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The Effectiveness of the TMDA Community Health Education Programme in Enhancing Awareness and Safe Use of Erectile Dysfunction Medicines

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Abstract. This study evaluated the effectiveness of the TMDA na Jamii Health Education Program in increasing awareness and promoting the rational use of erectile dysfunction (ED) medicines. Adopting a mixed-methods approach, the research pursued three objectives: (1) to assess the level of engagement with the program among ED medicine users, (2) to measure changes in users' awareness regarding ED medicines attributable to the program, and (3) to determine the extent to which individuals apply program information in the rational use of ED medicines. Results indicated that all respondents accessed the program through various media, including ITV, Azam, TBC One, and YouTube. Higher educational attainment was associated with seeking more detailed information. Although participants generally demonstrated strong knowledge of ED causes, treatments, side effects, and misuse risks, only 23% consistently adhered to medical instructions, primarily due to a lack of steady sexual partners. Of the 120 respondents, 23% reported one year of experience using ED medicines, 19% two years, 29% three years, and 28% over three years. Regarding specific medicines, 74% reported using Sildenafil, 58% Tadalafil, 49% Vardenafil, 86% Maasai herbs, and 98% Congo dust, with many combining pharmaceutical and traditional remedies. Notably, most users were unaware of the risks associated with such combinations, reflecting a gap in the program's content. To enhance impact, the program should expand to address traditional remedies, offer partner counseling, and specifically educate women to support ED patients. Broader educational efforts to reduce stigma and misconceptions will further empower open dialogue on men's health and improve overall health outcomes.

Keywords. TMDA na Jamii Health Education Program, Erectile Dysfunction Medicines, Media Awareness, Rational Use, Traditional Remedies

Introduction

The Tanzania Medicines and Medical Devices Authority (TMDA) is a semi-autonomous regulatory agency under the Ministry of Health, tasked with safeguarding public health by ensuring that medicines, medical devices, and diagnostics meet standards of quality, safety, and efficacy. Section 5(1)(k) of the Tanzania Medicines and Medical Devices Act of 2019 mandates TMDA to provide timely and accurate information to the public about the quality and safety of regulated products. This responsibility includes delivering public education on the rational use of medicines and medical devices, raising awareness about the

risks associated with substandard or counterfeit products, and promoting consumer responsibility for product safety. The Act also underscores the importance of public education in fostering voluntary compliance with relevant laws and regulations.

TMDA fulfills this mandate by actively engaging the public through various health education initiatives and information campaigns. Using a diverse array of media—including television programs, informational materials, exhibitions, outreach campaigns, press conferences, social media, and press releases—TMDA disseminates critical public health messages. Specifically for erectile dysfunction treatments, TMDA utilizes the "TMDA na Jamii" health education program to inform the public about the proper use of medicines and medical devices, emphasizing adherence to instructions and the necessity of seeking professional medical advice. With advancements in information and communication technology, TMDA's educational content is now accessible on digital platforms such as YouTube, expanding its reach and allowing individuals to access vital information at their convenience (TMDA, 2025; <https://youtu.be/80uDf4uLBFw?si=QetxENFqTk2H0tkz>).

In Tanzania, improper use of ED medications has also increased. The Tanzania Medicines and Medical Devices Authority (TMDA), through its Jamii Educational Programs, has prioritized public education on the rational use of these medications. TMDA has utilized a broad media strategy, purchasing airtime on television stations such as TBC1, ITV, Azam TV, and Star TV, and leveraging YouTube to reach younger audiences. Erectile dysfunction is a common, multifaceted condition, especially among men over 40. Its causes range from organic and psychogenic factors to a mix of both, often linked to comorbidities like diabetes and cardiovascular disease. The psychological impact of ED is substantial, potentially leading to anxiety, depression, and strained relationships if untreated. A range of therapeutic options exists, including oral medications, hormone therapy, devices, injections, topical treatments, and sex therapy. Despite TMDA's ongoing educational efforts via television and digital platforms, the effectiveness of these interventions has not been scientifically evaluated. This study addresses this gap by examining the role of TMDA's Jamii Health Education Program in raising awareness and promoting the rational use of erectile dysfunction medications.

Literature Review

Recent research highlights the critical role of media campaigns in shaping health behaviors, particularly regarding the rational use of erectile dysfunction (ED) medications. The TMDA Jamii Health Education Program and similar initiatives leverage modern media platforms to enhance public awareness and promote the safe use of ED medicines. Kite et al. (2023) conducted a systematic review on the effectiveness of social media in health communication campaigns, emphasizing the evolving nature of campaign evaluation. Their findings challenge the traditional "hierarchy of effects" (HOE) model, suggesting that on social media, *engagement*—including likes, shares, and comments—is now as essential as awareness in achieving behavior change. Out of 99 studies covering 93 separate campaigns across more than 20 countries, most focused on raising awareness or facilitating individual behavior change, using platforms such as Facebook, Twitter, Instagram, and YouTube.

Cohen et al. (2023) explored the impact of social media on lifestyle behaviors and health indicators among young adults. Through surveys and focus groups, they found that while social media offers opportunities for connection and health information sharing, it is also associated with negative mental health effects. Importantly, participants saw social media as a potential tool for delivering positive health messages, indicating that carefully managed platforms could effectively promote rational medication use if authenticity and algorithmic

controls are prioritized. Nimbi et al. (2024) specifically addressed the use of social media for male sexual health communication. While social media has demonstrated promise in enhancing sexual health attitudes and behaviors, research quality remains variable, and evidence specific to male users—especially regarding ED—is limited. The authors call for more targeted research and the development of practitioner-led strategies to improve communication effectiveness and meet the real needs of male audiences.

