

Over-the-counter (OTC) sales of male sexual enhancement products among community pharmacists in Ogun State, Nigeria

Uduakobong E. Bassey¹, Timothy O. Fajemirokun²

¹Faculty of Community Pharmacy, West African Postgraduate College of Pharmacists, Yaba, Lagos State, Nigeria

²Department of Clinical Pharmacy, Faculty of Pharmacy, Olabisi Onabanjo University Ago-Iwoye, Ogun State, Nigeria

Corresponding author: Uduakobong E. Bassey
Email: b_udu@ymail.com Telephone : +2348056130196

ABSTRACT

Background: Over-the-counter sales of male sexual enhancement products is a global concern, particularly in developing countries. Community pharmacists are well positioned to prevent the misuse and abuse of such products.

Objective: To investigate the extent of over-the-counter sales of male sexual enhancement products by community pharmacists in Ogun State.

Methods: A descriptive cross-sectional study was carried out among community pharmacists in Ogun State using a convenience sampling technique. Data was collected using a semi-structure self-administered questionnaire and analysed using Statistical Package for Social Sciences (SPSS) version 20.0 with statistical significance set at $p=0.05$. Results were presented as frequency tables and charts.

Results: Most respondents sold male sexual enhancement products on a daily basis, particularly sildenafil (64.9%) and tadalafil (50.0%). Highest proportion of the respondents (86.8%) sold the products without prescription but offered medication counselling, while 19.3% asked for a prescription before selling the products. About 46% sold the products over-the-counter based on the assumption that the users were conversant with the products. Additional qualification and monitoring of sales over the counter ($p=0.03$) were both significantly associated with over-the-counter sales of male sexual enhancement products.

Conclusion: Sales of male sexual enhancement products over-the-counter is a common practice among community pharmacists in Ogun State.

Keywords: Over-the-counter (OTC) sales, Male, Sexual enhancement products, Community pharmacist, Nigeria

Vente sans ordonnance de produits d'amélioration de la sexualité masculine chez les pharmaciens communautaires de l'État d'Ogun, au Nigeria.

Uduakobong E. Bassey¹, Timothy O. Fajemirokun²

¹Faculté de pharmacie communautaire, Collège ouest-africain de troisième cycle des pharmaciens, Yaba, État de Lagos, Nigeria

²Département de pharmacie clinique, Faculté de pharmacie, Université Olabisi Onabanjo Ago-Iwoye, État d'Ogun, Nigeria

Auteur correspondant : Uduakobong E. Bassey
Courriel : b_udu@ymail.com Téléphone : +2348056130196

RÉSUMÉ

Contexte : La vente sans ordonnance de produits d'amélioration de la sexualité masculine est une préoccupation mondiale, en particulier dans les pays en développement. Les pharmaciens communautaires sont bien placés pour prévenir le mauvais usage et l'abus de ces produits.

Objectif : Étudier l'étendue de la vente libre de produits d'amélioration de la sexualité masculine par les pharmaciens communautaires dans l'État d'Ogun.

Méthodes : Une étude descriptive transversale a été menée auprès de pharmaciens communautaires de l'État d'Ogun en utilisant une technique d'échantillonnage de convenance. Les données ont été recueillies à l'aide d'un questionnaire semi-structuré auto-administré et analysées à l'aide de la version 20.0 du logiciel de statistique pour les sciences sociales (SPSS) avec une signification statistique fixée à $p=0,05$. Les résultats ont été présentés sous forme de tableaux de fréquence et de graphiques.

Résultats : La plupart des répondants vendaient quotidiennement des produits d'amélioration de la performance sexuelle masculine, en particulier le sildénafil (64,9%) et le tadalafil (50,0%). La proportion la plus élevée de répondants (86,8 %) vendait les produits sans ordonnance ; mais offrait des conseils sur les médicaments, tandis que 19,3 % demandaient une ordonnance avant de vendre les produits. Environ 46% vendaient les produits en vente libre en partant du principe que les utilisateurs connaissaient les produits. La qualification supplémentaire ($p=0,05$) et le suivi des ventes sans ordonnance ($p=0,03$) étaient significativement associées aux ventes sans ordonnance de produits d'amélioration de la performance sexuelle masculine.

Conclusion : La vente de produits d'amélioration de la sexualité masculine sans ordonnance est une pratique courante chez les pharmaciens communautaires de l'État d'Ogun.

