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An Assessment of Ghana's *Twi* Language Medical Advertisements

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Abstract: Health-related advertisements are aired daily on the radio in Ghana, many of them in local languages. However, little is known if these advertisements fulfill the conditions stipulated by the country's authorities. This paper assesses the contents of six commercials in the *Twi* language on two radio stations - *Adehyee FM* and *Hello FM* - using the stipulations of Ghana Food and Drugs Authority (GFDA) as a guide. The English transcripts of the spot commercials were produced and analyzed within the relevant theoretical confines. The results show that none of them has fully aligned with the relevant rules and regulations as each recorded only a 50 percent compliance rate during the investigation. To counter this challenge, a new stakeholder assessment model, that makes everyone in the value chain of advertisement production relevant, is proposed.
Keywords: Advertisement, medication, health, gatekeeping, broadcasting, radio.

Introduction

Advertising can boost a company's sales if it is well executed (Mckensey & Company, 2012). It is regarded as a necessity and has been adopted as a component of the marketing system in promoting products and services of which the pharmaceuticals and herbal

medicines are of note (Gellad et al., 2007). Rules exist that guide or regulate the creation, production, and publishing or airing of commercials. The essence is to protect members of the public from unscrupulous advertising practices and exploitation that could have devastating consequences. In Ghana, every advertisement created and published follows the guidelines of the Food and Drugs Authority. This body regulates medical advertisements through the Public Health Act of 2012 (Act 851) because medicines, by law, are not regarded as ordinary commodities (Barthes, 2014). Also, the Medicines Act Chapter 176 (Sections 52 and 74) stipulates that no person can issue or publish any medical advertisement without first obtaining a permit from the licensing authority. One could also not alter any medical advertisement for which a permit has been granted (Health Sciences Authority, 2016). In some countries, unlike Ghana, herbal commercials display on-screen the permit details (Medical Board of Australia, 2009).

Recently the body published more than 150 advertisements from six regions in Ghana which were non-compliant from October 2017 to January 2018 in its FDA's Hall Of Shame, 2018 (GFDA, 2018). Among them were medical products. While the body was applauded for identifying those advertisements that did not follow the rules (GFDA, 2018) it received knocks for failing to provide the public with the details of how the advertisers fell short. This work exposes the issues related to non-compliant advertisements in Ghana, to create a fresh research trajectory that adds to the largely invisible literature on the subject. We assess six selected radio advertisements to test their conformity to the rules and regulations of the Ghana Food and Drugs Authority set criteria. A new model for assessing medical advertisements is also proposed.

Objectives of the study

The objectives of the study are the following:

1. To examine the advertising content strategy of medical radio advertisements.
2. To assess how compliant with the rules medical advertisements are, using the Ghana Food and Drugs Authority guidelines.
3. To propose a framework for gatekeeping or regulating medical advertisements in sync with the Ghana Food and Drugs Authority guidelines.

The rationale and significance of the study

The rationale for this study is to expose researchers, advertisers, advertising agencies and radio stations to the content strategies of medical advertisers through the lens

of the Ghana Food and Drugs Authority. The study attempts to use the results from the assessment to elucidate the need to regulate medical advertisements, contrary to the desire of many advertisers who have personal interests to perpetuate over the public interest. This study is of importance to researchers who work in the area of medical advertisements' content strategies especially on the grounds of how advertisers and advertising agencies try to outwit the regulatory bodies. To advertising agencies and advertisers that are ignorant of the requirements, this study attempts to enlighten them on the words and phrases that violate the set standards by the Ghana Food and Drugs Authority and the Medical Council of Ghana through a discursive approach. Lastly, it proposes a stakeholder framework for regulating the content of medical advertisements based on the findings of this research.

