mean the drug may not work because the woman is not in within the biological time to be ready for baby making, hence the fault of the sperm not yielding babies is not the drug but the woman.

To achieve the strategy of blame-shift hedging, the drug advertiser performs the informing function to tell them the drug being advertised will be responsible for boosting sperm. This informing pract is achieved through REF to “this one” and “sperm”. He continues with the assuring pract as he rides on REF and SSK to buttress information on the usefulness of the drug when he says “your sperm *go complete, e go dey complete* when you put am inside woman”. The explaining pract is also prevalent in the excerpt. The advertiser explained the condition that will make the drug to work. He uses SSK, drawing from the previous understanding of the target audience about “unless woman *no dey* ready to catch”.

Non-evidential claims

Non-evidential claim is as a strategy in the advertising of HSEDs to suggest oral evidences that will boost the credibility and justification of the drugs. These evidences are most times uncheckable and because many of the drugs are unregulated, the viability of the things they claim to be the medicines are difficult to verify, hence, end users blindly trust oral confessions alone. An instance of non-evidential claim is seen in excerpt 13. This strategy as identified is a departure from baseless assertions that advertisements of general herbal drugs are marked with untrue claims and exaggerations. Many linguistic studies have consciously resolved through non-experimental process that herbal drugs advertisers deploy false claims. However, these assertions by linguists may also be considered as untrue claims, because the messages in the advertisements of herbal drugs could not be considered false if laboratory tests are not conducted. It is on this note that in this study the strategy of non-evidential claim substitutes the strategies (false claims and exaggerations) identified in previous studies. Consider the excerpt below.

Excerpt 23:

Product 16, Academy Area, Ibadan

ògùn ale nìyi, ògùn afàtò ni o, okó eṣin, ò wà nínú oun tá fi sé, okó òbúkò, ògèdè àgbagbà, egbò ògbòlò, egbò èpakún, odidi pándòrò, egbò aka, egbò gboingbóin ò wà nínú oun tá fi sé, bi ọmọkùnrin bá lòó, bùòdá ẹ wo ọwọ mi ló ọ́kán, bi okó ọmọkùnrin yòò ẹ dá dúrò nìyí...

This is the drug for strong erection, it is the drug for strong ejaculation. The ingredients are horse's penis, goat's penis, mature plantain, (.) look at my arm from afar, If a man uses it, his penis will be as hard and standing as my arm.

The language used by the advertiser of excerpt 23 is Yoruba. This is partly because the advertisement was done in Ibadan, a Yoruba speaking town and the particular location, Academy, is a market populated by mainly Yoruba traders. Excerpt 13 begins with the causal effect of the drug being advertised, the drug functions as *ale* (leads to strong erection), *afàtò* (causes strong ejaculation). To justify that the drug will be useful the advertiser begins to reel out the ingredients of the mixtures, thereby concluding with the conditional clause that if any man uses the mixture, as a result of the composition (“*okó eṣin*”, “*okó òbúkò*,” “*ògèdè àgbagbà*,” “*egbò ògbòlò*,” “*egbò èpakún*,” “*odidi pándòrò*,” “*egbò aka*,” and “*egbò gboingbóin*”), the man's penis will be very hard. Two forms of non-evidential claims are used by the advertiser; the first is that there's no way possible to investigate the certainty of the listed ingredients if a laboratory test is not conducted, and in this case, it is either the prospective buyers decide to believe the advertiser or not. The second form is the fact that the advertisement is in playback audio form, the target customers are unable to see the arm of the advertiser when he says - “*ẹ wo ọwọ mi ló ọ́kán*” (look at my arm from afar).

The pragmatic function of informing through REF and SSK is performed in excerpt 13. The advertiser informs the target audience what type of drug he is advertising, and further informs them about the things that make up the composition of the medicine. The assuring pract is also perfumed through REF “*owo mi*”(my hand) and SSK as the advertiser assures the prospective end-users that any man that uses the drug will cease to suffer from weak erection and the penis will be as strong as his arm.

Camaraderie evocation

Herbal aphrodisiacs advertisement can sometimes be marked with some sorts of kinship terms that shows that advertisers and drug producers are empathetic, and they feel the pain of fellow men. The choice of kinship implies that they want to relate well with the concerned audience and they want the concerned audience to think of the buying the drugs as a means of receiving unfeigned love from another family member. This is a further explication of the position – that kinship terms are semantically extended in Nigerian English to accommodate people that have no blood ties – by earlier studies.

Excerpt 24:

Advertisement of *Product 17* at Ogige market, Nsukka

My *broda*, my *sista*, make you *no sit*, come buy this herbal drug, *e go* help you solve your health problem. *Product 17 wey go* wipe away anything *wey dey* staph for your body...Sickness say, hide me make I kill you, expose me make I leave you. If you expose sickness, *e go* leave you, but if you hide *am*, *e go* kill you () if you climb woman, three minutes, you *don* come down, before the woman *go* satisfy, you *don* come down, *e no dey* ordinary my brother, come, something *dey* wrong for your body, something *dey* wrong with your system, your manhood *no go dey* stand as he suppose be *KAKARAKA* like man.

My brother, my sister, please do not sit, come and buy this herbal drug. It will help solve your health problems. *Product 17* that will wipe away anything related to Staph in your body. Sickness will say, hide me, so I can kill you, expose me so I can leave you. If you expose sickness, it leaves you, but if you hide it, it will kill you. If you are on a woman, and you become tired in three minutes before the woman gets satisfied, my brother, it is not ordinary. Come, something is wrong with your body, something is wrong with your system, your manhood is not active as it is I'll supposed to be for a man.

The selection of “my *broda*” and “my *sista*” are merged with a purposive clause to encourage prospective end users to buy the medicine by taking action – “make you *no sit*”. The choice suggests that the target audience is cared for by the advertiser, and the lexical choices also imply that the advertiser cannot deceive the would-be end users because they are family. The advertiser tries to share the pain and the shame of the target audience, and that he is ready to assist the affected linter - “if you climb woman, three minutes, you *don*

come down, before the woman go satisfy, you *don* come down, *e no dey* ordinary my brother, come”. He encourages the listener suffering from quick ejaculation to come and get help. The advertiser uses the conditional proposition to explain the shameful condition, and then employs the purposive clause (through the lexical item “come” as precursor) to present himself as a helping family member who cares so much about other members of the family.

In Excerpt 24, the pragmatic function that relates to camaraderie evocation is advising. Through SSK the advertiser builds on the Nigerian culture that extends the limit of kinship beyond relatives and makes it accommodate any other human whom the advertiser sees as equal to a family member.

Excerpt 15:

Product 8 at Low cost Housing Estate Umuahia

Come (.) my man, what is this one that whenever it’s time to make your woman jolly, you will be making excuses. Are you a man, but your manhood does not function well? Is your manhood failing you, is it doing you like the world has come to an end? Stop worrying because your solution is here. Come and take *Product 8* so that your manhood will dance for joy.

In excerpt 25, camaraderie is evoked through the possessive adjective “my” which connotes ownership. However, in Nigerian pidgin English, “my man” suggests a very close relationship between the possessive referent of the adjective “my” and the referent “man”. This lexical choice of “man” also corroborates the position that advertisements of herbal sex-enhancement drugs are predominantly targeted at men. “My man” is used as a generic name for any man suffering from sexual dysfunction.

The word “come” marks the purposive clause in excerpt 25, and that clause is directly followed by a condition sense. The “man” is expected to take an action by coming to purchase the drugs meant to solve a particular condition. This condition is expressed in the condition sense - what is this one that whenever it’s time to make your woman jolly, you will be making excuses - that appears like a question. The advertiser builds on more indirect conditional statement to spite the “man” he called his. This, he does by questioning the identity of the man. This implies that if the penis of a man is not functioning well, then the

man is not a man. This implication portrays the masculinist ideology - the penis of a man is determined by his sexual prowess. The advertiser makes a departure from spiting to embrace camaraderie employing the purposive clause through the expression, “stop worrying”. The advertiser finalises with the hybrid of purposive and causal clauses. The “man” who is his man, is called upon to come and purchase *Product 8*, and the end result of taking drug would be the revitalisation of the penis.

The camaraderie evocation is rooted and projects the welfarist ideology, where the advertisers present the idea that the purpose of selling the drugs is because they love men who are suffering from sexual dysfunctions. This, they do by trying to identify the men as they empathise with them and show that they are not forsaken.

The pragmatic acts performed to establish camaraderie evocation, in excerpt 25, are directing and questioning. The directing act initiates the advertisement through the expression “Come, my man”. The use of SSK is important here to suggest that the “man” being referred to is not just any man, but a man suffering from erectile dysfunction. The word “come” also does not mean to that the referee should come for a chat, but to come purchase the advertised product. In the concluding part of the utterance, the directing act, similar to the first, is also performed, but in this instance, the reference (*Product 8*) to what to come for is made explicit.

The questioning act in excerpt 25 is performed by posing questions touching the challenges that are associated with sexual dysfunctions. There are three utterances that portray questioning. One – “What is this one that whenever it’s time to make your woman jolly, you will be making excuses” – is questioning the excuses a suffering man makes when it is time to make love to a woman. Two – “Are you a man, but your manhood does not function well?” – is questioning the male-identity of the man with respect to erectile dysfunction. Three - Is your manhood failing you, is it doing you like the world has come to an end? - is questioning the essence of living if the penis is failing. All these questions are related to the challenges that come with being unable to satisfy a woman.

4.3.2 “Tickle” as retention strategy in the advertisements of HSEDs

The retention strategy falls within the slant of “tickle” in Simpson’s (2001) approach to advertisements strategies. It is used to ensure that the product that is being advertised remains in the sub-consciousness of the listener. This strategy is achieved through the repetition of the product’s name.

Excerpt 26:

(Advertisement of *Product 3* at Choba Junction, Port Harcourt, Rivers state)

Na *im* make we bring *Product 3*. No miss this opportunity o. So, that is why you need *Product 3*. That your staph *neva* go because you *neva* use *Product 3* *wey dey* uproot Staph away from your body system. Staph wicked o, *no be* minor bacteria o (.). When you go lab test, *dem go* tell you say you get heavy growth of staph. Come, COME, *no look go, no cry*, <come take *Product 3*>. Na one hundred percent natural herbs and roots. *E get* Nafdac approval (). This *Product 3* *e go* help man.

This is the reason we have brought *Product 3*. Don’t miss this opportunity. The problem you have with Staphylococcus persists because you have not taken *Product 3* which is capable of totally uprooting staphylococcus from your body system. Staph is very wicked; it is not some ordinary bacteria. Whenever you go for a lab test, what you are told is that you have heavy growth of Staph. Come, you do not have to pretend to look away and remain in sorrow. Come and take *Product 3*; It is one hundred percent organic. *Product 3* has NAFDAC approval and will help any man.

