



Performing Humour on Ugandan Buses: Preliminary Insights on the Jokes Performed by Hawkers of Medicinal Products

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This paper examines some of the jokes that hawkers of medicinal products on Ugandan buses crack, with the aim of explaining what it is that the use of humour enables them to achieve as they ride on the buses to sell their wares. I also investigate the passengers' responses to these jokes and the key lessons that we can draw from them. In the third section of the paper, I identify and discuss a few instances when the jokes that hawkers perform fail to achieve their desired effect. Finally, I comment on the work that humour plays as a public health tool regarding the jokes I focus on in this paper. I closely read a few of the jokes performed on the buses and thereafter subject them to a textual analysis in two major areas: the literary devices used in the performance of the jokes, and the effectiveness of these devices in helping the performer (the hawker in this case) to attract the passengers' attention and create an amiable relationship with them as he/she markets his/her medicine.

Keywords: Humour, jokes, performance, hawker, medicinal product(s), bus(es).

Introduction

In Uganda, public transport is organized around six kinds of vehicles: the 5-seater saloon car (usually used for special hire purposes), the 14-seater commuter passenger van which is sometimes called a *taxi* or minibus, the 28-seater commuter passenger van (usually called a *Coaster*), the bus (usually used for long-distance journeys), the *boda-boda* (a motorcycle taxi), and a bicycle (which is used in non-hilly parts of the country). In some of these vehicles, particularly the buses, the notion of entertainment is considered central to doing business; for this reason, they are fitted with DVD players and LCD screens. In the Kampala-Mbarara route buses, which I focus on in this paper, I discovered that almost every bus I used (between June and September 2016) showed several sketch comedies by

leading Ugandan artists like Herbert Mendo Segujja (stage name: Teacher Mpamire), Patrick Idringi (stage name: Salvado) and Anne Kansiime. But there are also live performances in the form of jokes made by hawkers of medicinal products who ride on the buses for part of the journey (usually the first or last 10 kilometres). It is these jokes that I analyse in this paper. I place special attention on the humorousness of the advertisements that hawkers use to sell their products, and not on the extent to which humour enhances sales. Put differently, I examine how humour is produced, and what its deployment in the marketing of medicine on the buses reveals about Uganda's healthcare system.

I am interested in the performance of jokes by hawkers on Ugandan buses for two interrelated reasons, both of which are highlighted by Ebenezer Obadare. The first one is that humour is one of the “means of navigating daily life in Africa” (Obadare, 2010, p. 98); for this reason, it is important that we examine how it works in particular contexts, in this case on public transport, one of the avenues where the hawkers of medicinal products try to eke out a living. The second reason is that “humour remains relatively under-investigated and is still far from seriously regarded” even when it serves many purposes on the continent, including being used to “‘get even with’, and ‘resist’ the power elite and the dominant power relations” (Obadare, 2009, p. 244). Sigmund Freud witnessed a similar paucity of studies on humour during his time, hence his observation, “jokes have not received nearly as much philosophical consideration as they deserve in view of the part they play in our mental life” (cited in Diack, 2012, p. 75). This is perhaps because humour is “a highly complex” phenomenon (Schnurr, 2010, p. 307) and “one of the most difficult subjects to study” (Apte, 1985, p. 13). Besides, it is “inherently ambiguous [in] nature” (Schnurr, 2010, p. 313). David Pier attributes the paucity of humour studies in Africa to “the need felt by Africanist scholars to focus on more ‘serious’ cultural topics in order to combat demeaning, primitivist prejudices about the continent”, hence the tendency to “focus on the grander aspects of African cultures: their cosmologies, kingdoms, millennia-long cultural diffusions, and so on” (2019, p. 132).

This study is important in at least three ways. First, it calls attention to what Berger and Del Negro call “literatures on everyday life” which draw on “forms of expressivity that have been undervalued or neglected (cited in Otiono, 2011, p.385), that is to say, it valorises joke performance on Ugandan commuter buses as an example of a literary genre that Otiono calls “a seemingly simple and commonplace but peripheralized genre of every life” (2011, p. iii). Secondly, it raises pertinent issues that should be of interest to different government departments, one of which is the Ministry of Health of the Republic of Uganda. The fact that medicinal products can be sold in a bus by unqualified or self-proclaimed medical workers of dubious qualifications shows that in this country, mobile unlicensed and unregulated “pharmacies” proliferate. This is quite dangerous as I explain later in the paper. Finally, it highlights the ubiquitous nature of performance in the sense that the corridor of a bus can be transformed into a stage where literary work is enacted in front of passengers upon them being hailed into an audience. I suggest that this notion of a bus as a “stage” is in some sense a way of taking literature/theatre to the people. Looked at in this way, the humour performed on buses is comparable to the experimental travelling theatre of Makerere University in the 1940s to the 1960s. The idea of this project was to take drama to the people: students and staff performed plays in particular towns and villages, usually in open theatres (Cook, 2000; MacPherson, 2000; Kayanja 1967). The project was so successful that it led to the birth of similar projects in East Africa, for instance the Nairobi Free Traveling Theatre started, among others, by the late Ugandan playwright and poet, John Ruganda.