Mots clés : Ventes sans ordonnance, homme, Produits d'amélioration de la sexualité, Pharmacien communautaire, Nigeria.

INTRODUCTION

In recent times, the issue of unfulfilled desire for sex has led to the public's increased interest regarding improved sexual functions.¹ Men's sexual health issues, including erectile dysfunction (ED), premature ejaculation (PE), and low sexual drive among others have been reported to be the main cause of poor sexual relations and satisfaction among couples.² This has led to self-medication with sexual enhancement products and consumer-directed sales of these products.²

In the community pharmacy setting, the pharmacist is well positioned as the first point of health care contact for men with undiagnosed ED.^{3,4} An observational study conducted within community pharmacies in Spain revealed that 57.9% of men aged 18-60 years with ED symptoms who had no prescription had their first discussion and/or treatment plan for ED from a pharmacist.³ A study conducted among community pharmacists in four (4) European Union (EU) countries (the UK, Germany, Spain and Czech Republic) found that pharmacists were accurate in recommending appropriate treatment plan for men with ED, not recommending drugs for men not diagnosed with ED and referral to the physician.⁵ Hence, the community pharmacist has a key role to play in the early detection of ED and its associated pathologies, as well as providing patient education, referral of patients to the physician and motivating the patients to follow through with forms of evaluation by the physician.

A review of the literatures involving OTC medicines abuse showed that this is an internationally recognised problem and that it involves a range of medicines and potential harms.^{6,7,8} Studies have equally shown that the sales of male sexual enhancement products among community pharmacists is a prevalent practice,^{2,9} particularly in developing countries.¹⁰ Despite the fact that the community pharmacist is readily available to offer healthcare information and services relating to sexual health, individuals still prefer to purchase sexual enhancement products without first consulting with the pharmacist. It was reported that this unguided behaviour of the public is as a result of the sensitive nature of sexual health matters.⁹ Meanwhile, an Ethiopian study revealed that community pharmacists dispensed sexual enhancement products OTC based on the assumption that the products were OTC medicines evidenced by the frequent request of such products.¹¹ The study also reported other factors such as: unhealthy competition among retail outlets/clinics and request for the products

by their regular chronic patients as reasons for selling the products without prescription.¹¹

Anecdotal findings suggest that there is an increase in supply of sexual enhancement products OTC without prior history taking and appropriate counselling by community pharmacists in south western Nigeria. Most patients only approach the pharmacist when they experience side effects from these products. However, some pharmacists are not well equipped to offer sexual health services. Also, there is scarcity of data investigating the burden of OTC sales of sexual enhancement products in Nigeria hence, this study will add to the body of knowledge on the subject matter.

This study sought to determine the extent of sales of over-the-counter male sexual enhancement products in Ogun state, southwest Nigeria, and to find out if there were associations between respondents' characteristics and sales.

METHODS

Study design

A descriptive cross-sectional study design was employed for this study.

Study population

The study was carried out among community pharmacists practising in Ogun state.

Inclusion and exclusion criterion

Community pharmacists who are registered and licensed by the Pharmacists' Council of Nigeria (PCN) were included in the study while those who did not consent to filling the questionnaire because they have not been licensed to practice in the last one year (for example, intern pharmacists and National Youth Service Corps pharmacists) were excluded from the study.

Sample size determination

The minimum sample size was calculated using the Yamane method

$$n = \frac{N}{1 + N(e)^2}$$

Where n = desired minimum sample size

N = the population size =376 (total number of registered/licensed community pharmacists in Ogun State)

e = the acceptable sampling error assuming a 95% confidence interval = 0.05

$$n = \frac{376}{1 + 376 (0.05)^2}$$

$$n = 193.81 = 194$$

A non-response rate of 10% of 194 was added to the calculated minimum sample size in order to address any possible case of incomplete response

$$10\% \text{ of } 194 = 19.4$$

$$\text{New sample size} = 194 + 19.4 = 213.4$$

$$n = 213$$

Sampling technique

Two hundred and thirteen community pharmacists were conveniently selected at the Association of Community Pharmacists of Nigeria (ACPN) meetings held every last Wednesday of the month by twelve noon at the pharmacy house located at Moshood Abiola way, Abeokuta.