In Tanzania, Mwita, Mgaya, and Haule (2024) assessed awareness and counseling practices related to rational medicine use in community pharmacies. Their cross-sectional survey in Mwanza revealed that while most pharmacy staff promoted correct dosage and administration, far fewer discussed adherence, side effects, or drug interactions with patients. These findings highlight the need for more comprehensive education and targeted interventions, not only in pharmacies but also through broader media campaigns, to ensure safe and effective ED medicine management. Hakami et al. (2024) investigated the prevalence, risk factors, and awareness of ED in a large Saudi Arabian sample, noting that the internet was the most common source of information about ED (53.6%). While lifestyle modification was the most cited treatment, the study found significant gaps in knowledge and awareness, especially concerning risk factors and the need for medical consultation. Such findings reinforce the importance of media-based educational initiatives to improve public understanding and rational use of ED treatments. Systematic reviews of media health campaigns (Wakefield, Loken, & Hornik, 2010; Noar et al., 2024) consistently demonstrate that well-designed campaigns—particularly those that include digital and community engagement—can significantly influence knowledge, attitudes, and behaviors across various health domains, including sexual health. However, the effectiveness of these campaigns often depends on the clarity of their messaging, cultural relevance, and the extent to which they facilitate interactive engagement and feedback.

Health Education and Information Seeking

Yilma et al. (2017) examined health information-seeking behaviors among university students in a middle-income country, finding that the internet is a primary source of health information. Key factors influencing this behavior included health literacy, perceived susceptibility to illness, and alcohol consumption. The study underscores the role of digital platforms in disseminating health information in developing countries. Alnazari et al. (2025) explored the prevalence of erectile dysfunction and help-seeking behaviors among men attending primary care for non-urollogic issues. Of the 384 participants, nearly half recognized the importance of seeking treatment, yet over half had not consulted specialized clinics due to social stigma and a preference for self-medication. Only 30.7% relied on partners or healthcare providers for ED information. The findings highlight significant barriers—especially stigma and self-medication—that hinder optimal care.

Raghupathi and Raghupathi (2020) emphasized the macro-level impact of education on health outcomes, analyzing data from OECD countries over two decades. Adults with higher educational attainment consistently reported better health and longer lifespans. The study demonstrates that education not only provides opportunities but also creates disparities in health. Josefson (2003) reported on the introduction of vardenafil, a new ED drug, and its aggressive US advertising campaign featuring sports celebrities. Despite proven efficacy, marketing efforts also targeted women and aimed to reduce stigma around ED. The campaign paralleled earlier efforts by Pfizer for Viagra and reflected the rapidly evolving and competitive market for ED treatments.

ED Patient Behaviors and Challenges

Saeedeh et al. (2024) conducted a meta-analysis on sexual problems and their role in divorce and separation. Their review of 14 studies found a high prevalence of sexual issues among separated individuals (47%) and a notable rate of separation among patients with sexual dysfunction. These findings highlight the significant societal impact of untreated sexual issues. KC (2020) analyzed the relationship between ED drug advertising and public health outcomes, demonstrating that increased advertising correlates with higher birth rates in the US. The study suggests that direct-to-consumer advertising not only affects purchasing decisions but can also shape public health trends, with important implications for policy. Roehr (2013) highlighted that ED drug advertising often violates voluntary industry guidelines, exposing children to sexually themed content and promoting drugs as primary solutions without adequate risk information. The study calls for stricter compliance to protect vulnerable audiences.

Alnazari et al. (2025) and other sources note a persistent gap in public understanding of ED, with many men unaware that ED can signal serious health conditions. Social stigma prevents over half of those affected from seeking medical help, and a significant proportion would rather avoid care than discuss their condition. This reluctance is particularly pronounced among older men, despite the increased prevalence of ED with age.

Raheem and Kell (2009) estimated that ED affects up to 52% of men aged 40–70, with profound impacts on self-esteem and relationships. While three PDE5 inhibitors—sildenafil, tadalafil, and vardenafil—are available and effective, no clear evidence suggests the superiority of one over another. Patient preference and individualized treatment remain essential. Alma et al. (2023) investigated the recreational use of ED medications among physicians in Saudi Arabia, revealing substantial misuse. Of the 503 respondents, 71.2% used ED drugs recreationally, and only a small fraction sought professional advice or diagnosis. Recreational users tended to have higher sexual satisfaction scores than those prescribed the medication, indicating a complex pattern of use and potential for misuse even among medical professionals. The primary objective of this study was to evaluate the effectiveness of the TMDA na Jamii Health Education Program in raising awareness about the rational use of erectile dysfunction medications. The research was guided by the following questions:

- i. To what extent do users of erectile dysfunction medications watch and listen to the TMDA na Jamii education program?
- ii. To what extent are individuals using erectile dysfunction medications informed by the TMDA na Jamii Health Education Program?
- iii. To what extent do individuals with erectile dysfunction apply the information provided by the TMDA na Jamii education program?

Theoretical Framework

This study integrates three key theories including Agenda Setting Theory, Uses and Gratifications Theory to comprehensively examine the impact of community-based educational programs on the rational use of erectile dysfunction (ED) medications.

Agenda Setting Theory (McCombs & Shaw, 1972) posits that the media play a significant role in shaping public perception by highlighting specific topics and framing how these issues are discussed. Within the context of this study, agenda setting helps explain how TMDA na Jamii programs can prioritize the rational use of ED medications, influencing public focus and perceptions regarding appropriate medication use.