There is a similarity between this notion of a traveling theatre and the humour performed on buses, I argue, as both aim at reaching people who would not most likely go to a theatre. It is important to underline, then, that the use of the bus as a theatrical space is a noble re-conceptualization of performance, particularly when we remember Ngũgĩ's

contention that there is no such thing as an empty space since every performance space “is always the site of physical, social, and psychic forces in society” (1997, p. 13). In this study, I show how the bus’s corridor is turned into a performance space where particular social themes are tackled and communicated to the passengers, who constitute both the audience and the clientele.

Research Methodology

In this study, I chose an interpretivist paradigm since I sought to understand the viewpoints of the subjects I studied—the hawkers of medicinal products on Ugandan buses and the passengers whom the hawkers wooed to buy their wares. The choice of this paradigm was motivated by the fact that it enables a deep interest in the “participants’ views of the situation being studied” (Cresswell, 2003 p. 8).

My approach to this study was qualitative because it “involves observation and interpretation of events” and takes on a “holistic perspective which preserves the complexities of human behaviour” (Black, p. 425). Such an approach was ideal since the aim of the study was not to generalise the findings to populations, but to glean an in-depth understanding of the ways in which the hawkers deploy humour as they do their work, and the benefits and challenges that come with this.

My research design was descriptive as I was interested in explaining different aspects of the dynamics of vending medicinal products on buses, for instance the kind of jokes the hawkers crack as they sell their wares, the different styles they employ to perform the jokes, the responses of the passengers to these jokes, and the implications of the jokes on the sales.

The route I chose for the study is the Kampala-Masaka road which Vokes calls “the busiest intercity highway in Uganda” (2019, p. 306). It has several bus lines, the most popular one being Global Bus which plies the Kampala Capital City-Mbarara City route, with a fleet of more than 86 buses (Shabomwe, 2020, n.p). This route is representative of the others regarding the practice of hawking medicinal products on buses, with humour serving as a marketing strategy. In fact, it is common to see a hawker work on more than one route, cracking the same jokes that he or she has performed elsewhere.

I used three major research collection methods—observation, individual interviews and close reading. I observed the hawkers as they advertised their medicinal products on the buses using the strategy of joke performance, and the passengers as they responded to the jokes. The objective was to understand the link between humour and marketing. I interviewed ten hawkers in order to understand why they crack particular jokes as they market their medicinal products. I also interviewed five bus conductors to identify the reasons as to why they allow or forbid hawkers on their buses. Finally, I interviewed ten passengers to appreciate their attitudes and reactions to the jokes performed by the hawkers. All these respondents were purposefully and conveniently selected in the sense that they had first-hand experience of the subject under study and were available to be interviewed, respectively. While the total number of respondents is low (just 25), I believe that this did not affect the quality of my findings since I was interested in “the depth of case-oriented analysis” that is fundamental to qualitative inquiry (Vasileiou, Barnett, Thorpe, and Young, 2018, p. 2).

I also employed close reading as a data collection method. I read and re-read the jokes cracked by the hawkers in order to understand what they mean and the work they do in facilitating the marketing of medicinal products on buses. I do this with the context within which the business transactions between the hawkers and the passengers take place, since there is a direct link between subject matter and context. In any case, “humor is often context-specific” (Vuorela, 2005, p. 119). I pay careful attention to the actions of both the hawkers and the passengers, for instance the verbal exchanges between them as I examine the role that the jokes play in the marketing of medicinal products. Furthermore, I closely

read secondary sources—both print and electronic—on humour, performance, and itinerant vending of goods in order to enrich my interpretation of the primary texts I am working with, that is to say, the jokes as performed by the hawkers.

Data analysis involved “not only understanding the surface meaning of the sentences [carrying the jokes, in this case], but comprehending the deep underlying meanings within and connections among them” (Kusch, 2016, p. 30). This required me to identify the meanings of the jokes that the hawkers performed and to examine the different ways in which the passengers responded to them, either with laughter or disdain, as well as explaining the reasons behind these disparate reactions.

The research was conducted in an ethical way as guided by particular considerations. I received consent from the hawkers, conductors, and passengers for interviews, upon explaining the purpose of the research. I respected the decision of those people who did not want to be interviewed. For those who accepted to be interviewed, I ensured that no individual-identifying information was used as I kept all the responses anonymous. I also secured their permission to call them on their cell phones for follow up questions should the need for further probing arise.

Understanding Uganda’s Health Context

The modern health sector in Uganda is composed of four types of facilities: hospitals and health centers graded as level 4, level 3, and level 2, which can be government, private for-profit, or private-not-for-profit operated and owned (Katusiimeh, 2005, p. 91). The country’s health infrastructure, according to Health ministry estimates, “consists of 6,937 health facilities of which 3,133 (45.16 per cent) are government-owned, 2,976 (42 per cent) are private for profit, with majority of them being in Kampala and the central region—and the rest are private not-for profit” (Musisi, Ashaba, and Kitunzi, 2021, n.p). “With low ratios of physicians to population (0.1/1,000 people) and hospital beds (0.5/1,000),” writes David Bell et al., “Uganda has a relatively fragile health system with limited capacity to expand critical care services” (2020, p. 1192). This fragility is characterised by serious challenges like

unlicensed facilities, poor waste management, poor infection prevention and control practices, inadequate PPEs, poor prescription practices, poor record keeping, inadequate qualified staff or the services offered, and poor laboratories often providing inaccurate results, which all affect patients and caretakers in one way or the other. (Musisi, Ashaba, and Kitunzi, 2021, n.p).