Literature review

Advertising plays a major role in modern healthcare in promoting better health practices and the availability of non-prescription medicines for better healthcare (World Self-medication Industry, 2008). Scholars also affirm that pharmaceutical advertising has an important effect on the drug consuming behavior of patients. For instance, patients were eager to buy drugs after exposure to direct-to-consumer advertising (Ghia, Jha & Rambhad 2014). These authors add that medical advertising has become a significant key player in shaping the attitude and behavior of people with attendant more purchase of drugs and visible return on investment in pharmaceutical production.

Findings by the Prevention Magazine (2004) shows that 62.4 million patients talked to their doctors about advertised medicines and from these, 16.2 million requested for an advertised medicine. Advertising, therefore, affects information seeking, health care visits and medicines inquiries from the doctor. Advertising of medicines is recognized as a potent tool for promotion but it must adhere to set health standards (Barthes, 2014; Kim, 2015). The set standards refer to guidelines for consumer advertising of health products in the category of non-prescription drugs, natural health products and medical devices in all media outlets (Ad. Standards, 2018). The coverage of medical advertisements may span across other areas such as medical treatment services, homeopathic medicines (Barthes, 2014) and more health disciplines based on the leadership capability of the authorities concerned.

Advertisement in a medical context is any representation to promote directly or indirectly the sales of non-

prescription drugs, natural health products and medical devices (Ad Standards, 2018; Spake & Joseph, 2007). The essence of guidelines is to help the creators of advertising communications to understand the principles that govern health products promotion to help them develop messages that comply with the set standards (Ad Standards, 2018). It also prevents from circulating inferior commodities that can threaten the lives of the consumers especially in the case of oral substances (Barthes, 2014).

Basically and universally, a medical advertisement should not be directed at children, avoid creating fear or apprehension and above all, be truthful and not misleading (World Self-medication Industry, 2008). The implication of all these is that medical advertisements cannot be treated as regular commercials even though the conventional commodity advertisements do follow ethical procedure. The consequences of wrongful medical advertisements are far weightier in terms of health risk implications. According to the Ghana Food and Drugs Authority (GFDA, 2013), before any medical advertisement is published, it is compulsory for the advertisers and media owners to ensure that the content adheres to its 41 guidelines. In addition to the stipulations of the GFDA, the content of an advertisement is subject to the rules that guide the medium used for publishing it, as well as the general advertising guidelines for creating messages as enounced by the advertising practice regulators. With a loaded ecosystem of regulations, an advertisement may not be able to convey all the relevant information a patient needs in making a choice (World Self-medication Industry, 2008).

It is surprising that several articles published on medical advertisements have neglected the focus of study in this work, especially in the developing countries of West Africa, including Ghana. Such articles are usually pharmaceutically inclined, focusing mainly on analyzing drug claims, specifications and their authenticity and how all of these influence doctors' prescriptions. (Randhawa et al., 2015). A few others focus on the impact pharmaceutical advertisements have on patient drug consumption behavior (Ghia et al., 2014) while some others analyze online videos, exploring whether or not the content of those videos drove away patients from good medical care (Muncy et al., 2014). This work attempts to provoke researchers' interest concerning the level of advertisers' compliance with regulations that guide the medical advertisements' creation, strategy, and tactics.

Theoretical Model

This study adopted the gatekeeping theory as a framework that served as a heuristic tool on which the assessment of the medical radio advertisement was carried out. Gatekeeping means exercising control over what information reaches the general public and how social reality is framed (Wallace, 2018). Shoemaker & Vos (2009) add that in gatekeeping, information is facilitated or constrained based on the gatekeeper's preference, which is dependent on internal or external guidelines. Traditionally gatekeeping was more related to journalism but currently, the path has changed, as non-journalists actors are all involved in gatekeeping in different fields recently (Kommunikation, 2012). Gatekeeping is, therefore, not only for analyzing how news stories are censored. It is also deployed in many areas including field research (Barzilai-Nahon, 2008, 2009; Berente, Ivanov, & Vandenbosch, 2010; Sturges, 2001).

