

Conversation Codes in Selected Nigerian TV Health Talks

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ABSTRACT

A conversation entails the exchange of thoughts, ideas, emotions and questions between two or more individuals for a purpose. Conversation in the 21st century may be physical or blended. Studies have investigated discourse in friendship, negotiations, classroom and literary texts for interpretations, but little attention has been paid to the health talk in the recent time in Nigeria despite its significance in the post-Covid era. Few available linguistic analyses concentrated on doctor-patient interaction with less attention to those who are healthy at the moment but may need precautions to remain hearty. The laxness in a linguistic study on health will continue to create a gulf between health and linguistic analysis. Linguists need to engage in health jargon for proper exposition and linguistic simplification. Therefore, this research aims to analyze conversational codes in selected Channels TV health talks in Nigeria. With the application of the conversational codes by Harvey Sacks. Qualitative analysis is employed to interpret conversational codes in the data selected for the study. Out of the different episodes on Channels TV daily, five episodes on hypertension, COVID-19, heart attack, diabetes and sickle cell disorder constitute the data. The study explores the theory of conversation analysis by Harvey Sacks. The approach investigates communication systems and how discourse is constructed toward achieving the ultimate goal of interaction among discussants with minute overlaps. The study qualitatively examines turn-taking, adjacency pair, sequence, repair, opening and closing. Insight from Sacks' approach reveals that turn-taking is frequently used in the episodes with varying percentages (35-40%). Turns are flexible, and they could be determined by the host or the guests depending on the background exposure of the host to health matters. The use of fillers varies from speaker to speaker with percentages. Socio-cultural roles affect turn construction management. The hosts often ask more questions than the guest, depending on the information the guest supplies, which determines follow-up questions. Theoretically, this study can support the theory of conversational analysis- of conversational codes. The study can be a reference for applied linguistics research insights to account for telephone calls, political interviews, classrooms and debates.

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1. Introduction

Advances in science and technology stimulated the interest in communication. The development of technology has suggested humans as communicating creatures. Among the first inventions of technological ingenuity were the telegraph and the telephone, followed by wireless, radio, and telephoto devices. The development of popular newspapers and periodicals, broadcasting, motion pictures, and television led to institutional and cultural innovation that permitted efficient and rapid communication between a few individuals and large populations. This media has been responsible for the rise and social power of the new phenomenon of mass communication. Communication has been studied from different viewpoints. For example, conversation analysis (CA) is an approach to discourse derived from ethnomethodology, an area within sociology initiated by Harold Garfinkel. CA was initially applied only to conversations of different contexts, most notably by its founders (Harvey Sacks, 1972). However, conversation analysis helps analyze classrooms, courts, broadcasting, surgeries, and police station conversations. Conversation analysis seeks to discover how individuals make sense of social order, thus standing out from other branches of sociology that study social order closely. More specifically, CA looks at the way(s) participants in an intelligible conversation construct systematic solutions to organizational problems. The interest in the methodology used by individuals in conversation is part of its ethnomethodological heritage. Garfinkel (1977) uses ethnomethodology as a tool for investigating

Conversation analysis commences with an analysis of everyday conversation and shifts to institutional talk. However, television broadcasting has specific characteristics that differentiate it from most institutional forms of discourse. Its structural phenomena shows are produced via the air, satellites, cable, or the internet and are typically viewed on screen. In addition, conversation based on the interaction between people in a conversation can reveal aspects of cultural conventions and social roles. Therefore, conversation analyses help to consider both linguistic and non-linguistic features (especially in audio-visual conversations). The significance of CA helps to understand how conversations are structured. Several conversations between doctors and patients have been explored for linguistic analysis. Some of these studies have created awareness about how doctors and nurses should empathize with patients for fair treatment, but attention needs to be drawn to healthy Nigerians. Programs that discuss health-related issues and how one could take care of his health should receive more investigations for attention and widespread because the outbreak of COVID-19 has made everyone conscious of their health. There is a need for linguistic engagement in public conversations on health matters since little scholarly attention has been paid to health talks in the recent time in Nigeria despite its significance in the post-Covid era. The present study aims to identify and explain conversational codes in selected TV health talks. Specifically, it sensitizes the participants/audience on the current health-related issues and how to care for their health. Also, it exposes the reader to analyze health-related conversations using conversational codes with minimum overlap.