Data collection instrument

A semi-structured self-administered questionnaire was employed for this study. The questionnaire was written and administered in English language. The questionnaire was divided into 2 sections as follows:

Section A: Demographic characteristics of the respondents such as age, gender, marital status, religion, ethnicity, qualification level and years of community pharmacy experience, and section B: This section focused on questions regarding the type of sexual enhancement products available, the frequency of clients' requests, and factors influencing pharmacists'

response to sexual enhancement product request.

Data collection procedure

The questionnaires were administered to the respondents at ACPN State Chapter meetings.

Data analysis

Data were entered and analysed using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics were generated and presented using frequency tables and charts. Chi-square test was adopted to determine respondents' characteristics that contributed to the sales of male sexual enhancement products OTC without medication counselling. Level of statistical significance for all tests were set at $P < 0.05$

Ethical consideration

Ethical approval was sought from the Olabisi Onabanjo University Teaching Hospital, Health Research & Ethics Committee (OOUTH-HREC) with approval number NHRE/28/11/2017. Permission was also sought from the Association of Community Pharmacists of Nigeria (ACPN) Ogun State Chapter.

RESULTS

One hundred and twenty-two questionnaires were completed and returned, but eight questionnaires were discarded for incompleteness in demographic information, leaving only 114 valid questionnaires to give a response rate of 53.5%. More than half (52.6%) of the respondents were male, 78.9% were Christians and 74.6% were Yoruba. Majority of the respondents had the Bachelor of Pharmacy degree (95.6%), with no additional qualification (87.7%). Also, majority of the respondents had post qualification experience (87.7%) and community pharmacy experience (93.9%) of ≤ 10 years, while most of the respondents were superintendent pharmacists (74.6%) and worked with pharmacist-owned pharmacy (70.2%). The socio-demographic characteristics are presented in Table 1.

Table 1: Socio demographic characteristics of respondents (N= 114)

Variable	Item	Frequency	Percentage
Gender	Male	60	52.6
	Female	54	47.4
Religion	Christianity	90	78.9
	Islam	22	19.3
	Deism	2	1.8
Ethnicity	Yoruba	85	74.6
	Ibo	20	17.5
	Others*	9	7.9
Undergraduate qualification	BPharm	109	95.6
	PharmD	5	4.4
Post qualification experience(years)	1-10	100	87.7
	11-20	8	7.0
	>20	6	5.3
Community pharmacy experience (years)	1-10	107	93.9
	11-20	3	2.6
	>20	4	3.5
Additional qualification	Diploma	1	0.9
	Masters	11	9.6
	Fellowship	2	1.8
	None	100	87.7
Designation at your pharmacy	Locum pharmacist	27	23.6
	Superintendent pharmacist	85	74.6
	Full time pharmacist	2	1.8
	Owner of the pharmacy	Pharmacist	80
	Non-pharmacist	34	29.8

*Ebira-3, Edo-3, Ibibio-2, Igala-1

Sexual enhancement products sold at pharmacies

Majority of the respondents reported sales of sildenafil (99.1%), tadalafil (97.4%) and, vitamins and minerals (81.6%) at their pharmacies. Also, most respondents

reported the sales of ginseng containing natural products (77.2%) and ginkgo containing natural products (58.8%) as shown in Table 2.

Table 2: Proportion of pharmacists based on the sexual enhancement products sold at their pharmacies

Item	Frequency	Percentage
Sildenafil	113	99.1
Tadalafil	111	97.4
Sildenafil plus dapoxetine (e.g. Embagra forte)	44	38.6
Natural products containing Maca	50	43.9
Natural products containing Ginseng extract	88	77.2
Natural products containing Tribulus extract	35	30.7
Natural products containing Ginkgo extract	67	58.8
Natural products containing Asparagus	31	27.2
Natural products containing Discorea spp	19	16.7
Spanish fly	38	33.3
Vitamins and minerals	93	81.6
Local anaesthetics e.g. STUD 100, Procomil spray	3	2.6

Frequency of request for sexual enhancement products

OTC
 Most respondents reported that sildenafil only products (64.9%) and tadalafil products (50.0%) were requested OTC on a daily basis while 52.6 % never received any request for sildenafil plus dapoxetine (Embagra forte®). This is shown in Table 3.