Uses and Gratifications Theory (Katz, Blumler, & Gurevitch, 1973) explores how individuals actively seek out media and information sources to satisfy specific needs, such as

information, personal identity, integration, and entertainment. This theory is relevant for understanding why individuals choose to engage with educational programs like TMDA na Jamii, and how they selectively process and apply the information for personal benefit.

Methods

This study adopted a descriptive research design, employing both qualitative and quantitative methods (Berger, 2020) to examine the effectiveness of the TMDA Jamii Health Education Program in raising awareness about the rational use of erectile dysfunction (ED) medicines. By integrating these approaches, the research provided a comprehensive understanding of the objectives, leveraging the strengths of both methods while minimizing their respective limitations (Johnson & Onwuegbuzie, 2004; Creswell & Clark, 2011; Mertens, 2005; Tashakkori & Teddlie, 2003). Qualitative insights were collected to capture participants' views, experiences, and perceptions regarding the program, while quantitative data offered breadth and generalizability (Lindlof & Taylor, 2018; Berger, 2020).

The research was conducted in Dar es Salaam, focusing on Kinondoni and Ubungo Municipalities. Data collection targeted ED medicine users who purchased products from selected pharmacies and those who frequented guesthouses in these areas. Twelve pharmacies and twelve guesthouses were purposively selected based on their accessibility to ED medicine users who were comfortable sharing their experiences. The study also acknowledged the use of alternative remedies, such as Congo dust, "supu ya pweza," and Maasai herbals, and considered guesthouses as important data collection sites due to their relevance in the local context. Guesthouse staff played a role in identifying ED medicine users based on customer requests for extended room time or discounts. Data collection was carried out between April and June 2025.

The study population consisted of 1,200 men who purchase ED medicines from pharmacies in Kinondoni and Ubungo. Pharmacists were included as key informants, guiding users to the TMDA na Jamii health education program and providing insights into adherence to recommended guidelines. Ten senior pharmacists, recognized for their expertise, were purposively selected as key informants. A sample size of 127 was determined using the Rule of Thumb formula ($N \geq 120 + 7M$), as described by Das, Mitra, and Mandal (2016), where 120 ED medicine users were recruited through simple random sampling and seven key informants (five pharmacists and one doctor) were selected purposively. Simple random sampling was employed to ensure a representative sample of medicine users from pharmacies and guesthouses, while purposive sampling allowed for the inclusion of knowledgeable key informants (Kothari & Garg, 2023). Pharmacists played an active role in randomly distributing questionnaires to users, many of whom were regular customers and long-term medication users.

Multiple data collection methods were employed to enhance the validity and reliability of the findings (Wimmer & Dominick, 2014). A self-administered, semi-structured questionnaire enabled respondents to share their views independently and anonymously (Kothari & Garg, 2023; Wimmer & Dominick, 2014). Questionnaires were placed in envelopes and distributed through pharmacy and guesthouse staff familiar with ED medicine users, and completed forms were returned in the same manner to ensure respondent anonymity. In addition, in-depth interviews were conducted with a doctor and six pharmacists to provide qualitative insights into experiences and knowledge gained from the TMDA Jamii Health Education Program. Rapport established during a pilot study facilitated deeper exploration of participants' attitudes and practices. Qualitative data were analyzed using thematic analysis, following the procedures outlined by Braun and Clarke (2013) and Croucher and Cronn-Mills (2024), to identify themes and patterns that clarified relationships and deepened understanding

of participants' experiences. Quantitative data were analyzed using descriptive statistics, with the support of SPSS software (Kothari & Garg, 2023; Croucher & Cronn-Mills, 2024). This dual approach provided both a broad overview and nuanced insights into the phenomena under study.

Findings

To what extent do users of erectile dysfunction medications watch and listen to the TMDA na Jamii education program?

To obtain a precise understanding of the listening habits, the researcher assessed the overall watched level and listened level based on the age, educational level, and occupation of the participants. Those responses aided in identifying other variables that may impact the extent to which individuals seek health information via radio programs. The findings indicated that all respondents have already watched the *TMDA na Jamii health education program* and have viewed all channels: ITV, Azam, and TBC One using YouTube. The results of the research are similar to the study conducted by Kite et al. (2023), which examined the use of social media platforms in health communication campaigns and revealed that patients prefer to seek health information in order to address the issues of illness and how to overcome them. The findings indicated that respondents with high education tend to seek more information. The findings from Stead et al. (2019) underscore the pivotal role of media in advancing public health initiatives. Moreover, its ability to elevate health risk awareness and improve accessibility to essential services highlights its significance in bridging gaps between individuals and necessary resources. This multifaceted approach not only empowers individuals to make informed choices but also cultivates a more health-conscious society, demonstrating that strategic communication can yield profound benefits for public health outcomes. The findings from the TMDA Jamii Education Program Engagement Analysis reveal a strikingly high level of engagement, with an impressive 98% of respondents indicating that they listened to the program very often. This suggests the content resonates well with the audience and highlights the programme's potential impact on educational outreach. However, it is crucial to recognise that the remaining 2% of those who listened may often represent a demographic that could benefit from targeted strategies to enhance their engagement. Additionally, factors such as educational attainment, time allocation, and household income emerge as significant considerations for understanding listener behaviours and participation levels. By addressing these variables, future iterations of the program could foster even greater inclusivity and effectiveness, ensuring wider access to educational resources and support for all community members. (Figure 1).