1.1. Research gap

Linguistic studies have engaged disparate genres for textual/structural interpretation. Some studies include romantic relationships, discourse initiating tags, and Facebook conversation, to mention a few (see Aremu, 2017; Aimee, Miller-Ott, Lynne & Robert; Ketch, 2005; Joseph, 2020; Knobloch & Denise, 2003; Otemuyiwa, 2017). Few linguistic studies have established that media often broadcast different programs that sensitize, entertain, educate and correct people; however, despite other programs that media have posted through various

means and platforms as identified in the literature, there is a dearth in the existing literature that focuses on health talks as it relates to human. The outbreak of Coronavirus and the death rate instil health consciousness in humans. No doubt there are existing works on different discourse genres, but the study of health-related issues is scarce in the contemporary age. The health industry demands a constant and consistent investigation for novel insights into health-related discourse, especially since the pandemic has made everyone sensitive toward their health and medical history. The current study investigates conversation codes in selected TV health talks as a contribution to conversational analysis and medical discourse knowledge.

This study examines cultural convention and social roles in media talk health shows and delves into the aspect of non-verbal speech, such as pauses, gestures, and sounds like 'um' that may reveal a part of speakers' intentions, attitudes and emotions. Mainly, the present study aims to explore how conversational codes analyze health-related issues using Harvey Sacks' conversational analysis. The study provides insight into the aims by identifying the conversational codes in conversations.

2. Previous Studies on Television Talk Shows

The talk show, one of the television genres, is said to be vast. Unlike in politics, where the informative function is paramount, the position of the talk show is constantly shifting between information and entertainment (Martínez, 2000). The information-seeking purpose of the interviewer is approached from within the format of an informal conversation or chat whose content frequently centres on the personal and private, sometimes adopt the form of gossip, and is often characterized by its humorous tone. Concerning this dyadic conversation, Tolson (1991) points out that participants are not constructed as eavesdroppers listening to a private chat.

The previous conversational analysis approach has been extensively applied to analyze TV talk show interactions till the end of the first decade of the 21st century. Mainly, Gamson (1998), Tolson (2001), Shattuc (1997), Hamo (2008), and Trepte (2005) analyze interactions and social significance in USA TV talk shows. Some TV talk shows are viral and have universal appeals to the audience. This popularity or inclusive attractions account for hosts' dynamic anchoring and or institutions' liberal philosophy that hosts tend to implement to manage their talk shows.

Ali (2018) explores turn-taking behavior and interaction pattern. The patterns help the participant to interpret each other's meaning and compare the doctor's and Shabab Wbanat's interaction strategies. The strategies are examined qualitatively and quantitatively using CA theory. Ali (2018) finds out several exciting issues which reflect the language of media talk on both American and Iraqi shows. The study identifies that the topics provided for the participants are predetermined; the host determines the discussion, length of turns, topic breaks and fun. In the TV talk show, the participants have more freedom to talk as a TV genre than in other talk shows. The host employed more interruption in Shabab Wbanat than the doctors. Despite the dominating and expansive role of the internet, global reports on mass media still find television as the most popular source of health information.

The study on a conversational analysis of hosts' interaction management examines four episodes from four TV talk shows in Bangladesh. Men and women host two to determine how differently the hosts take turns managing their verbal interactions in their talk shows (see Uddin & Sharmin, 2019). The study employs the conversation analysis approach developed by Sacks, Schegloff, and Jefferson to examine how the hosts' turn-taking overlaps with guests' speeches and how the hosts' practices of interruptions, based on gender, are shaped with distinct functions to manage their interactions in talk shows. Analysis shows that the

female hosts, aligned with Holmes' universals, driven interactions by soft transitions, minimal turns with supportive overlaps, co-construction strategy, and non-linguistic back channels. In contrast, the male hosts' interaction management patterns are wholly opposite from each other's. One takes excessive turns and is characterized chiefly by interruptive overlaps, while the other, like the female hosts, makes soft transitions and avoids interruptive turns. The study adds to gender and language studies that contribute to emerging social perceptions that women's verbal interactions are characterized by solidarity and cooperation despite their high social standing.

Wu and Lu (2018) investigate a comparative study on talk shows in China and American hosting styles. They talk about different development features between China and America, such as the differences in hosting techniques, values, and program patterns and their profound influence. The study analyzes TV talk shows like Tonight's post-80 hosting style, Bao Zou significant news events, a date with Liyu, and hosting style from America: Opera Winfrey show, Late Show with David Latternman, and the Tonight's show starring Jimmy Fallon. They find out that there are differences when choosing or selecting hosts and audiences, degrees of economic development, and differences in culture and political background but the goodness and beauty are the same (Hongh & Jingling, 2018).