The name of the product, “*Product 3*” is repeated five times in excerpt 26. It is intentionally done by the advertiser so that the drug’s name can keep echoing in the mind of the listener even after s/he might have left the junction. The deployment of this strategy has a lot to do with the nature of the marketing of HSEDs. Because it is not usually in stores, the listener who may be in a hurry to go somewhere can remember the name of the drug for later purchase. The informing pract is used in the retention strategy. The name of the drug is printed on the memory and sub-consciousness of the listeners. Through REF, this is repeatedly mentioned.

4.4 Represented ideologies in the advertisements of roadside HSEDs in Southern Nigeria

This study's concept of ideology is hinged on van Dijk's (2006) position that ideologies are not the general social beliefs or personal beliefs, but the fundamentals of a particular group (professions, political parties, social movements) within the society. Although the ideologies are not social beliefs, their enactments are rooted in general societal structures and practices. These ideologies are subtly driven to change and/or propagate social practices. Five ideologies underpin the messages in the advertisements of HSEDs, they are "sexualist" ideology, "pronatalist" ideology, theistic ideology, organicist ideology, and "welfarist" ideology.

4.4.1 Sexualist ideology

Contained in the advertisements of sexual drugs is the "sexualist" ideology. It is a dominant ideology and it forms the bedrock for the messages and linguistic expressions in the verbal advertisements. To the advertisers, sex is pivotal to the relationship between man and woman, and it is supposed to be enjoyed; it is what people look forward to. Culturally and socially, "sex" and "sexuality" is not to be discussed as a topic in public. But the drugs sellers see sex as a natural phenomenon and should be discussed in public. They try to deconstruct this social belief by moving around in public places (markets, streets, motor parks...) to influence social belief and talk about sex which would have been regarded as taboo. This ideology has three sub-ideologies, which are "wantonist" ideology, masculinist ideology and "heterosexualist" ideology.

Masculinist ideology

Masculinist ideology suggests that an adult male can only portray his dominance by the capacity to functionally perform during sexual intercourse or encounter. The measurement of the performance is determined by the construct defined by the society and HSEDs advertisers in Southern Nigeria. While it is believed in southern Nigeria, that certain qualities are expected of a man, the advertisements of HSEDs through the masculinist ideology builds on a social and cognitive construct which links the essence of the adult male to his sexual performance. Masculinist ideology is in relation to the assumed fact that a

man's sexual prowess has a lot to do with his manliness and his masculine image in the society. The belief is that a man is no longer a man if he cannot last long during sex.

Excerpt 27

***Product 10* Aba Road, Umuahia**

For men who when it's time to ride *jangrover*, they will run inside the toilet and mama Nkechi will be asking "you never finish?" At night, you cannot start the engine. In the middle of the night, you can't kick. Early hours nko? Your thing can't stand up and perform its duty. Your manhood can no longer stand at ATTENTION Come, come and take *Product 10*, a herbal medicine carefully made for you. There is no shame in doing a wise thing o, don't stay in the water and allow soap to enter your eyes! *Product 10* will make your manhood stand at ATTENTION, in the morning, mama Nkechi will greet you good morning SIR, because you have shown her what makes you a man.

Excerpt 27 begins by targeting men, and the possibility of a weakness in their manhood. In a ridiculing way, the advertiser talks about the expectation from a man using the metaphor of "sex" as "*jangrover*". *Jangrover*, within the Southern Nigerian context is a fun activity that means swinging back and forth on a swing. Here, the advertiser tries to project that sex is supposed to be a delightful activity for men, but it becomes a big issue when men run away from sex when their wives are expectant. Using that metaphor of "sex" as "*jangrover*" the advertiser laments that unreal men "will run inside the toilet" when they are expected to rock sex as they would love rocking a swing.

The advertiser further projects masculinist ideology using the metaphor of the "male genital" as "engine". The engine is the life source of a mechanical equipment, if it is not functioning well, then the mechanical equipment becomes useless. Therefore, the advertiser's projection of this is to mean that when the man is supposed be ready for sexual activities "at night" and the penis refuses to start – "cannot start the engine" – then the man ceases to be a man. Though it is natural to be tired or weak at night, the advertiser builds upon the social construct of sex between couples at night or early of the day (See 4.1.1) to victimise by painting a ridiculous picture of a man that is sexually inactive using the expression – "in the middle of the night, you can't kick." This presents an ironical situation

which is complemented with the raised pitch in “ATTENTION” as manhood is likened to a soldier who is too weak to fulfil the military action of standing at attention.

The denigration of men who cannot perform well during an expected sexual intercourse is projected through the expression “your thing can’t stand up and perform its duty.” A successive and similar expression is “your manhood can no longer stand at attention.” The two expressions are marked with the metaphor of “sex” as “duty”, and they connote that sexual performance is a duty, and this obligatory duty marks the identity of men. In other words, it is the duty of a man to be sexually active.

An important feature to note in excerpts 27 is that the advertisements are predominantly targeted at men, no wonder the masculinist ideology is highly projected in the advertisements of these herbal drugs. A key fact that may be responsible for this is the patriarchal nature of the Southwestern region of Nigeria. The patriarchal system does not really permit or encourage women to own up to their sexual desires in the public. Therefore, since the advertisers of this drugs are also profit oriented, it is a business common sense that drugs targeted at women may not yield adequate product profits.

Ultimately, the advertiser, through illustration, presents the ideal patriarchal relationship between couples when the man’s sexual prowess is unquestionable. The expression – “mama Nkechi will greet you good morning SIR, because you have shown her what makes you a man” – presupposes the expected respect the man in Southern Nigeria deserves from a woman (his wife), however, this respect would only be actualised when the man is competently satisfied his wife sexually, which is being referred to as what makes a man a man.

“Heterosexualist” ideology

Heterosexuality defines sex as intercourse between a male and a female. The heterosexualist ideology is backed with the intention of promoting and encouraging sexual intercourse between male and female, while same-sex intercourse is passively discouraged. In Nigeria, the law does not support “homosexuality”, therefore advertisers of HSEDs in Southern Nigeria would be violating the law if they suggest or support “homosexuality” in their advertisements. The only type of “sexuality” suggested by the HSEDs advertisements

is usually sex between a man and a woman, and not otherwise. The message is always on how the woman would be satisfied by a sexually active man. This falls in line with the Nigerian legal standing against homosexuality.

Excerpt 28:

Advertisement of *Product 19* at Ughelli, Delta state

Another one *na PRODUCT 19, PRODUCT 19 man power for men* (.) I no need to explain more of this one. This *Product 19 man power na for men wey dey get weak erection, poor ejaculation, if e just climb woman, two minutes, e don come down, come, all you need na Product 19 man power for men, for weak erection.*

Another drug is *Product 19 man power for men*, and I do not think I need much explanation about this. This drug is meant for men that have weak erection, poor ejaculation. If a man who cannot last longer than two minutes during sex, come, all you need is *Product 19 man power for men* to cater for weak erection.

Through the strategy of actor description in excerpt 28, the advertiser describes “JALLEN” by telling the target audience that medicine serves to boost “man power for men”. He then says, “I no need to explain more of this one”, by this, he implies that everyone listening should be able to make an inference from the description of what he is trying to communicate. The description and lexicalisation (man power) presupposes the function of the drug. The speaker in the advertisement employs an illustration that evokes a sexual activity, to give an example of the shameful experience of a man who cannot last long during sex which he refers to as “climb woman”. Through the illustration - “this *Product 19 man power na for men wey dey get weak erection, poor ejaculation, if e just climb woman*” and lexical choices of “man” and “woman” presuppose that the speaker intends to sell the HSEDs drugs to men who would have sexual intimacy with women (heterosexuality) and not a man to a man or woman to a woman (homosexuality).

Although the drug being advertised is specifically for men, the lexical choices like “poor ejaculation”, “weak erection”, and “climb” are strong triggers of sexual context. Within the evocation of the sexual context, and the presupposition of heterosexuality, the implication of “if *e just climb woman, two minutes, e don come down*” is that there is a cultural assumption for the duration of sexual intercourse. When a man “climbs” a woman, the

advertiser, through illustration and generalisation suggests that the man is supposed to last more than two minutes. However, the basic requirement of the minimum minutes a man should spend during intercourse is taken for granted. This neglect of the appropriate minutes presupposes that within the social and sound space, all targeted customers are expected to know the required duration of sex.

“Wantonist” ideology

“Wantonist” ideology stems out of the sexualist ideology. Within the social context, sex is an essential activity in marriage, and the craving for sex in adults may sometimes be uncontrollable, hence, it is expedient for the man to stand up to the task of gratifying the sexual desires of the woman with optimal sex. The society believes that the woman is supposed to be faithful in marriage, however, if she does not get sexual satisfaction, the producers of HSEDs believes the woman has every tendency to become promiscuous.

Excerpt 29:

(Advertisement of *Product 1*, at Bobizua Motor park in Benin)

ALL THESE KIND THING *WEY DEY* MAKE HUMAN BEING LIFE SCATTER (.) YOUR *MOLLO MAN GO DEY* TELL YOU SAY YOU *NO SABI* PERFORM, BEFORE YOU KNOW *WETIN DEY* HAPPEN (.) YOUR WIFE *GO DEY GO* SLEEP OUTSIDE (.) before you know *wetin* happen, you *go dey* scratch >“*okirikoto*”, “*okoripoto*”<..

All these type of thing that destroys the life of a human; you will be told that you cannot perform sexually, before you know anything, your wife will be having an affair. Without planning, you will start scratching your penis.

The speaker, being a member of the same cultural background with the listeners of the advertisement, addresses the audience and makes use of hyperbole and comparison to metaphorically relate the cause of a destroyed life to the lack of good sex– “ALL THESE KIND THING *WEY DEY* MAKE HUMAN BEING LIFE SCATTER (.) YOUR *MOLLO MAN GO DEY* TELL YOU SAY YOU *NO SABI* PERFORM”. This is very strong and ironical and harsh, but the advertiser evokes the sexual context, wherewith any man who listens to the advertisement is placed in an alarm box.

The advertiser is able to use victimisation to reconstruct the social order of cultural and patriarchal reality in Southern Nigeria. The speaker generalises that the inability of the man to satisfy his wife's libidinal urge will motivate the wife to seek sexual pleasure "outside" the marriage – "BEFORE YOU KNOW *WETIN* YOUR WIFE *GO DEY GO SLEEP OUTSIDE*". He establishes that the wife would not be at fault if found unfaithful in the marriage, hence, for the promiscuity of the wife to be avoided, the man needs to "*sabi*" (know) how to "perform". This is ironical, because within the marriage context in southern Nigeria, a woman is castigated if found cheating on the man.

The reconstruction of the social norm and stigma attributed to a woman's promiscuity is achievable in the advertisement, because underlying the advertisements is the necessity for a man to satisfy his wife sexually. Sex is a ritual in marriage, every wife, needs the husband to perform the rite. When the husband fails to do so, the woman's urge for sex would make her look for alternatives. Now, the husband is to blame, and the woman is justified because he has refused to fulfil his sexual commitment to the woman.