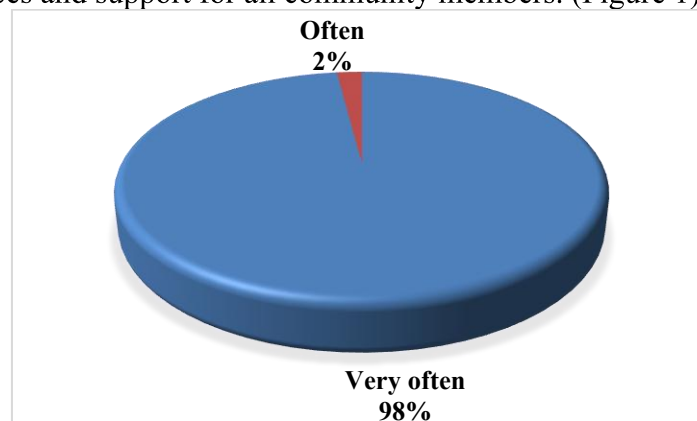


Figure 1. Level of watching and listening TMDA Jamii Education Program

The results of the research are similar to those of a study conducted by Melese et al. (2017), which found that patients prefer to seek health information that helps them understand their illness and how to overcome it. The study findings support the study by Stead (2019), which showed that several reviews have indicated longer-duration or higher-intensity campaigns to be more effective, especially in the areas of tobacco and sexual health. These insights emphasise the importance of tailoring health communication strategies to meet patients' needs, ensuring that the information provided is both accessible and actionable. Consequently, future campaigns should focus on increasing engagement through targeted messaging and support systems that empower individuals to manage their health.

Out of 120 respondents, 28 (23%) reported having one year of experience, 23 (19%) indicated two years, 35 (29%) noted three years, and 34 (28%) claimed over three years of experience.

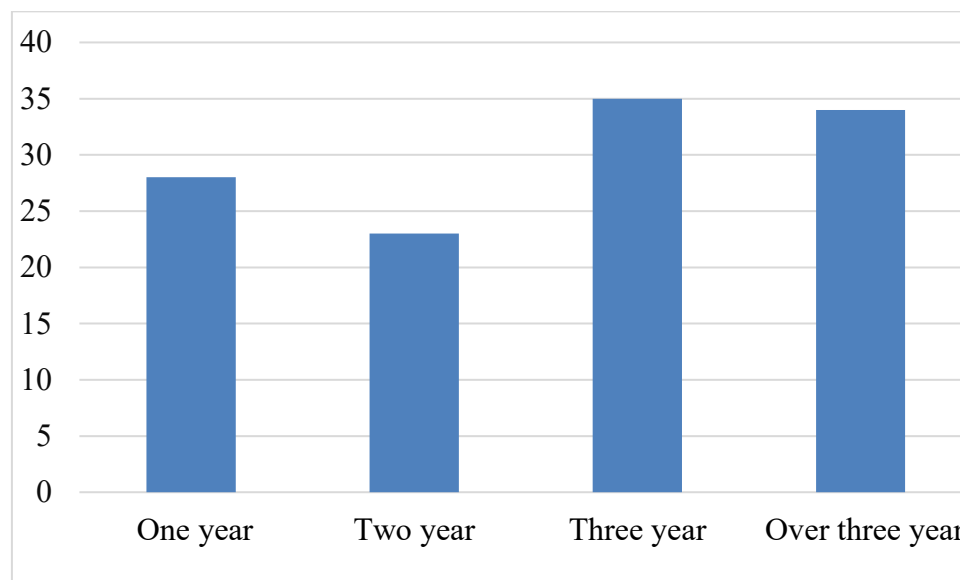


Figure 2. Respondents' experience of use of erectile dysfunction medicine

Respondents identified the erectile dysfunction they are using: of 120 respondents, 89 (74%) used Sildenafil, 70 (58%) Tadalafil, 59 (49%) Vardenafil, 103 (86%) used Maasai Herb, and 118 (98%) used Congo dust. The finding shows that all respondents use traditional medicine to a large extent, even though these medicines have not been included in the official erectile dysfunction medicine system. The results of this study align with the research Hakami et al (2024) which shows that in Asian countries, people use medication indiscriminately without

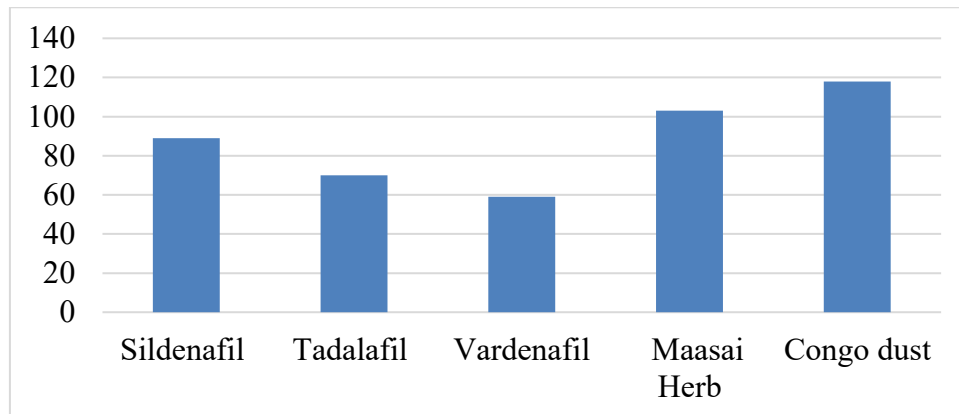


Figure 3. Respondents erectile dysfunction preferences

considering the advice of doctors.

The finding indicated that Tanzania prefers sildenafil contrary to the study conducted by Raheem and Kell (2009), which indicated that the majority of men with erectile dysfunction prefer Tadalafil due to its longer duration of action, allowing for more spontaneity in sexual activity compared to sildenafil.