In 1994, the Government introduced user fees. This was at the instigation of the World Bank which pushed for what it called market reforms based on four cardinal market principles:

Individuals, charities, and private organisations should be made responsible for health care; Public funding of health care should be restricted to health promotion and prevention of disease; the Central government’s role should be restricted to policy formulation and technical guidance, with delivery of services left to the private sector and local authorities; and the private sector and non-governmental organisations should be supported to become the key providers of health and social services. (Okuonzi, 2004, p. 1173)

This model led to poor people being unable to afford quality medical care, thereby leading to “a dramatic drop in take-up of health services” (Okuonzi Okuonzi, 2004, p. 1173). This has been compounded by several challenges like political interference in the hiring of people to senior positions in the ministry of health which has seen “inexperienced junior officers appointed to the influential positions of Minister, Permanent Secretary and Director General of Health Services” (Mbonye, 2018, p.120). Besides, there are high levels of abuse of office through the stealing of public funds meant to improve the quality of

healthcare—what Everd Maniple calls “deliberate wrongdoing which has become a norm” (2011, p.vi). This vice is hard to fight because of “the dictatorial nature of the government in power, [which] by restricting political freedoms, makes accountability for delivery of health service almost non-existent” (Katusiimeh, 2005, p. 102).

When the Covid-19 pandemic struck the country in March 2020, it

exposed the fragilities of the country’s public health system long ignored by policy makers who routinely seek treatment at private hospitals or travel out of the country for treatment at first world hospitals where billions of shillings of taxpayer funds are spent annually to secure their treatment. Hospitals were stretched to the limits, compelling some to limit treatment to only Covid-19 patients barring others with diseases such as malaria, cancer, tuberculosis and heart diseases. (Musisi, Ashaba, and Kitunzi, 2021, n.p)

This situation is exacerbated by “weak state capacity in ensuring that laws be implemented and health services be regulated to ensure effectiveness across the board (Katusiimeh, 2005, p. 91). This partly explains why there are hawkers of medicinal products in the country even when there are national bodies like the National Medical Stores whose mandate is to procure, store and distribute essential medicines and medical supplies to health facilities in Uganda¹ and the Uganda National Bureau of Standards whose mandate is to develop and promote standardisation, quality assurance, laboratory testing, and metrology to enhance the competitiveness of local industry, to strengthen Uganda’s economy and promote quality, safety and fair trade.² As a matter of fact, the informal supply of medicinal products to the population is a common practice in Uganda. In a research on children’s perspectives on common diseases and medicines used in Ugandan Primary schools, the children revealed that the medicines they used came from multiple sources, including “friends in the dormitories, clinics, school canteen, pharmacy nurse, and home”, with a special focus, among the boys, on “the importance of a fellow pupil called ‘the herbal man’ who was a vital source of medication to ill boys in the Dormitory” (Akello, Ovuga and Rwabukwali, 2007, p.77). In the next section, I focus on how the hawkers of medicinal products take advantage of the dire health situation to provide informal medical services to the public in the form of supplying medicines, using humour as a marketing strategy.

Selling Medicinal Products Through Humour: Reading Selected Jokes Performed by the Hawkers

To attract attention to their merchandise, the hawkers employ humour which, as Vuorela observes, “comes in many forms—narrative jokes, nonsensical slapstick, irony, and sarcasm, to name but a few” (2005, p. 106). Through humor, “we identify ourselves with a particular people who share a set of customs and characteristics” (Vuorela, 2005, p. 120) and a set of needs. In the context of this study, the shared characteristic could be the precarious health infrastructure in the country while the shared set of needs could be the quest for medical supplies to heal troublesome ailments. Vuorela suggests that it is useful for business negotiators, in our case the hawkers, “to be aware of the possibilities of using humor strategically in business negotiating” (2005, p. 127). To be able to do this, the hawkers need to know how to engage their potential clients, the passengers on the bus, since the act of performance (cracking a joke, for instance) is a form of situated behaviour “rendered meaningful with reference to relevant contexts” (Bauman, 1975, p. 298), which

¹ See <https://www.nms.go.ug/index.php/about-nms> accessed September 11, 2021.

² See <https://www.mtic.go.ug/uganda-national-bureau-of-standards/#:~:text=Mandate%3A%20The%20UNBS%20mandate%20is,quality%2C%20safety%20and%20fair%20trade> accessed September 11, 2021.

include “setting, act sequence, and ground rules of performance,” with the last item owing to the fact that “[a]s a kind of speaking, performance will be subject to a range of community ground rules that regulate speaking in general, but there will also be a set of ground rules specific to performance itself” (1975, p. 299).