4.4.2 Pronatalist ideology

Pronatalist ideology foregrounds the ability of humans to multiply and produce children through sexual intercourse. The purpose of sex is not limited to pleasure and ecstasy. Culturally in Nigeria's southern societies, sex between married couples is expected to yield procreation. The pronatalist ideology portrayed in the advertisements fosters the cultural expectation and foregrounds the cultural relevance of HSEDs. The ideology is promoted within the marriage and sexual context.

Excerpt 30:

(Advertisement of *Product 3* at Choba Junction, Port Harcourt, Rivers state)

If man deposit *wetin go* turn *pikin* for woman *belle*, and the *belle* hot, *e no go* stay, *e go* melt away. That is why you need *Product 3*, <to help cool your stomach>. When man deposit something, *e go* stay and born *pikin*.

When a man deposits what should produce child in a woman stomach, but the stomach is hot, the sperm will not survive. This is

the reason you need *Product 3*. When a man deposit something, it will survive and mature to be a child.

In Excerpt 30, generalisation is employed, and the audience is expected to make inferences from the lexical choices employed within the sexual context construct. The advertiser adopts authority by evoking the medical context where it is suggested that he is the doctor while whoever listens to the advertisement is a patient. This advertiser who is now the doctor within the marriage context illustrates - “if man deposit *wetin go* turn *pikin* for woman *belle*, and the *belle* hot, *e no go* stay, *e go* melt away”. This presupposes that the audience is aware that the situational import of “*wetin*” is the spermatozoa that a man “deposits” into the woman’s ovaries which naturally should make the woman pregnant. It becomes ironical if the spermatozoa do not survive and “melt away”, and this is a tragedy because sex which is an investment, in this case, has not yielded any profit, which is making the woman pregnant. This implies that even though the man may be able to have a strong erection to satisfy the woman’s sexual desire, there is the desire that sex leads to productivity. Unlike many of the herbal aphrodisiacs’ advertisements in this study, this advertisement focuses on the woman as being the one in need of care.

In the marriage context (see 4.1.3), happiness ceases in a marriage when the couple is unable to produce a child. The drug is positioned as a remedy for lack of reproduction - “That is why you need *Product 3*, to help cool your stomach. When man deposit something, *e go* stay and born *pikin*”. The advertiser projects the pronatalist ideology to enhance the relevance and the importance of the drugs, as seen in his statement - “that is why you need *Product 3*, to help cool your stomach”.

Excerpt 31:

Advertisement of *Product 18 Sperm Booster* at Ogige market, Nsukka

Another medicine *wey we get* here *na Product 18* sperm booster, *Product 18* sperm booster, *Product 18* sperm booster. This one *e dey* boost sperm. Your sperm *go* complete, *e go dey* complete when you put *am* inside woman, unless woman *no dey* ready to catch, but if time *don reach* for her to catch, when you put *am* inside her *grara*, she *go grab am*, *e go* germinate, *na papa Ejinma* be dat, no shaking, *na papa Ejinma* be that. With *Product 18* sperm booster, sperm *go*

dey thick, and complete. E get some wey thick, but nothing dey inside o, make I tell you. Sperm wey thick but nothing dey inside, e no dey fertile. But with *Product 18* sperm booster, *e go dey* thick and *e go dey* fertile, everything go dey complete. Once *e* enter, papa Ejinma, I tell you.

Another medicine that we have here is *Product 18* Sperm Booster. This one boosts sperm. Your sperm cells will be completed when deposit it inside a woman, unless the woman is not ready to get pregnant. However, when a woman is ready to become pregnant, if you deposit inside her, she will grab it, and it will germinate. That's Ejinma's dad already, there's no need to worry, you are already Ejinma's father. With *Product 18* Sperm Booster, the sperm will be thick and complete. There are sperm cells that are thick but there is nothing inside. Thick sperm cells that has no content is not fertile, but with *Product 18* Sperm Booster, it will be thick and it will be fertile. Everything will be complete. Once it enters, you are already Ejinmi's father.

The introduction of excerpt 31 presupposes that the advertiser represents a medical institution, particularly, a pharmaceutical company which has many drugs/products it boasts of. Through the master craft of lexicalisation, the utterance - another medicine *wey we get* here *na* capstone sperm booster - is the indication that other products have been advertised before the introduction of capstone sperm booster. This is done in a bid to establish authority and an institutional voice that will ultimately influence the impact of advertisements on the target audience.

As examined in the medical context (see 4.1.2), the issue of fertility in men is linked to the strength and capacity of sperm cells. Hence, the reason low sperm count is one of the major issues addressed in the advertisement of both synthetic and herbal aphrodisiacs. The name – *Product 18* sperm booster – that identifies the product in excerpt 21 is one that establishes its advertisement within the homogenic business context as a product that addresses only the issue of infertility in men. Actor and action description is deployed by the advertiser to describe the functions of the drug as having potency to enrich the sperm cells of a man – *e dey* boost sperm. Your sperm go complete, e go dey complete when you put am inside woman, unless woman no dey ready to catch, but if time don reach for her to catch, when you put am inside her *grara*, she *go grab am*. The advertiser, here, employs the metaphor of sex as investment.

Pronatalism is engaged through pseudo medical consultation education on what determines of the child-producing capacity of sperm. The advertiser calls the attention of the audience by telling them that – *E get some wey thick, but nothing dey inside o, make I tell you. Sperm wey thick but nothing dey inside, e no dey fertile.* While the advertiser explains that the thickness of sperm does not determines its quality in terms of fertility capacity, the advertiser fails to give information about the content that determines the quality the sperm. This is not exactly in line with medical practices. The inference that could be drawn from this is the advertiser does not know as much as claimed, but whatever needed to promote the ideology of pronatalism has to be done, and that is why the medical information is primarily geared towards making the target audience know that the drug being advertised has the capacity to lead to fertility -But with *Product 18* sperm booster, *e go dey thick and e go dey fertile,* everything go dey complete. This pattern is one of the responsible factors for labelling the advertisements of herbal drugs as advertisements with false claims and hyperbole (Adegoju, 2008; Mavunga, 2013).

In the marriage context, the advertisement marked with the lexical labelling "papa Ejinma" presupposes that becoming a father is the plight of men, especially in marriage as interrogated in 4.1.3. This labelling is portrayed to be the future outcome of consuming *Product 18* sperm booster. "Ejinma" is a name in the South-eastern part of Nigeria, and in this context, it is an unknown variable that represents a child (one's offspring). This ideology of pronatalism is presented through the ecstatic feelings that comes with being called a father by the name of one's offspring.

4.4.3 "Organicist" ideology

In world medicines, there is a progressive shift from synthetic medications to organic medications because of the belief that the body greatly benefits from organic and natural medicines with fewer side effects for users (Gunjan, Naing, Saini, Ahmad, Naidu and Kumar, 2015). The "organicist" ideology projects this relevance and the inferiority of non-organic drugs with labels such as natural versus artificial. This ideology is a driving force for advertisement of roadside herbals aphrodisiacs in Southern Nigeria as many of them reflect the "organicist" ideology in their advertisements.

Excerpt 32:

Product 20 at Lagos

We get plenty herbal medicines, pure traditional medicine, hundred percent herbal, no artificial, no preservative, all our medicine, no artificial, no preservative, purely herbal, hundred percent herbal. *Na him* make people *wey* drink our medicine congratulate us say YES, we *dey do* <great thing> because *we dey* save life.

We have plenty herbal medicines, pure traditional medicines, hundred percent herbal, no artificial, no preservative. All our medicines are purely and hundred percent herbal. That is the reason people who consume our drugs have been congratulating us for doing great things because we have been saving lives.

Excerpt 32, initiates the evocation of the business context, giving illustrations and making use of self-glorification to promote the image of the drug company. The advertiser starts with the use of the personal pronoun “we” to suggest that there may be others who claim to sell aphrodisiacs, with this; there is a pointer to polarity and superiority. This presupposes that other drug producers might have been found wanting based on the composition of drugs. He furthers by claiming “we get plenty herbal medicines” there. The implication of this is that plenty herbal medicines are produced by the drug company which further implies that the company should be trusted and patronised for its strength in organic products.

With lexical items like “pure traditional medicine”, “hundred percent herbal”, “no artificial”, “no preservative” the advertiser uses self-glorification by projecting the assumption that the organic medicines they sell, are superior. Through the use of hyperbole and self-glorification, the advertiser makes claims that people that use their drugs have been congratulating them for saving lives because the drugs are hundred percent herbal – “*him* make people *wey* drink our medicine congratulate us say yes, we *dey* do great thing because we *dey* save life”. The driving force of the integrity and the image of the drug producers as suggested by the advertisement is that the drug is “hundred percent herbal”.

Excerpt 33:

Product 21 at Awka, Anambra

Another medicine *wey* we get here, purely herbal, hundred percent herbal, *na Product 21, Product 21*. This one good for diabetes patients, *e dey* control diabetes, *dey* control sugar level, also, *e dey* treat infertility, obesity, stomach ache. Anything *wey* mouth take, *na* stomach *e dey* enter. *Na belle e dey* go, anything *wey* you put for your mouth, whether *na* food, whether *na* beer, anything at all, *na* inside stomach, *na* inside belly *e dey* go.

Another medicine with us here, which is purely and 100 % herbal, is *Product 21*. This one is good for diabetes patients, as it controls diabetes and sugar level. It also treats infertility, obesity and stomach ache. Anything that enters through the mouth ends up in the stomach. Anything, such as beer, that you put in the mouth enters the belly.

The selection of the lexical items “purely” and “herbal”, suggest authenticity, corroborated and enriched by the phrase “hundred percent herbal”. This has three implications. The first implication of this is that the authenticity of an herbal medicine is that it must be completely herbal in content, with no additional material. However, a direct comparison is not overtly made with synthetic drugs, it is only done subtly in the advertisement. Through the propagation of complete herbal medicine, the advertiser is indirectly influencing the minds of listeners with the information that any drug that is not herbal has the tendency to do them harm because purity and purification only comes with herbal composition of drugs. This is further expressed through the indirect warning that “anything *wey* mouth take, *na* stomach *e dey* enter”.

Another implication of the collocation is that that the advertiser tries to discredit other competitors without mentioning names. In other words, there is the implicit projection of the idea that other herbal drugs are not completely herbal, hence, they are not fit for consumption, or they cannot match up with the potency of *Product 21*. This expression, “Another medicine *wey* we get here, purely herbal, hundred percent herbal, *na Product 21*,” is an indirect way of discrediting other herbal products with the unsaid (yet said) notion that any time a content is added to a herbal drug, it becomes contaminated; implying that while other products have been contaminated, *Product 21* becomes the only trusted herbal

medicine. It is interesting to note that the would-be consumers are unlikely to be able to measure this claim that the product is entirely herbal. So, such claims permeate the advertisements of herbal drugs as the advertiser deploy the “organicist” ideology to influence and attract patronage.