This work aligns with the linear or unidirectional approach in gatekeeping (Wallace, 2018). Medical advertising is subject to several controls to ensure that it complies with the rules of various bodies as a form of safeguard against the practices of unscrupulous advertisers and their agents. However, it is important to note that the framework of the gatekeeping theory is subjective, based on the selection and rejection criteria of the authorization body in context (Barzilai-Nahon, 2008) in this case, the GFDA. The subjectivity makes permissible censoring based on organizational structures and procedures, institutional environment, social environment, external and internal constraints as well as informational characteristics (Barzilai-Nahon, 2008). In the context of this study, the institutional environment specification which is the Ghana Food and Drugs Authority guidelines were used as the gatekeeping framework for censoring the medical radio advertisement as captured in Table 1 below.

Research Method

The qualitative research method was adopted in consonance with the aim of the research which was to assess the content of selected medical radio advertisements against the Food and Drugs Authority's criteria, to check conformity as often demanded by scholars (Kaphingst, et al., 2004; Muncy et al., 2014 & Sözen,et al.,(2013). Here, we are looking specifically at how herbal medicine commercials have conformed to the rules and regulations of the Ghanaian authorities, represented by the GFDA. The sample size was six. It was this fewer because the essence was not to quantify but to look at the content structure qualitatively closely regarding how advertisements have

been framed and how they follow the guidelines as set forth by the GFDA. Herbs are categorized as over-the-counter medicines (Johns Hopkins Medicine, 2019). Six Twi radio commercials were purposely selected from the 17 played on two radio stations *Adehyee FM* and *Hello FM* in Kumasi, Ghana. Their uncompliant tag made easier the purposive sampling. The commercials were first transcribed and then translated into English by a linguistic expert. The transcripts were analyzed using the Food and Drugs Authority criteria for medical advertisements. Permission was obtained from the radio stations to use the selected commercials. However, owing to the promise of confidentiality made by the researchers, the brands involved were anonymized and replaced with letters. Ten guidelines were selected from the GFDA's 41 for over-the-counter (OTC) medicines as shown in Table 1.

Table 1: FDA guidelines for medical advertisements for Over-the-counter (OTC) medicines

No	Guideline or Criteria
1	No advertisement shall be framed in such a manner as to exploit the superstitious belief and/or induce fear in the consumer to purchase the product.
2	No OTC drug advertisement shall over-dramatize any symptoms or signs.
3	No OTC drug advertisement shall attack unfairly any competitive products, goods, and services.
4	Advertisements for a product shall present information that is reasonably balanced between side effects and contra-indications and efficacy and safety.
5	[OTC] advertising shall reflect an overall attitude of caution concerning drug usage, with emphasis on the rational use of medicines. It shall provide sufficient and balanced information to permit assessment of risk against the benefits.
6	No advertisement for drugs shall contain any price, competition or similar scheme.
7	No drug advertisement shall contain offers of gifts or refund of money to dissatisfied consumers.
8	No OTC advertisement shall state or imply in absolute terms that OTC is 'safe', 'non-toxic' or 'has guaranteed efficacy'.
9	OTC medicines including allopathic, food supplements, herbal and homeopathic, shall not be advertised for any of these diseases: Alcoholism, Appendicitis, Amenorrhoea, Arterio-Sclerosis (Strokes), Asthma, Blindness, Bladder Stones, Cancer, Convulsion, Deafness,

	Diabetes, Diphtheria, Epilepsy, Diseases of the reproductive organ, Erysipelas, Fibroid, Gallstones, Goitre, Heart Disease, Hernia or Rupture, Hypertension, Infertility, Kidney Stones, Kidney Failure, Leprosy Leukemia, Systemic Lupus Erythematosis, Locomotortazy, Mental Disorders, Nephritis or Bright's disease, Obesity, Paralysis, Pleurisy Pneumonia, Poliomyelitis, Prostate Diseases, Scarlet Fever, Septicaemia, Smallpox, Sexual Impotence, Tetanus or Lock-jaw, Trachoma and Tuberculosis.
10	No OTC advertisement should imply superlative functions such as being the "drug of choice", 'the most frequently prescribed', 'the only drug for the purpose or that the drug has no side effects unless such claims can be adequately and scientifically substantiated.