Table 3: Proportion of pharmacists reporting the frequency of request for sexual enhancement products received over-the-counter (OTC)

Item	Proportion per frequency of request received n (%)				
	Daily	Every 2-3 days	Weekly	Monthly	Never
Sildenafil only products	74 (64.9)	27 (23.7)	13 (11.4)	0 (0.0)	0 (0.0)
Tadalafil products	57 (50.0)	27 (23.7)	20 (17.5)	8 (7.0)	2 (1.8)
Sildenafil plus dapoxetine	11 (9.6)	12 (10.5)	14 (12.4)	17 (14.9)	60 (52.6)

Pharmacists' response to requests for sexual enhancements products OTC

The highest proportion of pharmacists reported that they sell male sexual enhancement products without prescription and offer medication counselling alongside (86.8%), followed by respondents who sell without

prescription but do not offer medication counselling (74.6%). Less than average (49.1%) take client's social, medical and medication history before selling the products, while 19.3% reported that they ask for prescription before selling sexual enhancement products.

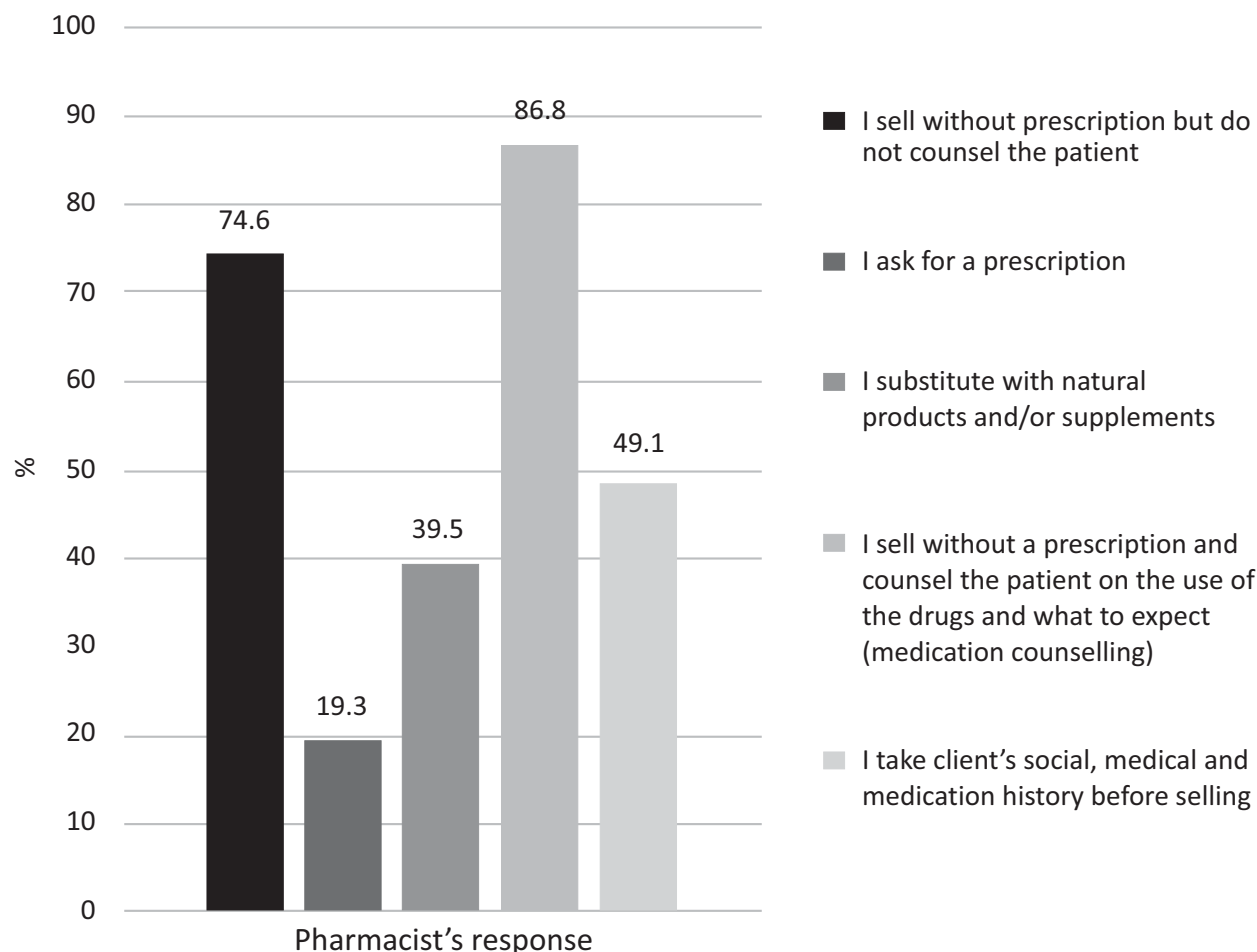


Figure 1: Proportion of pharmacists based on how they respond to requests for male sexual enhancement products OTC