The last implication of the collocation is that the potency of *Product 21* is ultimately drawn on the “organicist” ideology through self-glorification. After establishing that *Product 21* is hundred percent herbal, the advertiser continues with the testimonial of what the body of consumers would benefit from the consumption of *Product 21*. This testimonial is evident in the expression, "this one good for diabetes patients, e dey control diabetes, dey control sugar level, also, e dey treat infertility, obesity, stomach ache". All these functions of *Product 21* could be assumed to be true because of the superior assumption that hundred percent herbal drugs are potent in the treatment of health issues.

4.4.4 Theistic ideology

Nigeria being a country where religiosity is on the high side has a lot of people who believe in at least one Supreme Being. Belief in G(g)od(s) is both a thriving position for the country as well as the advertisers of herbal aphrodisiacs. “Theism” underscores a strong belief in the existence of divine being and that there is a God that oversee the affairs of men.

Excerpt 34:

Product 20 at Lagos

Any kind of infection, any kind of sickness and disease, we *dey* give medicine, *na* God *dey* heal. (.) All those infections *wey* you *get dey tey wey* you think say *e go*, *E NO GO*, that is why *e dey* very very important, as you *dey* hear our voice now, God *don* hear your prayer, to save you from that shame.

For any kind of infection, sickness and disease, it is our duty to provide medication, but God does the healing. You have not been absolutely free from all those infections that you think you are free from. That is why it is very important that you can hear our voice now. God has heard your prayer, to save you from shame.

Through generalisation and norm expression, the advertiser expresses a normal expression within the Nigerian medical space that physicians are fully given to the duty of treating

patients but God; the Supreme Being is the one that ensures healing. This underlies that the physicians will only try but fail if God is not involved. This position evokes a medical context and informs the advertising choices made by the advertiser in excerpt 34, who do not have direct doctor-patient relationship but sees the target audience as patients, hence, the need to project theism in their duty of “we *dey* give drug” but “*na* God *dey* heal”.

The ideology is further projected in the excerpt as the advertiser generalises that people having the kind of infections he talks about, would have been praying to God for a solution to cure them. By playing on the religious consciousness of the audience, the advertiser concludes that the people have been praying for the divine touch of God for “any kind of infection, any kind of sickness and disease” they might have been dealing with.

Upon the assumption – “all those infections *wey* you get *dey tey wey* you think say *e go, e no go*”, the advertiser employs victimisation to tell the listeners that the drug is the answer to all their expectations and overdue hope. Through self-glorification and the use of authority, the advertiser assumes the position of the messenger of God who has been sent to use the drug to help people from their miseries – “we *dey* give medicine, *na* God *dey* heal”. This is implied when he says, “God *don* hear your prayer, to save you from that shame”.

4.4.5 Welfarist ideology

Underlying the advertisements of HSEDs is the position that the drugs are produced because the producers care about the total well-being of the members of the community. As a means, it becomes a driving ideology that aids the interest of the audience which translates them to customers. The advertisement does not bear that the producers want to make money from the buyers, but that they (the producers) are concerned about their (buyers) happiness and joy.

Excerpt 35:

Advertisement of *Product 6* at Ughelli

When you *dey* notice <say your body *no dey* happy>, no waste time, come meet the Rinko herbal for your revival,(.) to revive your body, make your entire body welcome back.

When you notice that your body is not whole, do not waste time, come to Rinko herbal for revival and restoration.

The advertiser in excerpt 35 presents the drug as a solution to the burden posed by unhealthy feelings. He uses generalisation and hyperbole to describe the drug as an “all” problem-solving drug. He claims that any time a member of the audience notices that their body is feeling unwell “body *no dey* happy” Rinko herbal would do well to return their health to the normal state. The lexical choice of “welcome back” is hinged on the context and draws on the comparison of the human body with a lost telecommunication sim card. Usually, the term “welcome back” is used by telecommunication companies to welcome a former customer who might have lost a sim card. The customer will be given the former line again in a new sim, so the customer is returned to the original state. This lexical choice adopted by the advertiser is bearing that the drug is targeted towards making anyone that use it feel better and become happy with his body.

Excerpt 36:

Product 20 at Lagos

We get aloe vera action call killer, <ALOE VERA ACTION CALL KILLER>, *Product 20* best herbal world, our business *na* to make all Nigerian people *dey* healthy with good health with our herbal medicine. All traditional medicine *wey dey* very effective, *Product 20* herbal world, the home of aloe vera medicine (.) to clear ALL *YANMA YANMA* DISEASE, both sexually transmitted infections, sexually transmitted disease, urinal tract infection, weak erection for man.

We have Aloe vera action killer. *Product 20* herbal world, our business is to make all Nigerians people be in good health with our herbal medicine. All traditional medicines that are effective, *Product 20* herbal world is the home of aloe vera medicines that clear all kinds of bad diseases such as sexually transmitted infections, sexually transmitted diseases, urinal infection and weak erection for man.

To express the “welfarist” ideology in excerpt 36, the advertiser suggests polarisation of the “*Product 20* herbal world” and all other herbal medicines producers. By doing this, he tries to suggest that his company is superior to all others and the reason is because of the composition of the company’s products. This integrity of the drugs produced by the company is implicated by the statement – “we get aloe vera action call killer, aloe vera action call killer”. By self-glorifying, the advertiser employs hyperbole to tell the

prospective end-user that the drug producers are fully committed to making sure that “all Nigerian people” are healthy - “our business *na* to make all Nigerian people *dey* healthy with good health with our herbal medicine”. For a drug that is being sold in Lagos state, there is no way the whole of South-western Nigeria will benefit from the “welfarist” assurance not to talk of the whole of Nigeria. The advertiser justifies the claim, through evidentiality, by suggesting the capacity of the drug company to help all Nigerians because the company has “all traditional medicine *wey dey* very effective”. The advertisement evokes the medical context by positioning “*Product 20* herbal world” as a pharmaceutical institution that is committed to the production of drugs for the welfare of Nigerian people.

The advertiser, through categorisation, presents some of the care the company gives the consumers of its drugs. The care is fully expressed in the statement – “*Product 20* herbal world, the home of aloe vera medicine (.) to clear all *YANMA YANMA* diseases, both sexually transmitted infections, sexually transmitted disease, urinal tract infection, weak erection for man.” The utilisation of the word “*YANMA YANMA*” in a high pitch is to project how disgusting sex-related diseases are, and how the company is committed to making sure that every one of these menaces are cured.

4.5 Discussion

The context in this study is viewed in relationship with van Dijk’s (2002; 2006) position of mental models of context. Specifically, in the advertisements of herbal aphrodisiacs, cognitive context models are constructed by the advertisers. By doing so, it becomes easier for them to specifically send their messages to adults who would be able to draw on experiences to fully understand the message. This aligns with the submissions made by Adegaju (2008), Adams et al. (2017), and Ogochukwu et al. (2019) regarding the thriving of cultural practices by advertisers of herbal drugs. The identified contexts in this study are developed based on the social and cultural structure, as well as experiences. It is through these contexts that the messages of the adverts could be best communicated. Adegaju (2008), Adams et al. (2017), and Ogochukwu et al. (2019) further support this notion, highlighting the importance of considering the cultural practices and social dynamics

surrounding herbal drug advertisements. These contexts provide a foundation for effective communication and message reception among the targeted audience.

The purpose of retail advertising is to persuade people to purchase products (Frolova, 2014). Dickson (2015) further establishes that persuasion is a prevalent technique in the advertisements of herbal medicines. Advertisers of HSEDs employ the problematisation of condition to place target consumers in a pitiable state, compelling them to feel an urgent need to purchase drugs. This aligns with Yakub et al.'s (2017) position that advertisers of herbal medicines utilise strategies that create an air of mystery around the product, leading to fear among consumers. Sutton (2011) notes that advertisers of SEDs often exploit sex-related issues to instil anxiety and foster a willingness to purchase drugs in their target audience.

Furthermore, advertisers use sensationalism by portraying their products as the solution to all sexual problems. This is evident in the advertising of various products that claim to increase sexual potency and pleasure. In addition, fear is a communication strategy used by advertisers to elicit negative emotions and create a sense of urgency among their target audience. These advertisers suggest that if men do not use their products, their sexual performance will deteriorate, leading to the breakdown of their relationships. The study reveals that advertisers of HSEDs employ numerous claims and assertions, which is a common feature in advertisements. Some of the strategies used to emphasize these claims include the use of "non-evidential claims" and asserting the potency of the drugs. These strategies are termed as such because the methodology employed in this study is insufficient to verify the truthfulness or falsity of the claims made by advertisers of HSEDs. Similarly, Adegaju (2011) posits that advertisers of herbal drugs often make claims that lack evidence, resembling the concept of "non-evidential claims." However, the absence of presented evidence only renders the messages of herbal medicine advertisements appear untrue, but it does not necessarily make them inherently false. While it is linguistically valid to challenge these claims based on evidentiality, asserting that they are false is an unsound argument. Although some survey-driven and laboratory-driven studies (Bello & Isah, 2015; Shu et al., 2019) provide evidence for questioning the efficacy of herbal drugs, most linguistic studies (Munyaradzi, 2011; Abodunrin et al., 2011; Oreagba et al., 2011) that claim there are

exaggerations and false claims do not employ appropriate methodologies to support such assertions.

The ideology behind the advertising of aphrodisiacs in Nigeria promotes the objectification of women and reinforces gender stereotypes. In many advertisements, women are depicted as objects of desire, and their bodies are used to promote the products. Advertisers use images of semi-naked women to reinforce the stereotype that women exist for the pleasure of men. Moreover, these advertisements reinforce gender stereotypes by portraying men as the dominant and sexually active gender, while women are depicted as passive and submissive. This reinforces the patriarchal structure that encourages the domination of men over women. This is harmful to the overall development of Nigerian society, as it reinforces negative perceptions of women, thereby perpetuating inequality and marginalisation. The study identifies four sexual ideologies present in advertisements of herbal aphrodisiacs in Southern Nigeria. These are masculinist, pronatalist, wantonist, and heterosexualist ideologies, which are used to promote changes in social practices. While other sexualist ideologies promote sexual pleasure without constraints, the pronatalist ideology projects procreation as the reward of sexual intercourse. The study highlights how these ideologies impact societal structures and practices in southern Nigeria through their portrayal in advertisements for herbal aphrodisiacs. As established by earlier studies (Adams & Harder, 2017; 2019; Magee & Smith; 2019; Liu et al., 2022), the messages of the selected herbal aphrodisiacs are consciously constructed to influence and manipulate the minds of prospective consumers. The goal of this manipulation is to ensure that many people feel the need to purchase advertised drugs. This manipulation is achieved through the deployment of ideologies, and this is in line with Tachino (2010), and Agunbiade and Ayotunde's (2012) assertion that ideology influences human behaviour. The ideologies in the advertisements of herbal aphrodisiacs in southern Nigeria suggest power play. As Mavunga (2013) puts it, there is a perceived power imbalance between sellers of herbal medicine and their clients. Herbal medicine advertising is constructed with power imbalance to deceive clients. The masculinist ideology in the advertisements is built on the patriarchal social construct that promotes the dominance of the man. This is in line with the findings of Åsberg and Johnson (2009), that pharmaceutical appeals and cultural techniques are deployed to project masculinity in advertisements of synthetic sex-enhancement drugs.