From my experience, the rules in the bus relate to civility and sociality. The hawker is expected to greet the passengers as politely as he or she can, congratulate them on whatever they have been up to (for instance successfully attending work-related meetings and visiting relatives), and ask them for permission to speak. The hawker will increase his or her chances of winning the good will of the passengers by wishing them a safe journey to their destinations. Sometimes he or she will say a prayer for them, usually in the fashion of Pentecostal spirituality characterised by a focus on victorious living and economic and financial prosperity, which as David Maxwell observes, is a way of offering “hope to those suffering from a sense of personal abjection created by the shattered hopes of independence and the elusive promise of modernity” (2005, p. 4). This is similar to what Yusuff reports in Nigeria where one of the key strategies that itinerant vendors use to win acceptability among the passengers in buses is to say “prayers against death of the passengers from road traffic accidents, and against contracting diseases of the physical and / or meta-physical origins (2011, p. 131).

There are a number of stock jokes that the hawkers of medicines crack on the buses. One of these features children who have not been dewormed in a long time, so much that their bellies get distended. Because these children do not know what is happening to them, they start bragging that they have become *mafuta mingi* (Kiswahili for “lots of fat”), a literal reference to affluence and good living. This notion of a *mafuta mingi* comes from the presidency of General Idi Amin (1971-1979) and refers to members of the military and political class who suddenly found themselves rich when Amin expelled much of the Asian community from Uganda and distributed their (the Asians’) properties to them (Wakoko and Lobao, 1996). The beneficiaries of this Economic War (as Amin referred to the expulsion) developed bulging chins and bellies, thereby earning themselves this nickname.

This joke usually sends passengers laughing because of the irony it is built around: a worrying medical condition is mistaken for something nice to boast about. The audience wonders at the ignorance of these children who are unable to realize that they are patients who require urgent medical attention, not rich people whose bellies have bulged out due to affluent living. The parents of these children are also indirectly ridiculed for neglecting their primary responsibility of ensuring that their offspring are healthy. But the joke also tells us of the poor state of the health sector in Uganda. If the country had a good health system, there would certainly be no children with distended bellies, and neither would the bus be the place where people buy their medicinal products, moreover without any diagnosis or prescription. The joke is therefore a reminder that Uganda’s health sector is in shambles characterized as it is by what Knudsen politely calls “limited choices” (2003 p. 253).

A similar joke told by the hawkers of medicinal products is about a child who suffers from a fungal infection that creates growths in the hair which look like legal tender in the form of a steel or copper coin, hence the Luganda name for this condition, *ebisente* (money). Conflating these growths to actual money, the child’s playmates congratulate him/her upon getting rich. This joke is told by the hawkers when they are advertising a cream that purportedly cures the fungal infection in question. Like in the first joke, its humor lies in the irony surrounding the boast, for the listener is aware that the coin-like growths that the infection creates are something to worry about, and not to be proud of. But the hawker also employs satire, which Abrams and Harpham define as “the literary art of diminishing or derogating a subject by making it ridiculous and evoking towards it attitudes of amusement, contempt, scorn or indignation” (2012 p. 353). The children are being ridiculed as being naive or foolish for rather than get worried about their condition, they

take it as something to be proud of. Their parents are also ridiculed for being quite irresponsible as they look on as their children's medical condition remains unattended to.

The above jokes were successful in the sense that they sent most of the passengers in the bus laughing. One of the reasons that explain this success is that the context in which the jokes are performed is understood by the passengers: They know the origin of the term *mafuta mingi* and therefore the connotations it carries, and they also know the fungal infection the hawkers are talking about. They are therefore able to get the joke, since their knowledge of the context makes them “capable of analyzing the cognitive frames presented by the actor” (Beeman, 1999 p. 103).

Besides, the jokes made it possible for the hawkers to catch the attention of the passengers, since this is one of the uses of humour in advertising (Weinberger and Gulas, 1992). Núñez-Barriopedro, Klusek and Tobar-Pesántez make the same observation when they state that humour is one of the tools that advertisers use “in an attempt to improve statistics, attract more consumers as well as capture the customer's attention, their attitude towards the advertisement, and above all, their attitude towards the brand” (2019, p. 1). This is important given the fact that often, passengers, just like municipal governments, consider hawkers a nuisance (Fadaee and Schindler, 2017, p. 61). Cracking jokes is one way through which the hawkers try to mitigate the passengers' animosity towards them, with the hope that they will accept them on the bus. In other words, comedy is one tactic they employ to win acceptability among the passengers. It is—literally speaking—the hawker's ticket to enter the bus and ride on it. One passenger had this to say on this matter:

Humour grabs the passengers' attention. Some people end up engaging the sellers of medicinal products in discussions or questions. Because of the use of humour, people end up being provoked to take interest in the product. I sometimes get tempted to look at their products. I have noticed that some passengers will give the hawker some money because of his or her comedic performance, even when they have bought nothing. A boring hawker will speak to himself or herself without any passenger bothering to look at him or her; a humorous one has more chances of being listened to and of being engaged in the form of questions.