Findings and Discussions

The transcripts for each commercial are presented before they are analyzed. Attentive listening to the commercials shows that the advertisers adopted both rational and emotional appeals. Each of them advances one reason or the other to attract patronage dramatically with male (MV) and female (FV) voice-overs. Below are the six medical advertisements, the associated content analysis, and discussions.

Advertisement No.1:

"MV: If a prophet had prophesied to me that a time would come for you to pamper me in this manner, I would not have believed it.

FV: Oh, when we used to fight, XXX Herbal Industries had not manufactured XXX capsules which you use now to show off.

MV: Now that XXX capsules have been produced for men, we can now be active and get the strength to perform all works.

FV: With the arrival of XXX capsules, you now sexually please me.

MV: Wow! XXX Herbal Industries have produced herbal medicines to cure serious and minor illnesses over thirty years now so if it has produced XXX capsules for men, we give a standing ovation. Only males above 18 years can take this medicine. It is available in all herbal, pharmacy and drug stores. .....

FV: So now which of the foods would you like to eat first?

MV: is it what I have standing right in front of me. XXX capsules…

FV: show me your manly power."

When the first advertisement was assessed using the GFDA guidelines, we found that it had no issues with the induction of fear, attack on other products and showed no supremacy. It is also necessary to mention that the advertisement had funny lines which made listening to it interesting. All the six commercials had this character. This Flipping the coin to the other side, four issues were identified: no caution was given in the usage of the product, and no side effects were mentioned. The ailment which it supposedly remedies was not mentioned! The last part of the advertisement which said: "*So now which of the foods would you like to eat first? Is it what I have standing right in front of me*" was over-acted and connotative with no straight meaning.

Rather than mention the ailment, the commercial disguised it, apparently due to the prohibited advertisement for the implied health challenge, which is sex organ-related. It was constructed based on the logic of implication to get around a possible infringement as specified by GFDA. This is contrary to the rule that all advertisements should be comprehensible since a proper understanding and knowledge of the advertisement is connected to the purchasing intent of the product. Solomon *et al.* (2016) add that from the perspective of ethics and health, marketing communications should reflect the reality regardless of any advertising strategy. In this regard, the content must not use language or any device that can eliminate or shield the content of the advertisement to put the audience at peril. Concealing side effects is seen also in the findings of similar research (Chiou & Tucker, 2010), which disclose that advertisers do that just to increase patronage of their products by broadening the target audience through the elimination of side effects.

Advertisement No.2:

"FV: My love, honestly speaking you have made me happy today.

MV: Oh my love, but this is just one. You'll be pleased today. This is my little secret; it's called XXX capsules. I recommend it for every man who wants to sexually please his wife, those suffering from waist pains and those with low sperm count. XXX capsules bring peace and happiness in marriages.

FV: A lady suffering from vaginal discharge and body odor can also be treated with YYY mixture.

MV: Men with shrink manhood due to the discharge of whitish fluids from their manhood, with the help of YYY mixture, there's peace at home. Persons under 18 years cannot take XXX capsules and pregnant women, lactating mothers or children under 12 years cannot take YYY mixture. ….

The second advertisement complied with all the GFDA criteria except two. It did not mention the side effects of the advertised product. Concerning the OTC drugs that cannot be advertised (concerning some diseases), the content of the advertisement rather focused on the symptoms of a disease believed to be related to the reproductive organ and prescribed the product as potent for taking away those symptoms. The World Self-medication Industry (2008) notes that, though a piece of detailed information on a product can affect the recall potency, some advertisers intentionally leave such information (especially side effects) out because it may not sound attractive or may deter their prospective buyers. According to some authors (Othman, et al., 2010; Solomon et al., 2016), advertisers must bear in mind that the medical profession upholds high ethical standards in most climes. Thus, any drug marketing communication meant to inform the general public should show proof of standards, making sure that messages are honest, void of inaccurate expectations and respect the dignity of the medical profession.