The findings of the paper reveal that most of the advertised herbal aphrodisiacs in southern Nigeria are targeted at men, making it appear that women are seldom victims of sexual dysfunctions. This could have been attributed to the patriarchal structure of the society, leading to inhibited sexual desires in women. The finding aligns with West and Krychman's (2015) view that, despite evolution of herbal aphrodisiacs, many women still have to rely on natural products to enhance sexual desires because there are little medications that cater for the improvement and treatment of poor libido in women. Similar studies could be carried out in other regions to juxtapose these positions.

4.6 Summary

In this chapter, the analysis of data was done in four stages in the order of the objectives. The stages are the identification of contexts in the advertisements; discussion on ideologies as situated within context in the advertisements of the roadside HSEDs; identification of the communication strategies in the advertisements of HSEDs in Southern Nigeria, and examination of the constituents of the advertisements of HSEDs in Southern Nigeria. The next chapter focuses on the following: summary of the study, findings and discussion, suggestions for further studies, and contributions to knowledge.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Summary of the study

Herbal sex-enhancement drugs are products made from natural ingredients, typically derived from plants, that claim to enhance sexual performance and increase libido. These drugs are often marketed as energizers or aphrodisiacs, promising to improve sexual experiences and address issues such as erectile dysfunction or low libido. Existing studies on the advertisements of herbal sex-enhancement drug have focused on language techniques, discourse styles, and discourse strategies but have not thoroughly investigated audience engagement and influence through context, ideologies, and strategies. By examining the language employed in these advertisements, the study seeks to shed light on the various aspects that contribute to the increased usage of herbal sex-enhancement drugs in Nigeria, particularly influenced by advertisements. Language techniques, discourse styles, and discourse strategies employed in these advertisements play a significant role in capturing audience attention and influencing their perceptions and behaviours. This study examines the advertisements of herbal sex enhancement drugs in Southern Nigeria with the aim of investigating how contexts are evoked in the advertisements (which refers to the creation of situations, scenarios, or narratives that resonate with the target audience); how communication strategies are deployed; how ideologies are used to influence perceptions on sexual dysfunctions and performance.

Teun van Dijk's socio-cognitive approach to Critical Discourse Analysis, complemented by Jacob Mey's Pragmatic Acts Theory and Paul Simpson's notions of Reason and Tickle, formed the theoretical framework for this study. The descriptive research design was adopted. To select the sample, the simple random technique was used and focused on nine southern states in Nigeria: South-West (Lagos, Oyo, and Ondo), South-South (Delta, Edo,

and Rivers), and South-East (Anambra, Abia, and Enugu). A total 40 advertisements, with an average of four advertisements from each state, were recorded. The selection of the advertisements was conveniently done, based on their availability and relevance to the study. The researchers conducted audio recordings of the advertisements at markets and motor parks. Subsequently, they subjected the recorded data to critical discourse analysis, employing the theoretical framework mentioned earlier.

There are four contexts identified in the advertisements of HSEDs in Southern Nigeria, and they are marriage, medical, sexual and business contexts. In the advertisements of herbal aphrodisiacs, context constructed by the advertisers, and it becomes easier for them to specifically send their messages to adults who would be able to draw on experiences to fully understand the message. The contexts identified in this study are developed on the social and cultural structure as well as experiences, and they are sexual, business, medical, and marriage contexts. The advertisers occupy the role of speaker, and the target consumers occupy the role of recipient. However, the interactional roles change with respect to the identified social contexts. In the medical context, the interactional role of the advertiser is “doctor”, while the role of the target audience is “patient”. This is marked with a crafty display of medical knowledge by the ‘doctor’ to the passive ‘patient’. Power imbalance is noticeable. Within the business context, the advertiser assumes the interactional role of “seller”, while the role of “buyer” is allocated to the target consumer. Here, emphasis is laid on the relevance of the advertised aphrodisiacs and persuasion to purchase. In the marriage context, the interactional roles are counsellor (for advertisers) and victim (for the target audience). The advertisers build on knowledge of sexual intercourse and the social expectations in the messages of advertisements, and this is effectively done through metaphor, lexicalisation and presupposition. The goals slightly vary with respect to contexts.

The advertisements of herbal sex-enhancement drugs in Southern Nigeria are marked with several activity constituents, including condition profiling, invitation to purchase drugs, drugs potency, producer’s address, drug’s prescription, drug’s description, and producer’s identity. The study also provides an example of an HSED advertisement and explains how it uses features of condition profiling, invitation to purchase and drug’s potency to describe, advise and assure potential customers respectively. There is no specific sequencing across

data for these constituents; however, they are found in almost all the advertisements that were recorded.

Two types of communication strategies identified in the study are persuasion strategy and retention strategy. The dominant strategy is on the persuasion strategy, and the purpose of retail advertising is to persuade people to purchase products (Frolova, 2014; Danesi, 2015). Dickson (2015) establishes that persuasion is a prevalent technique in the advertisements of herbal medicines. The persuasion strategy involves problematising the condition, blame-shift hedging, non-evidential claims, camaraderie evocation, and asserting drug potency. The advertisers understand the consumers' behaviour and psychological dispositions to inform their communication strategies. Problematisation of condition is used by advertisers of HSEDs to put target consumers in a pitiable condition that will eventually make them feel the urgent need to purchase drugs. This aligns with Yakub et al.'s (2017) position that the advertisers of herbal medicines use strategies that will make product appear mysterious, and this, according to Dickson (2015), leads to fear in the people. According to Sutton (2011) advertisers of SEDs reel out sex problems to create anxiety and willingness to purchase drugs in target audience.

The study identifies five ideologies present in advertisements for sexual enhancement drugs (HSEDs) in Southern Nigeria. These include the sexualist, pronatalist, theistic, organicist, and welfarist ideologies, which are used to promote changes in social practices. The sexualist ideology promotes sexual pleasure without constraints, while the pronatalist ideology promotes childbearing. Theistic ideology emphasises religious beliefs, organicist ideology promotes natural remedies, and welfarist ideology highlights the importance of sexual health for overall well-being. The study highlights how these ideologies impact societal structures and practices in Southern Nigeria through their portrayal in advertisements for HSEDs.

In Southern Nigeria, advertisements promoting herbal sex-enhancement drugs employ context-evoking messages, strategies, and ideologies with the aim of shaping the public perception of sex-related issues. These advertisements are designed to capture the attention of the target audience and influence their views on topics such as sexual performance, stamina, and overall sexual health.

5.2 Conclusion

The use of metaphors pervades the messages of HSEDs advertisements in Southern Nigeria. These metaphoric comparisons are fully entrenched in the evocation of contexts to aid the comprehension of the messages of HSEDs advertisements. The use of metaphors identified in this study is like what Mavunga (2013) identifies as Juxtaposition in the advertisements of herbal medicines in Johannesburg. The metaphors generated in HSEDs advertisements in Southern Nigeria are not arbitrarily constructed, they are crafted out of the cultural and mental experiences of the target audience. This agrees with scholars' (Yakub et al., 2017; Adegoju, 2008) position that advertisements are associated with the societal values.

One of the things revealed in the study is that advertisers of HSEDs make many claims and assertions which are expected in advertisements. Some of the strategies that are used to project these claims are “non-evidential claims” and asserting drug potency. These strategies are labelled this way because the methodology adopted in carrying out this study is not sufficient to check the truthfulness or falsity of claims made by advertisers of HSEDs. “Non-evidential claim” is similar to Adegoju's (2008) position that advertisers of herbal drugs make claims that lack evidence. However, unrepresented evidence only makes the messages of herbal medicines advertisements to appear untrue; it does not make them untrue. Faulting those claims on the basis of evidentiality is linguistically right, but assertion that they are untrue is also a faulty argument. Although some survey-driven and laboratory-driven studies (Bello et al., 2015; Nwaiwu, 2016; Abubakar et al., 2018; Shu et al., 2019) provide evidence for faulting herbal drugs, most linguistic studies (Munyaradzi, 2011; Abodunrin et al., 2011; Oreagba et al., 2011) claiming that there are exaggerations and false claims do not employ appropriate methodology for such claims.

The messages of the selected HSEDs are consciously constructed to influence and manipulate the minds of prospective consumers. The goal of this manipulation is to ensure that many persons feel the need to purchase advertised drugs. This manipulation is achieved through the deployment of ideologies, and this is in line with Tachino's (2010) assertion that ideology influences human behaviour. The ideologies of HSEDs in Southern Nigeria suggest power play, and as Mavunga (2013) puts it, there is a perceived power imbalance between sellers of herbal medicine and their clients. According to Mavunga, herbal medicines advertisings are constructed with power imbalance to deceive clients.

The masculinist ideology inherent in the messages of HSEDs in Southern Nigeria is built on the patriarchal social construct that promotes the dominance of the man. This is in line with the findings of Åsberg et al. (2009) that pharmaceutical appeals and cultural techniques are deployed to project masculinity in advertisements of synthetic SEDs. The findings of the study reveal that most of the advertised HSEDs in Southern Nigeria are targeted at men, making it appear that women are seldom victims of sexual dysfunctions. While this could have been attributed to the patriarchal structure of the society leading to inhibited sexual desires in women, it may be inferred that this reality in advertisements is limited to Southern Nigeria. A study carried out by Bello et al, (2015) reveals that the use of aphrodisiacs is prevalent among women in Kano State. Similarly, a study carried out by Sutton (2011) in Europe (New Zealand) establishes that herbal sex medicines are also significantly targeted at women.

5.3 Recommendations

Policy recommendations for the advertisements of herbal sex-enhancement drugs in Southern Nigeria should consider several factors to ensure consumer safety, prevent false claims, and promote responsible marketing practices. There should be an established comprehensive regulatory framework specifically addressing the advertising and marketing of herbal sex-enhancement drugs. This framework should include guidelines for product labelling, advertising content, and the verification of claims made by manufacturers. Collaboration between relevant government agencies, such as the National Agency for Food and Drug Administration and Control (NAFDAC) and the Advertising Standards Council of Nigeria (ASCON), is crucial to develop and enforce these regulations effectively.