A different respondent had more or less a similar view:

Every type of business requires a set of tactics to use to market a product to a people. When you have a sense of humour, you talk to people easily, and connect with them. These hawkers go to the people to sell their products; they need to talk with some humour in order to connect with them. Some people might not buy what you are selling, but because of the joke you cracked, they could buy from you in future. Humour enables the seller to make friends on the bus, and this could be useful in future. A humorous hawker can even receive referrals: someone might tell a friend about his or her jokes and about the medicinal products he or she is selling, which could come with business.

In other words, humour makes the hawkers acceptable to the passengers, to the extent that even those who have no intentions of buying any product keep hooked to the performer, or even pay him or her a tip, because of the jokes he or she is performing. The act of cracking jokes therefore becomes an aesthetic in its own right, with the passengers (or at least some of them) becoming an ardent audience that recognizes the hawkers as artists, since their act of joking “calls forth special attention to and heightened awareness of the act of expression, and gives license to the audience to regard the act of expression and the performer with special intensity” (Bauman, 1975, p. 293). It is no wonder, then, that many researchers have suggested that humour is important in initiating, “developing, negotiating, and maintaining essential interpersonal relationships” (Serafini and Coles, 2015, p. 637), since it breaks the ice, so to speak, and bridges the gap between human beings. It could also allow humans to “become more tolerant and sympathetic of others, and live a more enjoyable life” (Serafini and Coles, 2015, p. 638), in the sense that something precious (a good joke) comes out of the encounter between the hawker and the

passengers, even if nobody buys the medicinal products that the hawkers are advertising or marketing.

One respondent explained how humorous advertising can drive up sales:

The jokes are entertaining, so they relax the people as they travel to their destinations. This makes the journey shorter, in some way, since the joke-performers break the monotony of the bus droning on and on, without any other activity taking place. But the jokes also invoke curiosity, as the passengers may inquire from the hawker if it is true that the medicinal product that he or she is selling heals the diseases that he or she claims they do. This inquisitiveness can drive up the sales. Sometimes there are those people who will buy the product not because they believe that it is as good as the seller claims it to be, but because they are compassionate. Since the seller has cracked many jokes that have made them laugh, the passengers end up buying the product for the sake of the performance, so to speak, and not necessarily because it is a good product. The jokes, as a form of knowledge, can provoke some passengers to carry out research on the efficacy of the medicinal products being advertised.

The above idea—that some passengers may buy the product not because it is medically efficacious but because it has been advertised humorously—is insightful, as it highlights the power of art in the marketing of products. It points to the economic value of humour: The more successful at comedy the hawker is, the more he or she will likely sell his or her products. This is not surprising as comedy has become an important industry in the country. Indeed, the last decade has seen significant increase in stand-up comedy enactments in Uganda, with different shows around the country and especially a weekly event hosted by Alex Muhangi at the Uganda National Cultural Centre in Kampala called the Comedy Store Uganda, which is aired on NTV Uganda every Tuesday. In fact, Uganda boasts of an array of renowned comedians; for instance, Anne Kansiime (who is known across the continent for her social media comedic skits), Akite Agnes, Salvado, MC Mariachi, and Teacher Mпамire, among others, perform jokes to the delight of myriad audiences.

However, this notion of people buying medicinal products because of the jokes the hawkers perform, and not because of what they consider its efficacy, raises a serious issue: humour can mislead. It is to this point that I now turn.

When Humour Misleads: On the Limits of the Jokes that the Hawkiers Crack

There are times when the jokes cracked by the hawkiers fail. To Bell, failed humour refers to “any utterance that is intended to amuse, but that, for any reason, is unsuccessful in doing so” (2017, p. 356). For Vine, Kell, Marra and Holmes, “[h]umor is considered to have failed if no-one indicates that they have found it funny, even if the person making the joke intended to be amusing.” (2009, p. 127). In the study, one of the jokes that failed was about a woman whose feet are said to have cone-like growths that tear bedsheets and blankets at night, making her husband buy new beddings every month. Such women, the hawker said, need to buy one of the products he had in store—a certain medicinal cream—so that they restore the smoothness of their feet. This way, they will save their husbands the discomfort of sharing beds with someone with damaged feet and the expense of buying new blankets every month.

One furious female passenger demanded to know from the hawker if the problem of cone-like feet was limited to women, and if all blankets in homes were bought by men. Before long, most female passengers were calling upon the bus conductor to eject the hawker from the bus for disrespecting women. When I asked the furious female passenger why the advert had offended her so much, this is what she said:

Many of the jokes these people crack are stale, and not worth a penny. Look at this one he has been cracking. It is stereotypical and disrespectful to women. It presents the woman in

morbid terms: There is something sick about her feet. Yet I have seen more men than women with feet like the ones he describes in the joke. If you do not challenge this, he will go on investing in stereotypes and embarrassing women every time he has an opportunity to. Besides, he mistakenly thinks that all beddings in homes are bought by men. The world has since moved on, and many women have become capable heads of families and households. By imagining the woman to be depending on her husband, the hawker errs, and he has to be brought to order lest he continue spreading misogyny everywhere he goes.