Carnel (2000) also researches the Aspect of Talk show Interaction: Ross show and Tonight with Jay Leno, focusing on the perspective of international, evaluating the role of the host in managing conversation and comparing the two talk shows, therefore making adjacency pairs, storytelling and turn taking strategies to be significant in her study. The study is analyzed from the CA approach and theory and basically on sacks' idea of systematic function. The researcher can find out that the two talk shows have different and unique ways of interacting because their hosts differ. For example, Ross involves the audience while Jay Leno does not include the audience, they have the same form of turn-taking system or general structure, and Ross manages topics in diverse ways (Jessica, 2011).

There are many determinants for turn-taking patterns in Nigerian TV talk shows, which include the nature of the participants, discourse topic, culture, social status, and duration of the show (Olutayo & Omolora, 2013). The paper examines peculiar factors that determine turn-taking patterns in Nigerian TV talk shows using three popular Nigerian TV talk shows: "Patito's Gang" (PG), "New Dawn" (ND) and "Inside Out" (IO). From their findings, determinants are the host's personality, the participants' social status, the composition of the guests, including the studio audience, the duration of the program, discourse topic, gender and culture. All these determinants play significant roles in determining turn-taking patterns in the study data. Specifically, controversial issues enjoy more competition, several interruptions and overlaps. The village square sections of PG and IO, which involved youths, also have higher interruptions and overlaps. Participants in TV shows with vast differences in age and social status have fewer instances of interruption and overlaps than participants whose age brackets are similar. Participants also observe that gender plays a role in determining turn-taking patterns in the shows.

Similarly, Oyeleye and Omolora (2012) investigate interaction management in Nigerian TV shows. The researchers discovered that linguistic intricacies are reflected in TV talk shows. The study also identifies turn-taking behavioural patterns such as pauses, overlaps and interruptions. The study intends to investigate how turn-taking behaviour and interaction patterns help the participants interpret each other's meanings and intentions in conversations. The study employs the theory of turn-taking, and data are collected from three Nigerian TV talk shows, namely, "Patito's Gang", "New Dawn with Funmi Iyanda" and "Inside Out". Analysis revealed that the participants ranged their strategies of turn distributions from

Current Speaker Selects Next Speaker (CSSNS) to Next Speaker Self-Selects (NSSS) while the Current Speaker (CS) continues where there was no pre-selection or self-selection through features like overt questioning, discourse markers, interruptions, overlaps, and pre-sequences including non-verbal signals such as gaze, gestures, intonations and pauses. It also identifies the pragmatic effects of these features on the discourse and the participants.

The reviewed works have identified conversation analyses of different genres and contexts. However, it is essential to mention that little insight has explored health-related discourse, especially in Nigerian contexts. The gap is what the current study intends to provide insights. Remarkably, the study explores conversation codes to analyze health-related conversations in the Nigerian context.

3. Methodology

The study adopted a qualitative design. The data for this study included conversations on health-related talks by health practitioners and interview hosts. The health practitioners and television interviewers varied by gender, age and experience. Out of different episodes on Channels TV, five episodes on health matters were selected for the study. The five episodes chosen for the study had varied conversational codes. The conversation codes that suggested interpretations guided the discussants in their presentation and helped the audience in perceiving the information with the intended meaning were analyzed. The data for the study were downloaded via Channels Television on YouTube. The conversations were played repeatedly and transcribed. The discussions included discourse on hypertension, Covid-19, heart, Coronavirus, face masks, managing life with diabetes, and sickle cell disorder. The data were grouped with gender sensitivity: a male host and two male guests (episode 1); female host and male guest (episode 2); two male hosts and a male and female guest (episode 3); female host and female guest (episode 4); female host and female and male guest (episode 5).

Thus, EPISODE 1: Health on hypertension (one male host and two male guests); EPISODE 2: Covid-19 and the heart (one female host and one male host); EPISODE 3: Coronavirus: face mask was not for everybody (two male hosts and one female guest); EPISODE 4: Managing life with diabetes (one female host and one female guest); and EPISODE 5: Discoursing sickle cell disorder pt 1 (one female host, one female guest and one male guest).

The conversations were subjected to analysis to identify the procedure of conversation analysis based on conversational codes or structures about Gail Jefferson. Gail Jefferson's transcriptions were adopted to extract the utterances in the conversations containing the elements to be analyzed; to discuss how the verbal constructions make meaning; and how the host, guest and few audience comments helped actualize the purpose of their conversations. Results obtained from the talks were interpreted using a conversational code approach, and close attention was to how the conversations were structured and the codes that made the interactions unique and meaningful.