Researchers have evaluated the effectiveness of the *TMDA Jamii health education program* by posing a series of questions to respondents regarding the program's content and its impact. The study examines the respondents' knowledge about erectile dysfunction; of the 120 respondents, 20 (17%) indicated that erectile dysfunction prevents them from executing sexual actions, 17 (14%) reported difficulty achieving climax during intercourse, and 25 (21%) stated they cannot maintain performance over an extended period. 16 (13%) exhaustion during sexual activity, 20 (17%), and 24 said all the reasons above, which is 35, as indicated in Figure 4.

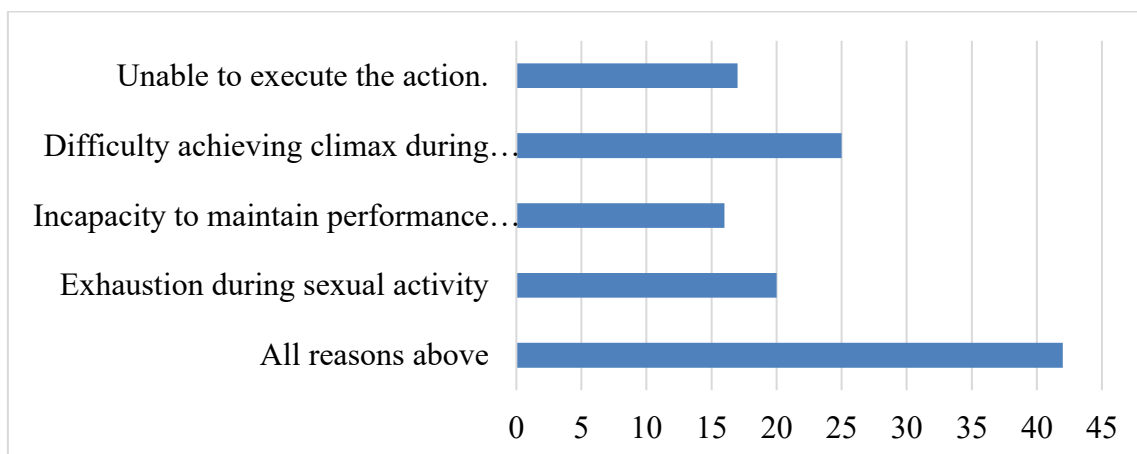


Figure 4. Respondents' awareness of erectile dysfunction issues

The findings demonstrated that the respondents were aware of erectile dysfunction issues. The finding is consistent with studies by Willie Michael (2024) and Creswell (2018), which emphasise the importance of selecting an appropriate target population and sample for research. Choosing a suitable sample is crucial to ensure the generalisation of research findings to the target population. This approach enhances the validity of the results, enabling researchers to develop more effective interventions tailored to specific groups. Consequently, a deeper

appreciation for the demographic factors influencing erectile dysfunction can lead to better outcomes in treatment and awareness campaigns. One cannot overstate the significance of meticulously selecting the research target population and sample, as it establishes the basis for generalising findings within the field. By ensuring that the sample accurately represents the broader community, researchers enhance the validity of their results, which is essential for crafting effective interventions.

The respondents were asked if they started to use erectile dysfunction medication after consulting a doctor. Of the 120 respondents, all are aware that ED patients are supposed to consult a doctor before starting medication. However, their practice differs because 28 (23%) consulted a doctor, while 92 (77%) did not, as indicated in Figure 5.

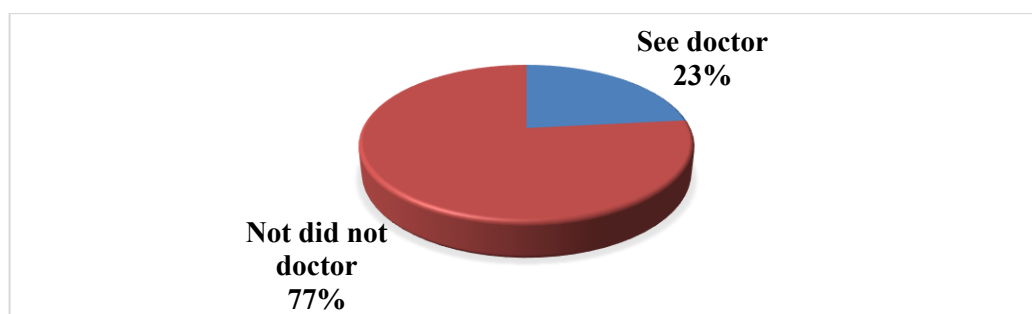


Figure 5. Respondent's medical consultation status

The research results indicate that the number of people consulting a doctor before starting medication aligns with the number of individuals who have recently begun using medication, following the introduction of the *TMDA Jamii Health Education Programme*. This study aligns with the work of Leslie et al. (2025), Sánchez-Cruz et al. (2019), Lindau et al. (2007), Saeedeh et al. (2024), and Stead et al. (2019), who state that the media plays a significant role in educating patients and helping them use medications correctly. *Evidence suggests that the TMDA Jamii Health Education Program* has effectively informed the public, resulting in more proactive healthcare behaviours. Consequently, the media's educational influence is evident in the correlation between consultations and the use of medication. The evidence presented illustrates the transformative effect of media in enhancing patient education and promoting informed healthcare practices. The results of this study align with previous research (Almannie, 2023) that found male doctors using oral erectile dysfunction medications for recreational purposes. It shows that many begin using these medications without consulting a doctor and often seek help for side effects without following their doctor's advice.

Of 120 participants, 65 (54%) used erectile dysfunction medication once a day, 28 (23%) used it twice a day, 17 (14%) used it three times a day, and 10 (8%) used it more than three times a day. However, they used modern medicine once a day and Maasai and Congo dust more than once a day, as indicated in figure 6.