This response is similar to the irritation some passengers expressed at an advert of a remedy for Urinary Tract Infections (UTIs). The hawker exaggerated the way the female sufferers of UTIs scratch themselves in their private parts owing to the itching and discomfort caused by the infection. Some passengers, particularly the males, found the dramatization humorous, owing to the exaggeration and paralinguistic resources like facial expressions and gestures that the hawker used, but to some women, the advert was offensive because it was given in bad faith (since UTIs are not a laughing matter), besides it being sexist (targeting women). This response by the women brings to mind Cooper and Dickinson's observation that the deployment of humour comes with "the risk of reducing the importance of the message or of the interaction veering into mocking" (2013 p. 230) and that "humour can alienate and push people away from the discussion if [it] is viewed as being out of place, inappropriate or unnecessary" (p. 232). It is significant that the female passenger called the male hawker out since "[s]exist humor may be more difficult to confront than serious expressions of sexism because humor disguises the biased nature of the remark" (Mallett, Ford and Woodzicka, 2016 p. 272).

The responses further make it clear that performing jokes on a bus is not an easy task, particularly when the hawker does not ensure that he or she is politically correct as far as certain ideologies (in this case feminism) are concerned. It might be true that "[h]umor gives broad license to the humorist, allowing statements that, if delivered in a serious manner, would not be tolerated" as Gulas, McKeage and Weinberger (2010 p. 116) argue, but there are situations where the audience takes exception to this broad license and actually goes ahead to censure the humorist. By doing this, the audience ensures that its silence on the issues it finds problematic is not mistaken for supporting the viewpoint given in the joke since "[b]y laughing at or ignoring a humorous attack, the target tacitly supports or accepts it" (p. 116).

Sometimes, the issue at hand is not offense, but outright misinformation. This usually happens when the hawkers deploy humour to exaggerate the efficacy of a particular medicinal product that they are selling. One such instance concerns the *mondia whytei* root (Luganda name: omulondo) which is said to cure erectile dysfunctions in men and is "popularly linked to the management of impotence problems" (Agea et al., 2008 p. 400) and "chewed as a sexual stimulant" (Agea et al., 2008 p. 402). The hawkers give it praise names in exaggerated, but humorous ways, that usually make the passengers in the bus laugh. These names include: the helper of sad bedrooms, the roar of the bedroom, the miracle cure, the waker of sleeping lions, and the bringer of children in sets of two or three. While Agea et al. find that majority of the consumers (94%) believed that the medicinal "root has an aphrodisiac effect" (2008, p. 402), it is possible that this belief is a result of the literary art used to market it, in this case the use of nomenclature. This implies that it is possible for humorous advertising to lead to what Shabbir and Thwaites call "deceptive advertising" which Aditya conceptualizes as being "any act, claim, or message that (a) causes at least some consumers acting reasonably to make decisions that they would not otherwise make; (b) leads at least some consumers acting reasonably to believe something about the product, brand, or manufacturer that is not verifiably true; or (c) has the potential to foster distrust of any kind, general or specific, or in other ways cause an erosion of ethical values deemed desirable in society" (cited in Shabbir and Thwaites 2007, p. 76). Shabbir and Thwaites explain how the use of humour can be dangerous as far as spreading misinformation is concerned:

The framing of humor with deceptive claims allows an association between the two such that if consumers do consciously process the deceptive claim, they are more likely to prime this potential deceptiveness with the humor. Therefore, even if the consumer did acknowledge the deceptive claims, he or she would be less critical, given the “feeling of well-being” generated by the humorous content of the ad. Humor serves to mediate the severity of the deceptive claims by concealing it through masking. (Shabbir and Thwaites 2007, p. 82).

The point I am making is that humour is a double-sided sword that is potentially dangerous, as the liveliness that it makes possible can also mask the false nature of some of the claims that the hawkers make regarding the efficacy of the medicinal products they are selling. It is no wonder that in one of Uganda’s languages, Luganda, a theatrical performance like the one that hawkers are involved in (cracking jokes) is referred to as *katemba*, a word that means, among others, “foolery” and “illusion,” with “implications of aspects of entertainment, impersonation and role-play” (Kasule, 1998 p.42). If we look at the hawker of medicinal plants from a performative perspective as I am doing in this study, he or she is a harmless entertainer who makes passengers laugh as he or she makes fun of those people who needlessly suffer from diseases for which there is a cure. But if we look at him or her from a pharmacological perspective, the hawker of medicinal products is quite dangerous, since there is no proof that the wares he is selling are safe to use, or as efficacious as he or she claims them to be. For this reason, the words that Kasule identifies with the theatrical performer or performance (foolery, illusion, and impersonation) take on new meanings as they become a warning to the passenger in the bus that the “miracle” healing powers bestowed on the products on sale may be illusory since the hawker is impersonating the formally trained pharmacist.