Advertisement No.3:

MV: Madam, please stir the soup, bring up the fishes underneath and add the fishes to the 'fufu' for me.

FV: Hi, gentleman, you are very interesting.

MV: I had malaria last three days which made me lose appetite. I nearly died. If I've been able to cure this malaria with XXX and XXX, I have to eat to my satisfaction.

FV: Aaah, so you bought and took XXX and XXX?

MV: That's what saved me!

FV: Then you're right. I didn't know. Medicines manufactured by XXX Herbal Industries are very good.

MV: Aaaahh, so you know.

FV: If not for XXX which cures malaria fever, vomiting, and headache, food vendors like me would not be able to do this job.

MV: Yes it is true that XXX cures body weakness and loss of appetite

FV: Aaah, have your food. I've added more to it.
MV: Well done.
FV: Hey XXX, come for the food and serve him.
MV: Ohh, thank you very much.
FV: Everyone should purchase some….

The third commercial complied with seven criteria. This is good news, taking into consideration the stringent nature of the criteria. The three not complied with were lack of information on side effects, no visible caution on the usage of the drug while facts related to the safety of the drugs were non-existent. It rather stressed that herbal medicine is very good which is seen in the comment: *"Then you're right. I didn't know. Medicines manufactured by XXX Herbal Industries are very good…Everyone should purchase some…."* This statement implies in absolute terms that the efficacy of the medicine is guaranteed. GFDA prohibits such lines because the medicine does not have (or does not provide) any scientific proof to justify the claim. This practice, if not curtailed or stopped, can affect the credibility of OTC drugs, with a concomitant effect on consumers' trust and ultimately on purchase.

Advertisement No.4:

MV: Please let me check your bag.
FV: Young man, why? Again?
MV: Hi! I told you to take just a bottle of XXX and you took three.
FV: Young man, XXX has helped my household and me so there's no way one will be enough.
MV: For this, you deserve to take them.
FV: If I'm to testify about XXX, it will take me to heaven. So, to cure malaria, use XXX.
MV: That's not all. XXX is also recommended for persons who have lost appetite. Pregnant women, lactating mothers, and children below 12 years cannot take in this medicine. …
FV: Remember that the XXX. XXX, malaria fever will never be a part of your life.

The fourth advertisement scored eight out of the ten criteria. No mention was made of the drug's side effects while the caution that asks the target audience to consult a doctor should the symptoms persist is missing. The advertisement was clear in terms of its purpose concerning the associated ailment as heard in the statements: "*So, to cure malaria, use XXX. XXX is also recommended for persons who have lost appetite."* However, some lines of the commercial are immaterial as they

appealed to emotion abstrusely and could probably have had some esoteric motive with people of immoral behavior in advertisers' minds. For instance, the statement "*it will take me to heaven"* overacts the potency of the drug and exaggerates the benefits derivable from it.

Advertisement No.5:

FV: Landlord, why don't you knock before entering my room? What do you want at this time of the night, do you want to rape me?

MV: Don't say that because you are not in my size. My wife told me that XXX which you asked me to buy can cure bad odor.

FV: Yes, it is true. XXX is good for someone who urinates frequently, whose heart beats very fast and a person with elephantiasis. It also burns fat in the human body, cures drowsiness and constipation.

MV: XXX can be purchased XXX and at any drug store and herbal shop.

FV: Take note, pregnant women, lactating mothers and children below 12 years cannot take this medicine….

MV: Honestly, XXX is very good medicine.

FV: Say it again.