Factors influencing the sales of male sexual enhancement products over-the-counter by pharmacists

The highest proportion (45.6%) of pharmacists reported that they sell male sexual enhancement products OTC because they assume that the users of such products were

conversant with the products; followed by 26.3% who reported that they sell male sexual enhancement products OTC because of the pressure from the users of such products and; 17.5% sell male sexual enhancement products only to their regular clients with chronic conditions such as diabetes. Details are presented in Table 4

Table 4: Factors influencing the sales of male sexual enhancement products OTC by pharmacists

Item	Frequency	Percentage
To meet monthly sales target	14	12.3
Unhealthy competition among patent medicines dealers and/or other pharmacies	14	12.3
I only sell sexual enhancement products OTC to my regular patients with chronic diseases e.g. diabetic patients	20	17.5
I assume the sexual enhancement product users are familiar with the 'nitty-gritty' of the products	52	45.6
Pressure from the sexual enhancement product users	30	26.3
I sell based on client request without pressure	9	7.9
I sell based on informed decision after counselling the buyer	4	3.5
I sell to clients who cannot visit the hospital	3	2.6
I sell because I understand how the drug works	1	0.9
Respect for client's privacy	11	9.6

Association between respondents' characteristics and over-the-counter sales of male sexual enhancement products

The decision of the pharmacists to sell or not to sell male sexual enhancement products without prescription or

further interaction with the user was significantly influenced by additional qualification ($p=0.05$) and frequency of monitoring what goes on over the counter ($p=0.03$).

Table 5: Association between respondents' characteristics and OTC sales of male sexual enhancement products

Item	Yes n (%)	No n (%)	χ^2	p value
Gender				
Male	46 (76.7)	14 (23.3)	0.30	0.59
Female	39 (72.2)	15 (27.8)		
Undergraduate qualification				
BPharm	81 (74.3)	28 (25.7)	0.09	0.77
PharmD	4 (80.0)	1 (20.0)		
Post qualification experience				
1-10 years	75 (75.0)	25 (25.0)	0.84	0.66
11-20 years	5 (62.5)	3 (37.5)		
>20 years	5 (83.3)	1 (16.7)		
Additional qualification				
Diploma	1 (100.0)	0 (0.0)	8.0	0.05**
Masters	10 (90.9)	1 (9.1)		
Fellowship	0 (0.0)	2 (100.0)		
None	74 (74.0)	26 (26.0)		
How often do you monitor what goes on at the counter				
Often	68 (79.1)	18 (20.9)	7.30	0.03**
Sometimes	10 (50.0)	10 (50.0)		
Rarely	7 (87.5)	1 (12.5)		

** Significant at 5%

DISCUSSION

The type of male sexual enhancement products available in the pharmacies as reported by the respondents were mostly synthetic products, followed by dietary supplements and natural products, which corroborates findings by Suleiman *et al*² where all the respondents reported having sildenafil and tadalafil in their pharmacies. However, the respondents in Suleiman *et al*² reported that they had more of ginseng containing products than dietary supplements or synthetic products which is the reverse of what was found in the present study. This finding may be because of the high demand for synthetic products in the present study area compared to the demand for natural products or dietary supplements. Also, local anaesthetics were not readily available in the pharmacies as only a few of the respondents in the present study reportedly sold such products. This is far lesser than what was found in a previous study where 92.5% of the respondents reported the availability of local anaesthetics in their pharmacies.² This finding may be explained by the fact that the pharmacists in the present study rarely receive request for such products as compared to the request for oral products and this may be due to the fact that the administration of local anaesthetics is usually messy, interferes with the spontaneity of sexual intercourse or due to the burning sensations and numbing effect produced by the use of such products.¹²

This study revealed that the request for male sexual enhancement products OTC on a daily basis was high as reported by the community pharmacists, with a higher request for sildenafil only products, followed by tadalafil. This is contrary to what was found in Suleiman *et al*² which showed that there was no daily demand for these products while the demand for tadalafil after every two to three days was higher than sildenafil. The present finding may be because there are more affordable sildenafil products compared to tadalafil in the present study area.