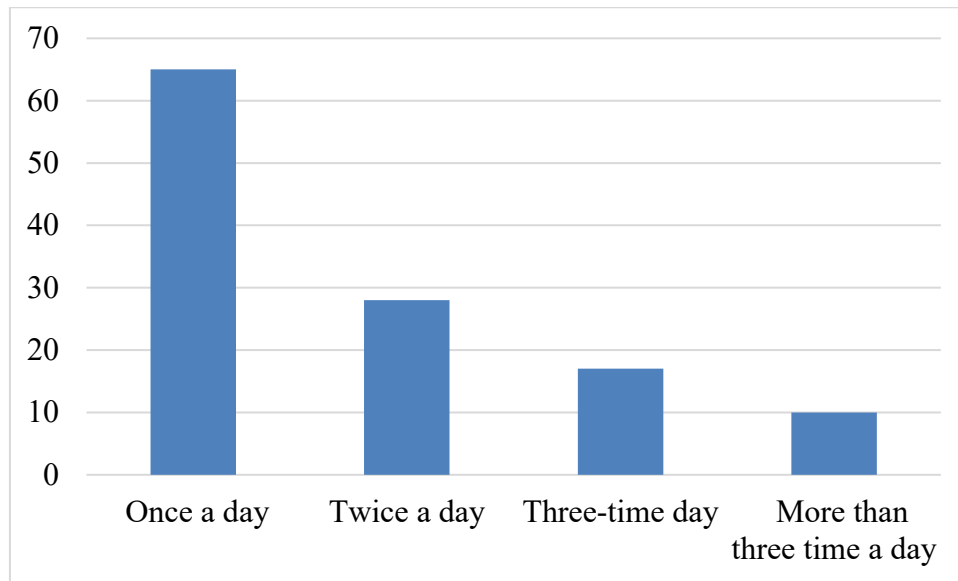


Figure 6. Respondents' level of use of erectile dysfunction medication

Among 65 respondents who used erectile dysfunction medication daily, 28 (43%) reported their usage. Specifically, 18 (28%) took it one hour prior, 13 (20%) took it two hours before, and 6 (9%) took it three hours before, as indicated in Figure 7.

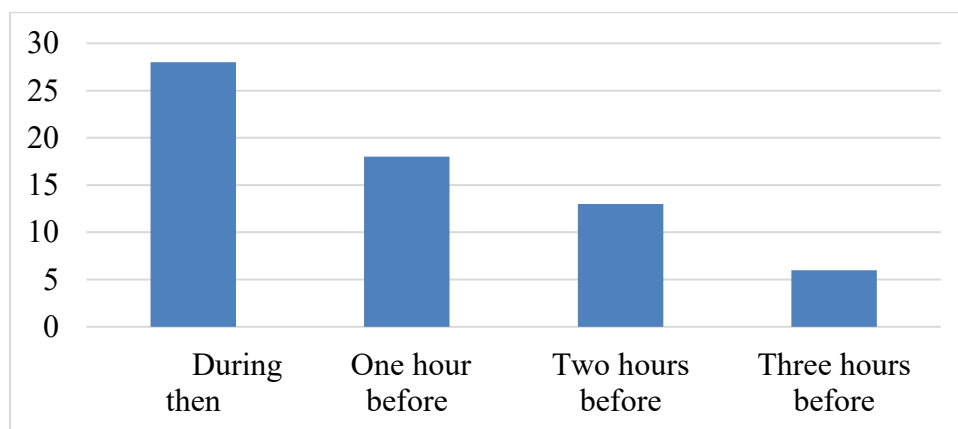


Figure 7. Respondents' duration of use of erectile dysfunction medication

Furthermore, it highlights the importance of patient education in effectively managing such conditions. The findings of the Erectile Dysfunction Treatment Adherence Study highlight the crucial role that patient knowledge plays in effective health management. This emphasises not only the necessity of effective communication between healthcare providers and patients but also the importance of prioritising education when managing health conditions. Ultimately, fostering a well-informed patient population can significantly enhance adherence to treatment protocols, transforming the landscape of healthcare delivery.

When asked to explain for using erectile dysfunction medicine twice or more per day, the findings indicated that it's a common concern among users that the effectiveness of erectile dysfunction medicine could diminish if taken an hour before the act. There is a significant concern among users about the effectiveness of erectile dysfunction medicine. Many fear that

its effectiveness could diminish if taken an hour before the act. Ten individuals reported this fear, while six said they use it in the morning and during the act. For most respondents, the lack of permanent sexual partners is a significant factor for improper uses of erectile dysfunction medicine. This can lead to issues when the erectile dysfunction medicine starts to function while their partners are not ready or are late to the meeting place.

Administering medication an hour in advance can be challenging, especially when the effects take longer to kick in. This is particularly problematic when the duration at the guesthouse expires before the task that brought me here can be fulfilled. It's a clear indication of the challenges with medication timing that we need to address. Some of the respondents provided answers as follows:

Respondent 1:

When I administer the medication an hour in advance, it requires more time to take effect. This delay often means that my duration at the guesthouse expires before I can fulfil the task that brought me here, leading to potential health risks and discomfort.

Respondent 2:

The actions of women can lead to non-compliance with medical instructions. For instance, being aware that medication has already been taken, she may intentionally prolong the process by sipping her drink slowly or stating that she will take a shower first. These actions necessitate that I administer the medication during the activity, which can lead to a delay in the medication's effectiveness and potentially compromise the treatment plan.