NAFDAC should Mandate that all advertisements for herbal sex-enhancement drugs in Southern Nigeria be supported by scientific evidence. Manufacturers should be required to submit their products for rigorous testing to validate claims of efficacy and safety. The regulatory body should establish clear criteria for evaluating scientific evidence, ensuring transparency and credibility. Advertisements should be prohibited from making misleading or unsubstantiated claims to protect consumers from false or exaggerated information.

Educational campaigns should be implemented to raise awareness about the potential risks and benefits of herbal sex-enhancement drugs. This includes providing information on the

proper use, potential side effects, and interactions with other medications. The regulatory body should collaborate with healthcare professionals, public health agencies, and community organisations to disseminate accurate and unbiased information through various channels, including television, radio, and online platforms.

Enforcement mechanisms should be strengthened to monitor and regulate advertisements for herbal sex-enhancement drugs. This involves conducting regular inspections of advertising materials and imposing strict penalties for non-compliance with regulations. The regulatory body should also establish a system for consumers to report misleading advertisements or adverse effects. Continuous monitoring and evaluation of the effectiveness of the regulatory framework will help identify and address emerging challenges and improve the overall safety and quality of these products. Implementing these policy recommendations would provide a framework for responsible advertising of herbal sex-enhancement drugs in Southern Nigeria, protecting consumers from false claims, promoting product safety, and supporting informed decision-making.

5.4 Contributions to knowledge

This research has made contributions to knowledge in the following ways:

1. This study contributes to the body of works on how ideologies are projected through language in advertisements, and how they are utilised to influence and control others particularly, prospective consumers.
2. The study presents how contexts are constructed to ensure relatability with the message and purpose of advertisements. The understanding of the multiple contexts identified in this study will be useful in practical marketing and research in that area.
3. Earlier studies have identified specific advertising strategies unique to herbal drugs in Nigeria and other countries. This new study has identified additional strategies that may depend on the type of herbal drug being advertised.
4. Earlier studies have not been able to profile and describe the constituents of HSEDs advertisements. This study has been able to do that.
5. This study contributes to the studies on advertisement of herbal medicines, and it is one of the few studies that have focused on HSEDs, thereby opening up research

pathways on the peculiarity of the advertisements of HSEDs that other researchers could possibly explore.

5.5 Suggestions for further studies

The study examines the advertisements of herbal sex-enhancement drugs in Southern Nigeria using a descriptive design. It aims to explore the pragmatic and discourse aspects of these advertisements, including context, communication strategies, and ideologies. While this study contributes to the understanding of these advertisements, more research is needed in the field of linguistics. Additionally, a similar study could be conducted in Northern Nigeria to compare the messages in advertisements from both regions and provide a comprehensive overview of herbal sex-enhancement drug advertisements in Nigeria.

The study has identified the structure of HSEDs advertisements, but a follow-up study is needed to investigate the sequence of these components. This will help present HSEDs advertisement as a unique genre of herbal drug advertisements in Southern Nigeria. Additionally, investigating the construction of gender roles in sexual intercourse portrayed by HSEDs advertisers, could be of interest to researchers in gender studies, sociology, and anthropology.

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APPENDICES

EXCERPTS FROM ADVERTISEMENTS OF HSEDS IN SOUTHERN NIGERIA

Excerpt 1:

(Advertisement of *Product 1* at Bobizua Motor Park in Benin)

You *go* start *moto* for night, *moto no go fit* enter. You *go* start again, you *no go gree* move. Your wife *go dey* say honey, honey, honey, *you man go dey* say honey, honey, honey. Before you know *wetin dey* happen, 4 O clock *don nack, una no go* do anything.

You will start the engine at night, the engine will not respond. You will try to start it again; it will fail to start. Your wife will be moaning “honey”, “honey”, “honey” and you will be responding the same way, but before you know what happens, the time would be 4’O Clock and you will not do anything.

Excerpt 2:

Product 2 Benin

We also get *Product 2, Product 2*. This one *na* special for man, man *wey dey* get poor libido, rise and fall, break and wait, *wey go see* food *wey e go chop, e no go* react. Even if woman naked for your presence, *e no go* react as a man, no, you *no dey* again. Come, my broda, *make you no* think. All you need *na Product 2, e go* sanitise your system, sanitise every weak arteries, you *go be* man again to do your work. *E go* build your sperm, *e go dey kakaraka*.

We also have *Product 2*. This is special for a man that has poor libido, rise and fall, break and wait. When it sees the food that you are supposed to eat, it won’t react. Even if a woman is naked in your presence, it won’t react as it should in a man. No, you are not existing anymore. Come, my brother. Don’t be dejected. All you need is *Product 2*. It will sanitise your system and every weak artery, and you will be a man again to perform your responsibilities. It will build your sperm, and it will be strong.

Excerpt 3:

(Advertisement of *Product 3*, at Choba Junction, Port Harcourt, Rivers State)

Man *wey dey get* low sperm count, <you *no go fit* pregnant woman at all at all>, because *e get* quantity of sperm *wey dey* come from man, go inside the woman *belle* and form *pikin*. If *e no* reach five million, *e no go* work *o*. Those small small boils like pimples *wey* you *dey* see for your private part, you *no* know *wetin e be*, *na* symptoms of staph.

A man that has low sperm count can never impregnate a woman, because there is a required quantity of sperm that a man must deposit inside the woman before a child can be formed. If the sperm cells do not reach five million, a child can never be produced. Don't you know that the small acne-like boils growing on your private part, are symptoms of Staph?

Excerpt 4

Product 4, Port Harcourt Road

(inaudible) for enlarging of man organ, *e go* increase your sexual performance, *e go* help your manhood stand *kakaraka*, *e go* last for as long as you want. (inaudible) because the blood *wey dey* supply to the man organ *na hin dey* give strong erection. If you no get strong erection, you *no go fit* penetrate (inaudible) *e no go fit* enter. Another thing be say some people, because of power failure, if you climb woman for two minutes, you *go dey* think *say ah* this man *go* fall now, *e go fall* now, *e go fall* now, and once the thing enter your heart, your manhood *go just* fall like when NEPA *take* light, *fiam!* *E don* reach ground.

It is for the enlargement of male organ. It will increase your sexual performance and make your penis stronger. It will last for as long as you want. The blood supply to the penis is responsible for strong erection. If you do not have a strong erection, you will not be able to penetrate, your penis won't enter. Another thing is that some people, because of weak erection, when they try having sex, they would start worrying about the strength of the penis. Once that worry is given a chance, your manhood will fall like when NEPA ceases power supply.

Excerpt 5:

Advertisement of Product 3 at Choba Junction, Port Harcourt, Rivers State

When man deposit something, *e go* stay and born *pikin*. Staph *don* *cos* PLENTY PROBLEMS for husband and wife. (.) Husband and

wife *go marry* for six years, eight years, >nine years, ten year<, no *pikin*. They *no go dey* happy, the urge for love *no dey* again, *e go* kill the sexual feeling, *e go die patapata*.

Whenever a man deposits something, what is being deposited will survive to produce a child. Staph has caused a lot of problems for married couples. A couple will be together for six to ten years and there will not be able to birth a child. They will be unhappy and the motivation for love decrease, it can even lead to loss of interest or total death of sexual desire.

Excerpt 6:

Advertisement of *Product 5* at Ughelli main market, Delta state

Any man *wey get* diabetes, him manhood *no go* stand *KAKARAKA* to do *hin* work o. *E dey* weak the man organ. That is why you need the medicine. *Product 5*, *Product 5* (.) to clear >all those wicked bacteria *comot* from your body system<, you need *Product 5*, *Product 5*. Any woman *wey dey get* vagina discharge needs *Product 5*. To fortify your body, >MAKE YOUR BODY STAND *KAKARAKA*< against all *YAMAYAMA* sickness and disease like syphilis, >gonorrhoea, () < All sexually transmitted infections or toilet infections, you need *Product 5*. Good will herbal mixture, good will herbal mixture, *E DEY DISSOLVE ANY CHEMICAL CONTENT IN YOUR BODY*.

Any man who is diabetic will have weak erection and his penis will not be able to function well, it weakens that man's organs. This is the reason why you need *Product 5* to treat all the wicked bacteria in your body system. You need *Product 5*. Any woman that experiences vagina discharge needs *Product 5*. You need *Product 5* to fortify your body so that it is immune to all sorts of annoying diseases like syphilis, Gonorrhoea, all sexually transmitted infections or toilet infections. *Product 5* will dissolve any chemical content in your body.

Excerpt 7:

(Advertisement of *Product 6*, Ughelli)

Even if woman naked for your front, you *no go fit* react. You *no be* man enough again o, COME, we *get* special medicine, *hin* name *na PRODUCT 6*, *PRODUCT 6* for men. Man *wey dey get* >low libido, poor erection<, (.) >power failure, break and fail, rise and fall<, (.) oh, my brother *no fail* o, COME, come take this thing, special herbal medicine, *Product 6* for men, *Product 6*, >*E GO DO WELCOME BACK FOR THAT YOUR MANHOOD WEY NO DEY STAND AGAIN*<, when we do your manhood welcome back.

If you cannot have sexual arousal when a woman is naked before you, you are unable to have sex, then you have ceased to be a man anymore. Come, we have a special medicine, its name is *Product 6* for men. A man that has poor libido, poor erection, rise and fall, breaking and failing...please my brother, do not fail. Come and take this drug; a special medicine that is called *Product 6*. The drug will restore your manhood to its original and normal state.

Excerpt 8:

Product 8 at Low cost Housing Estate Umuahia

Come (.) my man, what is this one that whenever its time to make your woman jolly, you will be making excuses. Are you a man, but your manhood does not function well. Is your manhood failing you, is it doing you like the world has come to an end. Stop worrying because your solution is here. Come and take *Product 8* so that your manhood will dance for joy.

Excerpt 9:

Product 9 at Motor park, Iwo Road, Ibadan

Ìnkan ọmọkùnrin tó bá sùn kì, ìnkan ọmọkùnrin tí kò bá yọ dádáá, Product 9 ni kẹẹ lò. Ó ma jẹ kí ìnkan ọmọkùnrin yọ dáadáá. Tí ìnkan ọmọkùnrin b' tètè ñ wálẹ, Product 9 ni kẹẹ lò. Product 9 á jẹ kí ọmọkùnrin pé lórí obirin. Tó bá tètè ñ rẹ ọmọkùnrin, Product 9 ni kó lò.

Use *Product 9* for a male genitalia that is shrunken, or for a male genitalia that is not projected well. It will make a man's genitalia come out well. If something becomes weak so quickly, the remedy is *Product 9*. *Product 9* will make a man last longer on a woman. If a man gets exhausted too soon, he should consume *Product 9*.

Excerpt 10:

Product 10 Aba Road, Umuahia

...COME, come and take *Product 10*, a herbal medicine carefully made for you. There is no shame in doing a wise thing o, don't stay in the water and allow soap to enter your EYES *Product 10* will

make your manhood stand at ATTENTION in the morning, mama Nkechi will great you "good morning SIR, because you have shown her what makes you a man.