Majority of the community pharmacists in the present study reported that they sold the products without prescription but offer medication counselling, which is in keeping with discourse from previous literature which promote medication counselling as one of the core responsibilities of the pharmacist to patients.^{13,14} However, some community pharmacists in the present study also reported that they sold the products without asking for prescription and without providing medication counselling. This may be because the pharmacists are reluctant to initiate discussions on sexual matters as reported in literature^{11,15,16} or because the product users

felt uncomfortable approaching the pharmacists to discuss their sexual issues.¹⁵⁻¹⁸ This study found that lack of private space hinders discussions and counselling sessions between the pharmacist and product users, hence the OTC sales without any form of counselling. A previous study conducted in Ethiopia also had some pharmacists reporting that they do not counsel or advice users of sexual enhancement products because they assume that the users already know how to use the products based on their past experiences.¹¹ This is similar to the finding in the present study. However, this study did not probe the pharmacists further to know how they attend to new users of the products as seen in Gebregeorgise *et al*.¹¹, where the pharmacists reported that they often provide all the necessary drug information when approached by new users.

The factors influencing the sales of male sexual enhancement products OTC as reported by community pharmacists in this study are similar to previous study findings.¹¹ On the other hand, another study reported that when community pharmacists suspect that a request for sexual enhancement product is not genuine, particularly among younger men in their 20's or early 30's, they refuse to sell the product and in some cases refer the individual.¹⁹ The study also revealed that community pharmacists sell male sexual enhancement products without prescription because they wanted to respect the client's privacy. This corroborates findings from a previous study where respondents stated that they encounter challenges trying to counsel product users because the users desired privacy for the counselling session which the physical setup of the pharmacy did not afford.¹¹

Having an additional qualification was found to be significantly associated with the pharmacists' decision to sell male sexual enhancement products without prescription and/or further interaction with the product users. This suggests that having additional qualification may equip community pharmacists with the necessary knowledge and skills to provide services regarding health issues that affect a significant number of the public such as male sexual dysfunction. Although, this is contrary to findings in a previous study where it was found that having an additional qualification did not influence the pharmacists' knowledge of complementary medicines,²⁰ there is a need to sensitise pharmacists, especially those in the community setting, to acquire knowledge and skills that will enable them provide adequate sexual health services to the public through trainings that focus on sexual health management such as that provided by the

West African Postgraduate College of Pharmacists and the Clinical Pharmacists Association of Nigeria. This study further revealed that the frequency of monitoring over-the-counter activities in the pharmacy by community pharmacists is significantly associated with the sales of male sexual enhancement products without prescription. This points to the importance of having a well equipped pharmacist as the first contact with the patients in the community pharmacy instead of other pharmacy staff as this will promote safe and effective use of medicines which is one of the key role of pharmacists.

CONCLUSION

This study found that OTC sales of male sexual enhancement products is a common practice among community pharmacists in Ogun State. However, it was found that majority of the pharmacists provided medication counselling when selling the products. Assumption that the product users were knowledgeable about the products, customers' influence, presence of comorbid conditions, desire to meet monthly sales target; unhealthy competition by patent medicine dealers and/or other pharmacies, respect for client's privacy, informed decision of the product user, inability of client's to visit the hospital and the pharmacists' knowledge of the products were found to be factors that influenced OTC sales of the products. Furthermore, having an additional qualification and monitoring pharmacy activities over the counter were significantly associated with OTC sales of male sexual enhancement products among the pharmacists.

ACKNOWLEDGEMENT

The authors would like to appreciate Dr. Ayodeji Adebayo for his support during the statistical analysis.

We also appreciate the executives of the Association of Community Pharmacists of Nigeria, Ogun State Chapter for granting us the permission to administer the questionnaires during the meetings.