When asked who was supposed to take erectile dysfunction medicine, of 120 respondents, 90% said patients diagnosed with erectile dysfunction. In contrast, 10% said it is anyone with erectile dysfunction. When asked when you should consider taking erectile dysfunction medicine according to the TMDA Jamii Health Education Program, of 120 respondents, 90% said one hour before and 10% said they were not sure.

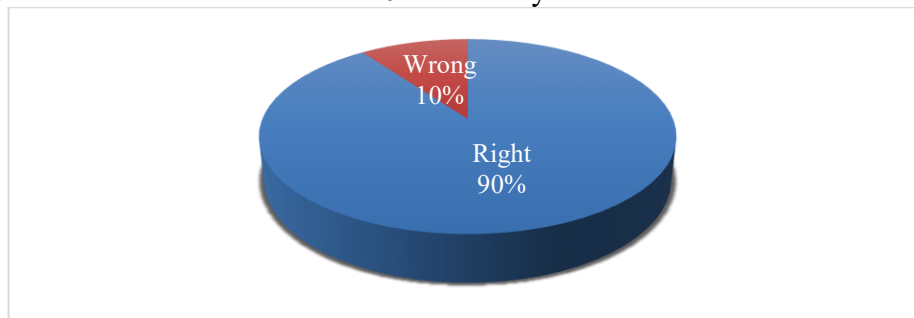


Figure 8. Respondents' answers on the proper use of erectile dysfunction medicine

The finding indicated that 90% of respondents have been informed with accurate information regarding the rational use of erectile dysfunction medications. Making these challenges more difficult is the reliance on mixed traditional medicines, which often come without clear instructions, causing confusion and potential mismanagement of treatment plans. Collectively, these barriers point to the need for a comprehensive approach that not only addresses individual circumstances but also fosters supportive environments and clarifies the role of traditional remedies in contemporary healthcare practices. The interaction of various factors reveals a complex landscape where traditional healthcare practices frequently encounter significant challenges. Economic pressures often worsen accommodation issues, diverting attention away from health priorities. Furthermore, the lack of clear guidance on the use of

mixed traditional medicines can lead to confusion and mismanagement, ultimately undermining their potential benefits. To handle these challenges effectively, a comprehensive approach is vital—one that considers individual circumstances and promotes supportive environments for effective health management..

When asked how often erectile dysfunction medicine users are supposed to take erectile dysfunction dose per day, 98% said once a day, and 2% said twice a day. All respondents said erectile dysfunction patients are supposed to consult doctor before considering the use of these medicines. The findings indicated that all respondents were aware with the causes and prevention of erectile dysfunction as presented in the *TMDA Jamii Health Education Program*. All respondents were aware of the side effect of taking erectile dysfunction medicine without considering medical advice.

To what extent are individuals using erectile dysfunction medications informed by the TMDA Jamii Health Education Program?

The findings indicated that 90% of respondents highly agreed that the *TMDA na Jamii health education program* on the rational use of erectile dysfunction medications influences adherence to medical recommendations for their use. However, 10% disagrees. Out of 120 respondents, 86% were influenced by the content, while 14% were influenced by both the content and the presenter of the program, which encouraged them to listen to the *TMDA na Jamii health education program* on rational use of erectile dysfunction medicines. The findings of this research align with those of Raghupathi and Raghupathi (2020) and Melese (2017), which indicate that many individuals prefer to seek information from media outlets and social networks to find treatment and comfort. This trend highlights the growing reliance on digital platforms for health-related information, reflecting a shift in how people approach their well-being. As a result, healthcare providers may need to adapt their communication strategies to engage effectively with patients in this changing landscape. As individuals turn to media and social networks for health information, a notable shift in reliance is evident, reflecting a broader transformation in how patients seek and consume knowledge about their health. This evolving landscape underscores the necessity for healthcare professionals to reassess and refine their communication strategies, ensuring they can connect meaningfully with patients who are more informed and empowered than ever before. By embracing this shift, healthcare professionals can foster a collaborative environment where evidence-based information is shared effectively, ultimately enhancing patient engagement and improving health outcomes in an increasingly digital age.

All respondents strongly agree that the *TMDA na Jamii* health education program on the rational use of erectile dysfunction medicines effectively encourages males to use the medication appropriately. All respondents strongly agree that the *TMDA na Jamii* health education program on the rational use of erectile dysfunction medications offers education regarding the causes of erectile dysfunction and helps erectile dysfunction users to change their lifestyle to improve their health all respondents strongly agreed that *TMDA and Jamii* program on rational use of erectile dysfunction medicines alert erectile dysfunction users about the risk of improper uses of erectile dysfunction medicine.

The findings indicated that 98% of respondents strongly agreed that the content aired by *TMDA na Jamii health education program* provide useful information related to on *TMDA na Jamii* health education program on Rational Use of erectile dysfunction medicines, 89% said

they never did, and 11% said very rare. never discussed, said because of shame, lack of confidence and not It's Not African culture

The findings indicated that all respondents prefer *TMDA na Jamii* health education program to continue aired and kept in You Tube where anyone can watch and listened at their convenient time. The findings is similar to the study conducted by Braun et al. (2001) that Social media are popular and play a key role in influencing, informing, and stimulating users in their everyday lives. People (especially adolescents and young adults) increasingly use social media to get and share sexual health-related information. Studies have shown encouraging results on using social media for sexual health communication improving attitudes and behaviors, although the current quality of studies makes them little reliable.

To what extent do individuals with erectile dysfunction apply the information provided by the TMDA na Jamii education program?