3.1. Theoretical Framework

Conversation analysis (CA) is a research approach that analyzes social interaction. It is a method for investigating the structure and process of social interaction between humans. However, conversation analytic research may be subsumed in typically linguistic disciplines such as pragmatics, discourse analysis, or (interactional) sociolinguistics. It was inspired by Harold Garfinkel's ethnomethodology and Erving Goffman's conception of the interaction order. CA was developed in the late 1960s and early 1970s by Harvey Sacks and his close

associates, Emmanuel Schegloff and Gail Jefferson. With the help of the spread of recording techniques that opened new ways of inspecting interactional data, Harvey Sacks (1972) and Emmanuel Schegloff established a novel paradigm for researching the organization of human activity in and through talk in interaction (Schegloff, 1968; Schegloff & Sacks, 1973; Sacks 1992). It is distinctive in that its primary focus is on the production of social actions in the context of sequences of actions rather than messages or propositions.

Today, CA is an established method used in sociology, anthropology, linguistics, speech communication and psychology. It is mainly referred to as talk in interaction. It is particularly influential in interactional sociolinguistics, discourse analysis and discursive psychology. As an approach to studying social interaction, embracing verbal and non-verbal conduct originated as a sociological method. The data used in CA is in the form of video- or audio-recorded conversations, collected with or without researchers' involvement, typically from a video camera or other recording device in the space where the conversation takes place (e.g., a living room, picnic, or doctor's office). The researchers construct detailed transcriptions from the recordings, containing as much detail as possible (Jefferson, 2004). This transcription often includes information on nonverbal communication and how people say things. *Jefferson transcription* is a commonly used method of transcription. After transcription, the researchers perform inductive data-driven analysis to find recurring patterns of interaction. Based on the investigation, the researchers identify regularities, rules or models to describe these patterns, enhancing, modifying or replacing initial hypotheses. While this kind of inductive analysis based on collections of data exhibits is essential to fundamental work in CA, this method can apply statistics in applications of CA to solve communication breakdown in medicine and elsewhere.

3.1.1. Gail Jefferson Transcription

Moreover, Gail Jefferson developed a transcription system while working with Harvey Sacks. Speakers are introduced with a name followed by a colon, as conventionally used in scripts. It is designed to use 'typographical conventions' used elsewhere. The transcript system indicates overlap and delays in a speech in address, pitch, volume and speed. Research shows that the identified features tend to communicate information; in contrast to Chomsky's research, whose study differentiates competence and performance but dismisses the particulars of actual speech, conversation analysis studies naturally occurring talk and shows that spoken interaction is systematically orderly in all its facets (Atkinson & Heritage 1984). In contrast to the theory developed by John Gumperz, CA maintains that it is possible to analyze talk-in-interaction by examining its recordings alone (audio for telephone, video for co-present interaction). CA researchers do not believe that the researcher needs to consult with the talk participants or members of their speech community.

3.1.2. Distinctive Features of Conversation Analysis

Distinctive features of conversational analysis focus on processes involved in social interaction and do not include written texts or more significant socio-cultural phenomena (for example, 'discourses' in the Foucauldian sense). The method, following Garfinkel and Goffman's initiatives, is aimed at determining the strategies and resources that the interacting participants use and rely on to produce interactional contributions and make sense of the contributions of others. CA seeks to model the resources and methods that make understanding easier. In considering methods of qualitative analysis, Braun and Clarke distinguish thematic analysis from conversation analysis and discourse analysis, viewing thematic analysis to be theory agnostic, while conversation analysis and discourse analysis are considered to be frameworks.

4. Analysis of Conversation Codes in Selected TV Health Talks

4.1. Analysis of Turn-Taking

The central component of CA is turn-taking to avoid rowdiness which participants perform in talk interaction (see Arminen, 1999). There are methods by which turns are linked into definite sequences in sequential order, which is the major objective of turn-taking. Sack et al (1974) re-echo that turn-taking is context-sensitive. There are conventions in turn-taking, and they are speaker change occurs, one party talks at a time, and the transition is from one to the next without overlap or gap, unfixed turn order, unfixed turn size, turn constructional component and turn allocation component (Sacks rules of turn allocation component). For examples in Episode 4, 1, 5, 2 and 3 below:

Episode 4

Host: *Hello and welcome to health matters reaching you on channels TV. Thanks for joining us; I am Mary Allele-Yusuf (T1)*

Host: *Diabetes is a group of metabolic diseases in which one can have high blood sugar (T2)*