The fifth advertisement did not meet the criteria on the exposure to the side effects of the medicine. It also did not touch on what one should do in case the symptoms persist. What's more, the commercial did not make any categorical statements on the nature of the disease it wanted to cure. Even the lines on symptoms were shilly-shallied as they vacillated from one to another, which made it rather difficult for a target audience to comprehend owing to the wide array. This flouts the GFDA rules.

Advertisement No.6:

FV: Mr. XXX, is it true XXX medicine can make a child brilliant?

MV: It is true. Why do the whites hail him as XXX? The medicine produced by XXX can make a dull child very brilliant. Those who didn't believe it are now the ones broadcasting information about this medicine. The name of the medicine is XXX, also called "XXX". Just buy one for your child who does not perform well in school and try it. If the child takes XXX or "XXX" medicine, it will make his brain very sharp. Since the introduction of this medicine, it has never failed anyone. Meanwhile, it's not meant for children only. An adult can easily

> *forget what he or she said; he may be holding something and still be looking for that thing. For those whose brain's performance has reduced due to stroke can make their brain very sharp if they take in XXX or "XXX" medicine. You know everything about XXX or XXX is wonderful….*

The sixth advertisement had many compliant challenges. It complied with three criteria regarding the consumers' reception of the information. It could not meet seven other criteria which are so crucial. First, is that it overacted the targeted relief promised by the commercial contrary to the GFDA rule. "*The medicine produced by XXX can make a dull child very brilliant,"* The use of the word "*very"* is proof of this dramaturgic presentation. The advertisement did not highlight the side effects of the medicine. Neither did it caution the target audience on its indications and contra-indications. The statement "*It is true. That's why the whites hail him as XXX"* exploited the audience by making it believe that it is white to be right - that the medicine hailed by the white people is approved. The advertisement also contained some over-acting. The line "*For those whose brain's performance has reduced due to stroke can make their brain very sharp if they take in XXX medicine"* is a case in point. The line "*Since the introduction of this medicine, it has never failed anyone."* implies supremacy which is also prohibited by the GFDA, more so when it did not provide any scientific proof. Medics and corpsmen think such advertisements do ridicule their professions.

Summary of findings

1. All six commercials did not fully comply with the rules set by the GFDA and averagely the compliance rate hovers around 50 percent if it were quantitatively assessed.
2. The six commercials adopted both rational and emotional appeals (Terkan, 2014) to attract patronage. While they provide some reason, all the six also adopted anecdotal but funny lines that make listening to delightful, as noted by Stern (1996). The commercials were nice to listen to for those who understand and speak the Twi language.
3. It turned out that no visible information on drugs' side effects was the biggest criterion flouter.
4. Most of the commercials did not mention the name of the disease to outwit the GFDA. Rather, they concentrated on the symptoms and left the audience to deduce the target ailment and then patronize the drug

5. Cautions on the usage of the products were invisible in most of the six commercials assessed.
6. It appears this shortcoming is an indication that more gatekeeping measures are needed on medical advertisements to prevent abuse and safeguard consumers.

Conclusion

The about - 50 percent compliance notwithstanding, it is visible that advertisers and their agents are less circumspect in their advert placement on the radio. It is surprising that their commercials omitted side effects in the content published and were dangerously silent on whether or not the audience should consult a doctor in case the symptoms persisted after some specified days of using the medication. This silence is an infringement on the right of the audience to know. Some of these advertisements claimed supremacy while gimmicks were used to sway potential buyers to the counters. The consequences of this infringement on the buying public can be overwhelming, as noted by Ghia, Jha and Rambhad (2014), who affirm that pharmaceutical advertising has effects on the drug consumers' behavior. One of these is that patients may end up buying medical products that do not resolve their health issues, thereby compounding their problems. The implication, therefore, is that need exists for a better assessment system for commercials before they are aired. This non-compliance issue is probably not an indication that the GFDA is inefficient. In fact, according to records, the body halted the airing of six commercials. The products concerned were recalled from the market (www.ghanaweb.com, 2018). Buoying up the capacity of GFDA financially and recruiting more staff for its monitoring operations can increase its efficiency.