Excerpt 11:

Product 11 at Isi gate Umuahia

If it happens that you climb a woman, you come down. You climb a woman, you come down. What makes you a man does not stand CHIM again, COME you have a problem. Does it happen that in the night when your wife touches you, you will tell her to level you that you are doing night vigil, COME you have a problem. Come and take *PRODUCT 11*, so that when you touch a woman, she will know that a hand has touched her. *PRODUCT 11* una well done!

Excerpt 12:

Product 12 at Coal Camp, Enugu

Fortify yourself with *Product 12*, real *akpucative* revival, Monday hammer, repairer, reproducer, e go help man stand gidigba, your manhood go stand kakaraka to do hin work, that is why you need *Product 12* real *akpucative* herbal medicine we dey energize man, any man wey dey climb woman two minutes don come down, you no be man again, e don separate so many families today, that is why you need *Product 12*, to fortify yourself. Number one be say wen e enter your bodi, e go repair all the things wey sexually transmitted infections don dabaru inside your bodi.

Fortify yourself with *Product 12*. It is a real strong revival medicine, Monday hammer, repairer, and reproducer. It will help a man to stand strong, and your manhood will stand firm to perform its functions. This is the reason you need *Product 12* real strong herbal medicine that energizes a man. Any man that comes down after climbing woman for two minutes is no longer a man. This has led to separation of many families today. This is the reason you will need *Product 12* to fortify yourself. The number one reason is that when the medicine enters your body it will repair everything that sexually transmitted infections have destroyed in your body.

Excerpt 13:

Product 14 at Enugu

Come, come ask questions. Come save your life, life no get duplicate. *Product 14*. Our address na number 3 Market Road, opposite Diamond Bank, Enugu. Another one dey for number ...

Market, Onitsha. Our number na ... Make I call am again, our telephone na ... *Product 14*. Our business na to supply you with correct medicine wey go take care of your problem.

Come and make enquiries. Come and save your life because life has no duplicate. *Product 14*, our address is No. 3, Market Road, opposite Diamond Bank, Enugu. We are also located at No. (inaudible) Market, Onitsha. Our telephone number is... Let me call it again. Our telephone number is... *Product 14*...Our business is to supply you with effective medicine that will take care of your problem.

Except 14:

(*Product 7*...Port Harcourt)

Man wey dey get LOW LIBIDO, POOR ERECTION, POWER FAILURE, BREAK AND FAIL, RISE AND FALL, oh, my brother no fail o, COME, come take this thing, special herbal medicine, *Product 7* for men, *PRODUCT 7*, e go do welcome back for that your manhood wey no dey stand again, when we do your manhood welcome back, you go become,.....na we be debiscol herbal, our head office dey for number > 212, 212, 212...Port Harcourt....< You fit call us.

A man with poor libido, weak erection, power failure, break and fail, rise and fall, oh! My brother, don't fail. Come and take this thing, special herbal medicine. *Product 7* will do welcome back for your manhood that does not stand erect again. When we do welcome back for your manhood, we are the Debiscol Herbal, and our head office is located at number 212, 212, 212...Port Harcourt....You can call us.

Excerpt 15:

***Product 15* at Iyana Isashi bus stop, Agbara-Badagry express road, Lagos**

This one na original medicine for premature ejaculation, weak erection, and instant insemination. (.) (.) You wan make your penis stand up, e no gree, you no dey last on top your woman, my broda () one bottle of *Product 15* go do the work. With one bottle of *Product 15*, you go be like superman, drink am three hours before

you meet your woman, POOM, and start the action. e go circulate for your bodi, e go ejaculate and enjoy am.

This is original medicine for premature ejaculation, weak erection, and instant insemination. You want to make your penis stand up. It has not been permitting you to last longer on a woman. My brother, one bottle of *Product 15* will do the work. With a bottle of *Product 15* you will become a superman. Drink it three hours before meeting a woman, then, start the action. The medicine will circulate well in your body.

Excerpt 16:

Product 16, Academy Area, Ibadan

Ògùn ale ni o, ògùn afàtò, ògùn idákòlẹ̀ tó dájú ni. Àlhàjì doctor Aláyò ló gbe jáde, ọ̀lòópá gbogbo àrùn nínú ara. Ògùn idákòlẹ̀ fún ọ̀lọ̀kùnrin ni, bí ònkan ọ̀mọ̀kùnrin báá n súnkì, tí ònkan ọ̀mọ̀kùnrin ò bá le dáadáa, tí ònkan ọ̀mọ̀kùnrin báá n pé kó tó lè, ó ẹ̀ ẹ̀ sùkẹ̀sùkẹ̀, ó ti dide, ó ẹ̀ ẹ̀kan, kò lágbara t'ófi ẹ̀mì ògùn idákòlẹ̀ tó dájú ni, ògùn ale ni ò, `ogùn afàtò ni, ẹ̀kan múná lẹ̀ bùdà, wón ní kòdò ri wa, ẹ̀kan sùn lẹ̀, l'ọ̀mọ̀kùnrin, wón ní kóo kàn sí wa o, ògùn idákòlẹ̀ tó dájú ni.

This medicine is for strong erection and sperm booster. This is a potent drug for weak erection. It is the police for all kinds of diseases in the body, and it is produced by Alhaji. It's the medicine for weak erection in men. It should be used if the penis of a man is shrunken, not turgid, or having delayed erection. After short moment, you have stood up; you did one round and you are tired you need, you need a potent medicine for weak erection. This is a drug for strong erection, a drug for sperm boost. If you are a man that goes off after one round, you are advised to come see us. If you are the man that sleeps off after one round, you are advised to see us. This is the drug for weak erection.

Excerpt 17:

Product 15 at Iyana Isashi bus stop, Agbara-Badagry express road, Lagos

This medicine dey brown container , e dey sealed , be medicine wey dey cure 100 decease (.) our medicine na for sex problem and

sex problem only, example, premature ejaculation, weak erection, and quick release, instant insemination. *Product 15* na final.

This medicine is in a brown container and it is sealed. It is not a medicine that cures 100 deceases; our medicine is for sex related problems and sex related problems alone. Examples are premature ejaculation, weak erection, quick release, and instant insemination *Product 15* is final.

Excerpt 18:
(Advertisement of *Product 6*, Ughelli)

Your manhood >*no dey* function again as *e* suppose< as man, to stand *KAKARAKA* and do *hin* work. You *no say* to penetrate, *e* need STRONG erection, but when your manhood *don* shrink, you go *dey* look your manhood, till *e no go* get power <AT ALL AT ALL>. Something *don comot* your BODY O, come, get better medicine *wey go do* that your manhood welcome back.

Your male genitalia as a man does not function anymore the way it is meant to function, it is not standing erect and hard to carry out its functions. You should be aware that for the male genitalia to have penetration during sexual encounter it should be erected and strong, but when the genital has shrunk, you will keep looking at it till it loses all its power. Something has left your body, come and get the better medicine for welcome back.

Excerpt 19:
Advertisement of *Product 17* at Ogige market, Nsukka)

Anyt in wey dey pain you for *bodi*, expose enter your *bodi*, *na in dey* cause what we *dey* call sensational movement. *E go be* like small ants *dey waka* inside your *bodi*, *e go* from head come to your toe, from hand to your waist, >*na so e go dey waka* round your *bodi*<. As blood *dey* circulate for your *bodi*, *na so* that virus (), sometimes *e go* come from your neck, *e go* vibrate like Nokia three three, sometimes *wen e* come to your waist or your chest, or your knee *e go* vibrate, *GIRIRI, GIGIGI*. <SENSATIONAL VIBRATION>, the one *wey dey waka* for your *bodi*, all over your *bodi*, *oyibo dey* call am SENSATIONAL MOVEMENT, SENSATIONAL MOVEMENT AND SENSATIONAL VIBRATION, NA STAPH

DEY CAUSE AM. E dey cause man low sperm count(.) watery sperm(.) poor ejaculation(.) if you climb woman, three minutes, you *don* come down, before the woman *go* satisfy, you *don* come down, *e no dey* ordinary my brother, come, something *dey* wrong for your *bodi*, something *dey* wrong with your system, your manhood *no go dey* stand as he suppose be *KAKARAKA* like man. Any man *wey dey* healthy, if you wake up by 4'O clock or 5 am in the morning, your manhood *go* follow you wake up, you *go no say* you *dey* healthy *KAKARAKA*. If you *no dey* experience this kind thing *wey* I tell you, come o, you get problem o. If you climb woman, within three minutes, you *don* release, come, *e no dey* ordinary o, you get problem.

Anything causes pain in your body through exposure is responsible for what we call sensational movement. What you will feel is as though small ants are moving inside your body. It will move from head to toe, hand to your waist and that's how it will be moving round your body. As blood circulates in your body, the virus will also do. Sometimes, the movement will be on your neck, and it will vibrate like Nokia three three; the movement can also proceed your waist or your chest, your knees may also vibrate rigorously. Sensational vibration that moves all over your body is called sensational movement by the whites. Sensational movement and sensational vibration is caused by Staph. It; causes low sperm count, watery sperm, poor ejaculation in men. When you climb a woman to have sex, within three minutes you would be tired and the woman will not be satisfied. This experience is not ordinary my brother, come, something is wrong with your body system. Your manhood is not standing erect as it is supposed to in men. When any healthy man wakes up in the morning, his manhood should also be awake, that is how you know that you are strong and healthy. If you do not experience this, come, there is problem. If you climb a woman for sex, and you have ejaculated within three minutes, your condition is not normal, you have a problem.

Excerpt 20:

(Advertisement of *Product 5* at from an on-speaker at Ughelli main market, Delta state)

If you take *Product 5*, *E GO DESTROY ANY CHEMICAL CONTENT*, all that chemical content for your body, and make your body *kule*.

If you use *Product 5*, the drug will destroy any form of harmful Chemical contents that are in the body and give you comfort.

Excerpt 21:

Advertisement of *Product 13* at Ogige market, Nsukka

If you take *Product 13*, even if you *dey* on top of woman, and your phone ring, carry your phone, answer your call and come back to your work, *e go dey KAKARAKA*, no shaking, I tell you, no shaking. Man *wey dey* get weak performance for bed, *Product 13 na* your solution. If you *no dey* fit perform with your wife, come, come nearer, come take *Product 13* for men.

After taking *Product 13*, if you are on a woman and your phone rings, receive the call and come back to your work. The manhood will still be strong, there is no need to worry. I am telling, there is no need to worry. For any man that has poor performance in bed, *Product 13* is your solution. If you cannot perform well with your wife, come to this stand, come and take *Product 13* for men.