The researcher conducted interviews with key informants, comprising six pharmacists and one doctor, to gather comprehensive insights into the usage patterns of erectile dysfunction medication following the *TMDA na Jamii* health education program. The six pharmacists who participated in this research offer drugs that are divided into three groups: vardenafil (Levitra), tadalafil (Cialis and Tadacip), and sildenafil (Viagra, Revatio, and Silagra). Despite sometimes wanting to switch drugs, they have shown that drug users enjoy sildenafil. The findings revealed that a significant proportion went to pharmacies without a prescription from a doctor, as they are reluctant to visit hospitals and perceive it as shameful to do so. However, following the *TMDA Jamii Health Education Program*, many individuals are now beginning to present doctors' certificates.

All six participants said that the *TMDA Jamii health education program* greatly help to promote the proper use of medication because everyone who listens to the program changes their behavior.

Pharmacist #1 said:

"There was customers who used to buy medication randomly, but after listening to the program and learning about the side effects of those medications, they told me that they have started using the medication correctly and are seeing positive results compared to the time when they were not following the doctor's instructions."

Pharmacist #2 said the program offers precise instructions and guidance for medication use, with numerous customers reporting that the concept of the program has been beneficial after accessing the link. However, the program is silent about herbal medicine. Some customers inquire about the use of natural remedies and whether there are any side effects associated with the combination of natural and modern medicines. Pharmacist #2 suggested that the *TMDA Jamii Health Education Program* should also talk about side effects of traditional medicines as Maasai and Congo Dust.

Pharmacist #3 The initial participant proposed enhancements to the program, recommending that it be broadcast at night to allow drug users to pose questions anonymously. Pharmacist #4 proposed that the *TMDA Jamii* health education program offer customers the opportunity to pose questions online, which the hosts would address during the show. Pharmacist #5 and #6 has recommended that the *TMDA Jamii* health program broaden its audience by airing the show on community radio and promoting episodes via social media platforms. Pharmacist #5 emphasised the need for *TMDA na Jamii* program to develop a comprehensive national campaign aimed at breaking the silence surrounding erectile

dysfunction. This initiative should encourage open discussions to help eliminate the stigma faced by individuals affected by erectile dysfunction.

Pharmacist

#6

said:

Despite having over 15 years of experience in selling medicine, I was unaware of a specific period until a researcher provided me with a link last December during a pilot study. Upon sharing this link with my clients, they expressed satisfaction as it enhanced their knowledge and encouraged them to adhere to professional advice.

A *Urologist* indicates that Tanzania is encountering the issue of individuals using erectile dysfunction treatments prior to consulting a doctor. Historically, individuals visited the hospital primarily to address side effects from the indiscriminate use of medication for erectile dysfunction. However, after the government introduced *TMDA na Jamii* health Program, currently, there is a notable increase in patients seeking services prior to initiating medication use. He said the program organizers should improve the presentation by incorporating diverse content, including testimonials from individuals who have correctly utilized medication, those who adhered to medical advice and successfully resolved their issues, and those who disregarded such guidance and the difficulties they encountered. The findings align with various studies such as Nimbi et al, (2024), **Mwita, Mgaya, and Haule (2024)**, which demonstrated that Mass media campaigns have proven to be effective in promoting physical activity and sexual health. The majority of the evidence pertains to enhancing awareness of health risks or the accessibility of services. Campaign will tackle the taboo around erectile dysfunction and raise awareness about the prevalence of erectile dysfunction in Tanzania

Implications for Theory and Practice

The findings of this study have significant implications for both theory and practice in the fields of health communication, public health education, and health behavior change, particularly concerning the management of erectile dysfunction (ED) in resource-limited settings.

Theoretical Implications

This research reinforces and extends established health communication theories, including Agenda Setting Theory, Uses and Gratifications Theory, and Computer-Mediated Communication (CMC) Theory. The study's results confirm that media campaigns—when thoughtfully designed and widely disseminated—significantly influence public awareness, perceptions, and behaviors regarding health issues such as erectile dysfunction. The high engagement with the TMDA Jamii Health Education Program supports the notion that audiences actively seek, interpret, and apply health information based on both their social context and preferred media channels. Moreover, the research highlights the evolving landscape of health information dissemination, where traditional and digital platforms complement each other, and engagement is non-linear and community-driven. These findings suggest that future theoretical models must account for complex interactions between individual agency, media exposure, cultural context, and the ongoing shift toward digital and social network-based health education.

Practical Implications

From a practical perspective, this study demonstrates the effectiveness of targeted, multimedia health education campaigns in improving awareness and promoting rational use of ED medicines. The TMDA Jamii Health Education Program proved capable of reaching a broad audience, enhancing knowledge, and influencing positive health behaviors. However, the

research also illuminated persistent barriers, such as stigma, lack of partner support, reliance on traditional remedies, and logistical challenges in medication adherence. These insights emphasize the need for health communication practitioners and policymakers to:

- Broaden the reach of educational campaigns by leveraging both mass media and digital platforms, with a particular focus on underserved rural and marginalized populations.
- Integrate culturally sensitive content that addresses stigma, traditional beliefs, and social customs inhibiting open discussion about men's health.
- Provide supportive services, including counseling and community engagement, to foster behavioral change and address psychosocial barriers.
- Involve influential community figures, religious leaders, and healthcare professionals to amplify credible messaging and foster trust within communities.
- Develop and maintain welcoming, confidential, and supportive healthcare environments to encourage men to seek appropriate medical care without fear of judgment or discrimination.

Conclusion

In summary, the research highlights the transformative potential of well-structured health education programs delivered through diverse media. By integrating theoretical insights with practical strategies, stakeholders can design more effective interventions to enhance public health outcomes, reduce stigma, and support the rational, safe use of medications such as those for erectile dysfunction.

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