REFERENCES

1. Bhagavathula AS, Elnour AA and Shehab A (2016). Pharmacovigilance on sexual enhancing herbal supplements. *Saudi Pharmaceutical Journal* 24;115-118.
2. Suleiman AK, Khan TM, Emeka PM, Ahmad S and Mansoor SM (2016). The public purchase of aphrodisiac products without prescriptions in the Alahsa region of KSA. *Journal of Taibah University Medical Sciences*, 11(5):413-417.
3. Morales AM, Ibanez J, Machuca M, Pol-Yanguas E, Schnetzler G and Renedo VP (2010). The EPIFARM study: an observational study in 574 community pharmacies in Spain characterizing patient profiles of men asking for erectile dysfunction medication. *Journal of Sexual Medicine*, 7:3153-60.
4. Morales AM, Hatzichristou D, Ramon Lladós J, Pascual Renedo V, and Pimenidou A (2013). Community pharmacy detection of erectile dysfunction in men with risk factors or who seek treatment or advice but lack a valid prescription. *Journal of Sexual Medicine*, 10:2303-2311.
5. Symonds T, Dean JD, Carr A, Carlsson M, Marfatia A, and Schnetzler G (2011). A feasibility study comparing pharmacist and physician recommendations for sildenafil treatment. *Journal of Sexual Medicine*, 8:1463-1471.
6. Cooper RJ (2013). Over-the-Counter Medicine Abuse - a review of the literature. *Journal of Substance Use*, 18;82-107.
7. Khan TM and Ibrahim Y (2013). A qualitative exploration of the non-prescription sale of drugs and incidence of adverse events in community pharmacy settings in the Eastern Province of the Kingdom of Saudi Arabia. *European Journal of Hospital Pharmacy*, 20:26-31. doi: 10.1136/ejhpharm-2012-000161.
8. Bahnassi A (2014). Pharmacists views and practices in regard to sales of antibiotics without a prescription in Madinah, Saudi Arabia. *Journal of Patient Safety*, 12(3):159-164
9. Debaje SP and Hiremath RC (2014). Over the counter (OTC) sell of sex enhancer drugs: an emerging public health issue in India. *International Journal of Research in Medical Sciences*, 2:198-201. DOI: 10.5455/2320-6012.ijrms20140238.
10. Emeka PM, Al-Omar MJ and Khan TM (2012). A qualitative study exploring role of community pharmacy in the irrational use and purchase of non-prescription antibiotics in Al Ahsa. *European Journal of General Medicine*, 9; 230-234.
11. Gebregeorgise DT, Belay YM and Sporrang SK (2017). Sildenafil citrate use in Addis Ababa: characteristics of users and pharmacists' dispensing practices. *International Journal of Clinical Pharmacy*, 40:67-73
12. Atikeler MK, Gecit I and Senol FA (2002). Optimum usage of prilocaine-lidocaine cream in premature ejaculation. *Andrologia*, 34:356-9.
13. Vic JM (2004). Specific aspects of erectile dysfunction and its treatment for community pharmacists. *International Journal of Impotence Research*, 16: S50-S52.

14. Smith KM and Romanelli F (2005). Recreational use and misuse of phosphodiesterase 5 inhibitors. *Journal of the American Pharmacists Association*, 45:63-75.
15. Garba D, Abubakar IS, Yakasai IA and Magashi MK (2013). Use of aphrodisiacs amongst women in Kano, Northern Nigeria. *IOSR Journal of Pharmacy*, 01-04.
16. Yovwin D G, Imarhiagbe F A, Obazee E and Oguike T C (2015). Erectile dysfunction in a Sub-Saharan African population: profile and correlates in a tertiary care hospital. *Sahel Medical Journal*, 18:116-20.
17. Olugbenga-Bello AI, Adeoye OA, Adeomi AA and Olajide AO (2013). Prevalence of erectile dysfunction and its risk factors among adult men in a Nigerian community. *Nigerian Postgraduate Medical Journal*, 20: 130-5.
18. Adegun PT, Areo PO, Solomon A, Dada SA and Adebayo BP (2017). Erectile dysfunction in men with and without lower urinary tract symptoms in Nigeria. *World Journal of Men's Health*, 35(2): 107-114. <https://doi.org/10.5534/wjmh.2017.35.2.107>.
19. Braund R, Ratnayake K, Tong K, Song J, Chai S and Gauld N (2018). Pharmacist supply of sildenafil: pharmacists' experiences and perceptions on training and tools for supply. *International Journal of Clinical Pharmacy*. <https://doi.org/10.1007/s11096-018-0622-z>.
20. Amorha KC, Joda AE, Ayogu EE and Ubaka CM (2017). Community pharmacists' assessment of the factors that influence the recommendation of complementary medicines in Lagos state, Nigeria: a pilot study. *West African Journal of Pharmacy*. 28(1): 71-84.