Excerpt 22:

Advertisement of *Product 18 Sperm Booster* at Ogige market, Nsukka

THIS ONE *E DEY* BOOST SPERM. Your sperm *go* complete (.) *e go dey* complete when you put *am* inside woman, unless woman *no dey* ready to catch, but if time don reach for her to catch, when you put *am* inside her *GRARA*, she *go grab am*, *e go* germinate, *NA PAPA EJINMA BE DAT*, *no shaking*, *NA PAPA EJINMA BE THAT*.

What this does is to boost sperm. Your sperm will be complete, it will be complete when you discharge it inside a woman, except the woman is not ready to catch, but if it is her time to catch, when you discharge inside her, it will germinate. That make you a father already, no need to worry, you are a father already.

Excerpt 23:

***Product 16*, Academy Area, Ibadan**

ògùn ale nìyi, ògùn afàtò ni o, okó eṣin, ò wà nínú oun tá fi sé, okó òbúko, ògèdè àgbagbà, egbò ògbòlò, egbò èpakún, odidi pándòrò, egbò aka, egbò gboingbóin ò wà nínú oun tá fi sé, bi òmòkùnrin bá lòó, bùòdá ẹ wo ọwó mi ló ọ́kán, bi okó òmòkùnrin yòd ẹ dá dúró nìyí...

This is the drug for strong erection, it is the drug for strong ejaculation. The ingredients are horse's penis, goat's penis, mature plantain, (.) look at my arm from afar, If a man uses it, his penis will be as hard and standing as my arm.

Excerpt 24:

Advertisement of *Product 17* at Ogige market, Nsukka

My *broda*, my *sista*, make you *no* sit, come buy this herbal drug, *e go* help you solve your health problem. *Product 17 wey go* wipe away anything *wey dey* staph for your body...Sickness say, hide me make I kill you, expose me make I leave you. If you expose sickness, *e go* leave you, but if you hide *am*, *e go* kill you () if you climb woman, three minutes, you *don* come down, before the woman *go* satisfy, you *don* come down, *e no dey* ordinary my brother, come, something *dey* wrong for your body, something *dey* wrong with your system, your manhood *no go dey* stand as he suppose be *KAKARAKA* like man.

My brother, my sister, please do not sit, come and buy this herbal drug. It will help solve your health problems. *Product 17* that will wipe away anything related to Staph in your body. Sickness will say, hide me, so I can kill you, expose me so I can leave you. If you expose sickness, it leaves you, but if you hide it, it will kill you. If you are on a woman, and you become tired in three minutes before the woman gets satisfied, my brother, it is not ordinary. Come, something is wrong with your body, something is wrong with your system, your manhood is not active as it is I'll supposed to be for a man.

Excerpt 15:

***Product 8* at Low cost Housing Estate Umuahia**

Come (.) my man, what is this one that whenever it's time to make your woman jolly, you will be making excuses. Are you a man, but

your manhood does not function well? Is your manhood failing you, is it doing you like the world has come to an end? Stop worrying because your solution is here. Come and take *Product 8* so that your manhood will dance for joy.

Excerpt 26:

(Advertisement of *Product 3* at Choba Junction, Port Harcourt, Rivers state)

Na *im* make we bring *Product 3*. No miss this opportunity o. So, that is why you need *Product 3*. That your staph *neva* go because you *neva* use *Product 3 wey dey* uproot Staph away from your body system. Staph wicked o, *no be* minor bacteria o (.). When you go lab test, *dem go* tell you say you get heavy growth of staph. Come, COME, *no look go, no cry*, <come take *Product 3*>. Na one hundred percent natural herbs and roots. *E get* Nafdac approval (). This *Product 3 e go* help man.

This is the reason we have brought *Product 3*. Don't miss this opportunity. The problem you have with Staphylococcus persists because you have not taken *Product 3* which is capable of totally uprooting staphylococcus from your body system. Staph is very wicked; it is not some ordinary bacteria. Whenever you go for a lab test, what you are told is that you have heavy growth of Staph. Come, you do not have to pretend to look away and remain in sorrow. Come and take *Product 3*; It is one hundred percent organic. *Product 3* has NAFDAC approval and will help any man.

Excerpt 27

***Product 10* Aba Road, Umuahia**

For men who when it's time to ride *jangrover*, they will run inside the toilet and mama Nkechi will be asking "you never finish?" At night, you cannot start the engine. In the middle of the night, you can't kick. Early hours nko? Your thing can't stand up and perform its duty. Your manhood can no longer stand at ATTENTION Come, come and take *Product 10*, a herbal medicine carefully made for you. There is no shame in doing a wise thing o, don't stay in the water and allow soap to enter your eyes! *Product 10* will make your manhood stand at ATTENTION, in the morning, mama Nkechi will

great you good morning SIR, because you have shown her what makes you a man.

Excerpt 28:

Advertisement of *Product 19* at Ughelli, Delta state

Another one *na PRODUCT 19, PRODUCT 19* man power for men (.). I *no* need to explain more of this one. This *Product 19* man power *na* for men *wey dey* get weak erection, poor ejaculation, if *e* just climb woman, two minutes, *e don* come down, come, all you need *na Product 19* man power for men, for weak erection.

Another drug is *Product 19* man power for men, and I do not think I need much explanation about this. This drug is meant for men that have weak erection, poor ejaculation. If a man who cannot last longer than two minutes during sex, come, all you need is *Product 19* man power for men to cater for weak erection.

Excerpt 29:

(Advertisement of *Product 1*, at Bobizua Motor park in Benin)

ALL THESE KIND THING *WEY DEY* MAKE HUMAN BEING LIFE SCATTER (.). YOUR *MOLLO MAN GO DEY* TELL YOU SAY YOU *NO SABI* PERFORM, BEFORE YOU KNOW *WETIN DEY* HAPPEN (.). YOUR WIFE *GO DEY GO* SLEEP OUTSIDE (.). before you know *wetin* happen, you *go dey* scratch >“*okirikoto*”, “*okoripoto*”<..

All these type of thing that destroys the life of a human; you will be told that you cannot perform sexually, before you know anything, your wife will be having an affair. Without planning, you will start scratching your penis.

Excerpt 30:

(Advertisement of *Product 3* at Choba Junction, Port Harcourt, Rivers state)

If man deposit *wetin go* turn *pikin* for woman *belle*, and the *belle* hot, *e no go* stay, *e go* melt away. That is why you need *Product 3*, <to help cool your stomach>. When man deposit something, *e go* stay and born *pikin*.

When a man deposits what should produce child in a woman stomach, but the stomach is hot, the sperm will not survive. This is the reason you need *Product 3*. When a man deposit something, it will survive and mature to be a child.

Excerpt 31:

Advertisement of *Product 18 Sperm Booster* at Ogige market, Nsukka

Another medicine *wey we get* here *na Product 18* sperm booster, *Product 18* sperm booster, *Product 18* sperm booster. This one *e dey* boost sperm. Your sperm *go* complete, *e go dey* complete when you put *am* inside woman, unless woman *no dey* ready to catch, but if time *don reach* for her to catch, when you put *am* inside her *grara*, she *go grab am*, *e go* germinate, *na papa Ejinma* be dat, no shaking, *na papa Ejinma* be that. With *Product 18* sperm booster, sperm *go dey* thick, and complete. E get some *wey* thick, but nothing *dey* inside o, make I tell you. Sperm *wey* thick but nothing *dey* inside, *e no dey* fertile. But with *Product 18* sperm booster, *e go dey* thick and *e go dey* fertile, everything *go dey* complete. Once *e* enter, *papa Ejinma*, I tell you.

Another medicine that we have here is *Product 18 Sperm Booster*. This one boosts sperm. Your sperm cells will be completed when deposit it inside a woman, unless the woman is not ready to get pregnant. However, when a woman is ready to become pregnant, if you deposit inside her, she will grab it, and it will germinate. That's *Ejinma's* dad already, there's no need to worry, you are already *Ejinma's* father. With *Product 18 Sperm Booster*, the sperm will be thick and complete. There are sperm cells that are thick but there is nothing inside. Thick sperm cells that has no content is not fertile, but with *Product 18 Sperm Booster*, it will be thick and it will be fertile. Everything will be complete. Once it enters, you are already *Ejinmi's* father.

Excerpt 32:

***Product 20* at Lagos**

We get plenty herbal medicines, pure traditional medicine, hundred percent herbal, no artificial, no preservative, all our medicine, no artificial, no preservative, purely herbal, hundred percent herbal. *Na him* make people *wey* drink our medicine congratulate us say YES, *we dey do* <great thing> because *we dey* save life.

We have plenty herbal medicines, pure traditional medicines, hundred percent herbal, no artificial, no preservative. All our medicines are purely and hundred percent herbal. That is the reason people who consume our drugs have been congratulating us for doing great things because we have been saving lives.

Excerpt 33:

Product 21 at Awka, Anambra

Another medicine *wey* we get here, purely herbal, hundred percent herbal, *na Product 21, Product 21*. This one good for diabetes patients, *e dey* control diabetes, *dey* control sugar level, also, *e dey* treat infertility, obesity, stomach ache. Anything *wey* mouth take, *na* stomach *e dey* enter. *Na belle e dey* go, anything *wey* you put for your mouth, whether *na* food, whether *na* beer, anything at all, *na* inside stomach, *na* inside belly *e dey* go.

Another medicine with us here, which is purely and 100 % herbal, is *Product 21*. This one is good for diabetes patients, as it controls diabetes and sugar level. It also treats infertility, obesity and stomach ache. Anything that enters through the mouth ends up in the stomach. Anything, such as beer, that you put in the mouth enters the belly.

Excerpt 34:

Product 20 at Lagos

Any kind of infection, any kind of sickness and disease, *we dey* give medicine, *na* God *dey* heal. (.) All those infections *wey* you *get dey* *tey wey* you think say *e go, E NO GO*, that is why *e dey* very very important, as you *dey* hear our voice now, God *don* hear your prayer, to save you from that shame.

For any kind of infection, sickness and disease, it is our duty to provide medication, but God does the healing. You have not been

absolutely free from all those infections that you think you are free from. That is why it is very important that you can hear our voice now. God has heard your prayer, to save you from shame.

Excerpt 35:

Advertisement of *Product 6* at Ughelli

When you *dey* notice <say your body *no dey* happy>, no waste time, come meet the Rinko herbal for your revival,(.) to revive your body, make your entire body welcome back.

When you notice that your body is not whole, do not waste time, come to Rinko herbal for revival and restoration.

Excerpt 36:

***Product 20* at Lagos**

We get aloe vera action call killer, <ALOE VERA ACTION CALL KILLER>, *Product 20* best herbal world, our business *na* to make all Nigerian people *dey* healthy with good health with our herbal medicine. All traditional medicine *wey dey* very effective, *Product 20* herbal world, the home of aloe vera medicine (.) to clear ALL *YANMA YANMA* DISEASE, both sexually transmitted infections, sexually transmitted disease, urinal tract infection, weak erection for man.