It is reasonable to suggest that GFDA needs some rejigging, but more importantly, it is the need for a framework that can avert the consequences that advertisements' non-compliance with the rules brings. The proposed framework makes all the stakeholders in the value chain of advertisement production responsible and liable. The advertiser, the advertising agency and the media house that publishes or airs the commercial are asked to use the guidelines of the GFDA as the gatekeeping mechanism in the value chain. It begins with a brief from the advertiser. Here, he instructs his agency to produce or craft the copy within the remit of what the authorities want. In the conception, production and publishing ecosystem, each of these biotic members – advertiser, advertising agency and media house – functions with due reference to the abiotic factors, which in this case are mainly

the stipulations of the GFDA. The brief from the advertiser will reflect the rules, ditto the production of the commercials and their airing of the same. Succinctly:

- The advertiser dictates the brief based on the FDA guidelines
- The advertising agency produces the commercial from the brief in consonance with the FDA guidelines
- The radio station or the media house air or publishes the commercial also using the GFDA guidelines.

This means that the entire triangulated sequence starts and ends with obedience to the GFDA rules. This is different from the previous system where the application of GFDA rules starts and ends only with the media house. This sequence makes all the stakeholders not only responsible but also liable.

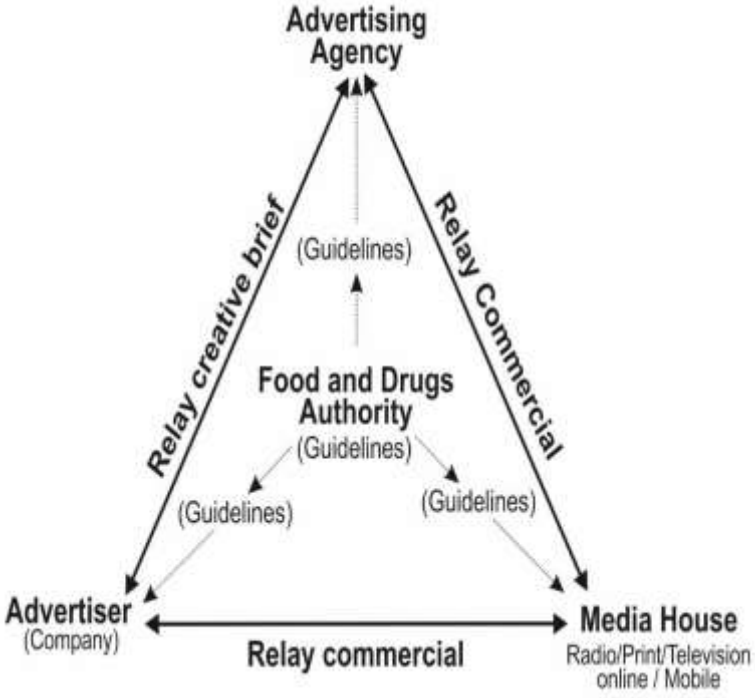

Figure 1: The advertiser-agency-media house gatekeeping sequence for broadcast commercial

Suggestions for Further Studies

1. This research covered only radio medical commercials and limited samples. For further research, a study can be conducted on a medical television commercial and print advertisements to check compliance with the Food and Drugs Authority guidelines.
2. More importantly, there is also a need to assess the knowledge of the Food and Drugs Authority guidelines among the advertisers, the advertising agency and media houses personnel to help understand the challenges they have in engaging those guidelines in their professional activities.
3. Advertising agencies and radio stations should also be educated on the Ghana Food and Drugs Authority guidelines especially on the need to adhere to the required standards at their end as part of their gatekeeping policies through workshops and conferences.

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