One of the respondents made a similar point when he commented thus:

Some comedies are propaganda-based; for this reason, some hawkers make false claims: that their medicinal products heal every disease. If a medicinal product is said to heal every disease, it is possible that it does not heal any. It is one thing to be a humorous seller of medicinal products; it is quite another to have genuine products that heal the diseases you claim them to. I have bought several products that were supposed to help me get rid of many ailments, but this has not happened; the ailments have remained with me. It is one thing to market a product with humour; it is another for that product to be a good one.

Finally, there are issues of dosage and expiry date to worry about as well as the fact that “nobody is aware of the procedures engaged by the producers” of the medicinal products on sale, be they herbal or otherwise (Azila-Gbetor, Atatsi and Adigbo, 2014, p. 41). However humorous the hawker of medicinal products may be, this does not take away the fact that most of their products do not have specifications of dosage and expiry dates, both of which have a bearing on efficacy.

Humour as a Public Health Tool: What the Jokes the Hawkers Crack Reveal about Uganda’s Health Sector

All over the world, the arts are employed successfully “as a way to engage community populations in improving wellbeing, health literacy, and access to healthcare services” (Sonke and Lee, 2016, p. 109). In Africa, “the arts have been used in health practices since at least the pre-colonial era,” with Uganda having “a unique history among nations in using the arts in biomedical settings” (Kasule, Kakinka and Sonke, 2016, p. 123). Some of the arts that have been used to communicate health messages to the Ugandan population include orature (Kahyana, 2013), music, dance, and drama (Kasule, Kakinka and Sonke, 2016), theatre (Sicherman, 1999), and sculpture (Nabulime, 2011). While this study is not primarily about the arts as a medium of health communication, it examines how hawkers

of medicinal products use humour, an art form, to market their products to the passengers on public buses.

Michael Mulkay observes that “[h]umour is of interest, not only in its own right, but also because its study helps us better understand our serious social world” (cited in Simpson and Snow 2017, p. 78). This means that if we look at the jokes that the hawkers tell, we can get a fair understanding of some of the key issues that relate to Uganda’s health sector. For this reason, Cooper and Dickinson’s observation that humour “keeps conversations moving; and acts as a gateway to discussion of taboo, personal and private subjects that lie at the core of effective peer education” (2013, p. 229) is helpful here.

Indeed, from the jokes examined so far, there are a number of issues that arise about Uganda’s health sector. One of them is the easy access to medication. The fact that someone can buy medicinal products from a pharmacy or herbal clinic and vend it anywhere he or she finds potential buyers, be it a street or a bus, is a little disconcerting. The mechanisms in place to regulate the operation of the pharmaceutical sector are weak. One of the unfortunate implications of this is that “Uganda is one of the countries where prescription-only drugs, including antibiotics, can be obtained over the counter” (Mukonzo et al., 2013, p. 303). This is an area that both the Government of Uganda and the Pharmaceutical Society of Uganda need to work on to ensure that sensitive medicinal products are not sold in a *laissez-faire* fashion. This is not to suggest that the vending of medicinal products should be banned; rather, I propose that there should be categories of medicines that the hawkers can sell without the requirement of a prescription, and those that should only be accessed at a pharmacy upon presentation of a prescription from a medical professional, say a physician. Besides, there is a need for some minimum qualifications that vendors need to have (say some basic training in medicine or pharmacology) and some minimum standard operating procedures they should follow when they are selling medicinal products.

The second issue is the possibility of fake or low-quality medicines being sold to unsuspecting citizens. If the selling of medicinal products is not regulated by the government and professional bodies, then the quality of the products cannot be guaranteed. We have seen this problem during the Covid-19 pandemic, when 800 people were injected with a fake vaccine that turned out to be water (Tumusiime, 2021, n.p). Azila-Gbettor, Atasi and Adigbo report a similar scenario in Ghana, where patients are exposed to medicines that “have not undergone clinical tests to authenticate their safety [and] efficacy” (2014, p. 41).

Related to this is the cost of the medicinal products. Since there is no government body or official who is looking into the way their business is run, it is possible that the hawkers will charge exorbitant prices for the medicinal products they are selling, particularly those that may have a high demand among the buyers. Indeed, one of the conductors I talked to gave the above reasons for not allowing hawkers into his bus: He is not sure of the quality of the medicinal products they sell (where these products were manufactured and their expiry dates) and he believes that some hawkers over-price their items.

The other issue the hawkers’ work raises is access to healthcare. The fact that the bus corridors have become a medical centre, so to speak, where the passengers learn about different medicines that treat the illnesses afflicting them or their relatives shows that there is a gap in public health messaging/marketing in Uganda, since this information should ideally be available at a nearby hospital or health centre or on mass media channels like radio and television. Many people are hungry for information on the different diseases that are rampant in the country (diabetes, hypertension, skin infections and so forth). It is partly because of this (besides the use of humour) that they ardently listen to the hawkers as they advertise their medicinal wares. If the passengers had access to public health information and healthcare facilities (both private and public) where they can receive medical attention for any ailment whenever the need arises, they would not take the hawkers seriously.

It is significant that the hawkers perform their jokes in a local language, Luganda. If we accept Ngũgĩ wa Thiong'o's view that the continued use of English and other European languages in African literature is a clear case of mental colonization which robs African languages of vitality since African writers enrich European languages instead of their own (1986; 1998), then we need to commend these hawkers for working in their local languages, usually Luganda and Runyankore. This gives those passengers who did not go to school an opportunity to follow the conversation and to enjoy the humour being performed, the way the use of Pidgin does in the Nigerian setting (Raheem, 2018, p. 80).

It is worth remembering that Ngũgĩ's stance on the use of English and other European languages is informed by Nigerian critic Obiajunwa Wali's polemical article "The Dead End of African Literature?" A response to the proceedings of the June 1962 conference for African writers of English Expression held at Makerere University, Uganda, Wali argued that "African literature as now understood and practiced" leads to a dead end because it "is merely a minor appendage in the mainstream of European literature," lacking "any blood and stamina" (1963, p. 13). Oriented towards English-speaking European and American countries and the few college-educated Africans, such literature—Wali contends—excludes most African people who have not had the fortune to acquire European education. Besides, it hinders the development of "a truly African sensibility" since Africa's most talented writers are busy enriching European literature (1963, p. 14). While the hawkers discussed in this paper do not have this ideological reason for using Luganda or Runyankore rather than English as the medium of their work, I would like to emphasize that their choice of a local language enables them to speak directly to the passengers-as-clients without necessitating a translator. This not only fosters effective communication between the itinerant, traveling "pharmacists" and their clients, but also addresses the problem of disharmony between contemporary medical education and practice and competence in using African languages (Yusuff and Fadaïro, 2019). If the guiding principle of medical practice is to "give patients the information they want or need to know in a way they can understand [and] make sure that arrangements are made, wherever possible, to meet patients' language and communication needs"—to take an example from the United Kingdom's The General Medical Council (GMC) (Sim, 2019, p. 311)—then the use of a local language in the selling of medicines on a Ugandan bus is laudable.

Conclusion

This paper has shifted the gaze from the hawkers of medicinal products as a menace (Adum, Ekwewchi, Odogwu, and Umeh, 2019) and, instead, focused on their identity as performers in their own right whose performances (as itinerant, informal pharmacists and comedians) constitute what Otiono (2011) recognizes as "a site of agency in the social and political dynamics of the postcolony, and also [...] a site of creativity" (p. 5). True, some of the medicinal products they sell could be of dubious efficacy, but this is not the major point I am making, which is that it is precisely because of their mastery at cracking jokes that they are able to sell products of doubtful quality to the passengers, moreover at a price usually higher than one finds in pharmacies or supermarkets.

Notwithstanding the strengths of this study, there are some limitations. The major one is that the jokes discussed here are few, so they do not give a wide picture of how the hawkers on Ugandan commuter buses use humour to market their products. A larger study on the subject requires the collection of more jokes from the buses plying different routes in the country (Western Uganda, Northern Uganda, Eastern Uganda, and Central Uganda) and in different languages. Such a project will also include interviews of more passengers and conductors on these buses on their perceptions and attitudes to the hawkers of medicinal plants and the jokes they perform. Additionally, my study has not dwelt on the extent to which the humour deployed in the advertisements informs the decisions of the

passengers. This is an area worth pursuing in the future, as it will provide a clearer picture of the economies of humour in the marketing of health products.

Overall, this study aims to provoke different government departments to closely examine the way they operate, with the aim of improving service delivery. Certainly, something needs to be done about the proliferation of informal if not unlawful mobile pharmacies, where different medicinal products are sold without any prescription. The study will hopefully attract the attention of the Ministry of Health to the potential perils of self-prescribing that several studies (for instance Moberly, 2014 and Fang, 2014) address, some of which are the development of drug resistance (Akello, Ovuga, Rwabukwali, Kabones and Richters, 2017), and provoking “adverse drug reactions”, delaying or masking “diagnosis of a serious underlying medical problem” and increasing “the risk of potentially harmful drug-drug or drug-disease interactions” (Yusuff, 2011 p. 129). While self-prescription need not be totally disallowed since some scholars consider it a patient’s right to self-medicate (Flanigan, 2012), there is need to regulate it since it can be abused for monetary benefit by the hawkers who attribute infinite healing powers to every product in their hands. Besides, the Ministry of Health needs to put in place regulations to ensure that the hawkers of medicinal products are registered and trained about the relevant facts on the wares they sell so that they do not mislead their clients. Such facts could include the products’ “precise dosing, side effects, potential interactions with food and other drugs, shelf life, storage, contraindication and also precautions to be taken while using the[m]” (Lutoti, Iberet, Kwiringira, and Kazibwe, 2013, p. 85). Finally, the recommendation made by Adum, Ekwenchi, Odogwu, and Umeh—that “[t]here should be an arrangement by concerned agencies to liaise with intercity commercial bus owners and drivers to check and discourage in-vehicle medication drug hawking” (2019 p. 57)—makes a lot of sense, given the dangers that unregulated hawking of medicines poses to the public. Perhaps the Transport Licensing Board of Uganda should consider withdrawing licenses of those buses that allow (unlicensed) hawkers of medicinal products on them.

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