Host: *Today health matters host an associate professor of medicine, a consultant in... (T3) (Transition from one turn to another without overlap and gap)*

EPISODE 1

Host: *He talks about living with it now and I want to come to you Obinna, a lot of people are saying that there is a life style issues that is associated with this...what are we doing wrong? (T5)*

Guest: *You know life style in modern day Nigeria (Turn allocation construction - the first speaker selects the next) (T6)*

EPISODE 5

Second guest: *from the time the children is given birth to, to probably 5yrs, if you don't put them on vaccination, profiliasis, penicillin, of course from time to time they will be having all sorts of infection, mnemonic and so on. (T2)*

Host: *Do parents have to wait until some of these things come up before they start bringing the child to the hospital....? (T16)*

First guest: *That's... (Nodding) can I come in. this is one of the things we are pushing now (current speaker did not select the next and the participant self-selected) (T8)*

EPISODE 2

Host: *(Explains the relationship between covid-19 and the heart) what are the risk factors of health disease? (T3)*

Host: *When you talk about heart disease, people center it on one thing, heart attack (T3)*

Guest: *Yeah (T2)*

Host: *Is it better for people to stay at home and avoid covid-19 or go to hospital? (T25)*

Guest: The answers to the question are of many mixtures (T19) (unfixed turn order)

EPISODE 3

Host one: It seems that it comes more out of fear than out of information to people? (T3)

Guest: Yeah (T2)

Guest: Let's verify our information before... (T2) (Unfixed turn order)

EPISODE 5

Host: Does sickle cell sufferer has any look (T9)

Female guest: See Mary we don't call it sufferer. With a proper management, they can live long healthy life (T6)

Host: What usually ends the life of someone with sickle cell disease? (T10)

Host: Pain (T10)

Female guest: No (T7)

Host: Just the acute syndrome? (T13)

Male guest: Yes (T3)

Host: Am even surprise you mentioned fever (T14)

Male guest: Yes (There is no fixed turned size, in this episode some turns are just a word, some a phrase and some a full

The identified dissimilar turns (T1 - T14) have different ways of allotting turns, sustaining turns and yielding turns to other speakers. For example, markers like *hello*, *welcome*, *no*, *yes*...can be employed as turn markers. The dataset's use of *hello* and *welcome* indicates discourse opening/initiation (T1). It shows who commences interactions. Aside from the use of a discourse opening marker, T1 introduces himself before T2 discusses what 'diabetes entail'. This features that allow a speaker to talk at a time while others listen is described as turn-taking. Turn-taking gives every interlocutor a chance to air their opinion(s). The feature of *nodding* by T8 and *response* by T2 (yeah) elucidates the feedback mechanism. It identifies whether the listeners are active or passive. The feedback mechanism allows the speaker to identify that the listeners are paying attention.

The conversations have different structures and wide-ranging turn-taking. The identified characteristic feature corresponds to Sack et al. (1974), who reiterate that turn-taking is context-sensitive. Specifically, the initiation of interaction, as deduced in Episode 4 reveals the socio-cultural milieu that characterizes conversations in Nigeria. It is believed that the receiver of people (host), either at home or in other places, ought to greet (first) as a means of a warm welcome. Such practice is conceptual as 'omoluwabi' (a well-trained child) in the Yoruba language. The concept of 'omoluwabi' depicts courtesy and good/commendable behaviour (see Episode 4).

4.1.1. Frequency of Turn-Taking

In **Episode 1:** Host = 50.65%, male guest 1=25.23%, male guest 2 =25.41%

In **Episode 3:** host = 51.85%, guest = 43.21%, caller =3.71%, caller 2=1.24%, caller 3=0%,

In **Episode 4:** male host 1 = 35.71%, male host 2 = 21.43%, guest = 42.86%,

In **Episode 4**: *host* = 51.72%, *guest* = 48.28%,

In **Episode 5**: *host* = 52.05%, *female guest* = 32.43%, *male guest* = 13.41%.

In the percentage of turn occurrence above, turns are intertwined in definite sequences. There are no general rules for time specificity that each interactant has. However, every discussant is conscious of another speaker despite whatever wealth of knowledge a speaker has gathered over another speaker. Speakers can manage turn allocation and communication intent during each interaction with less overlap. There are general conventions in any conversation, which is why it is context sensitive, although its nature and how it fits the participants differs from one context to another.

An interlocutor talks at a time, although there are instances where there is more than an interlocutor talking (that is, conversation overlapping). It is evident in the study base on argument or compromise to a speaker's statement, interruptions, repair or base on turn constructional component. There is also a transition from one turn to another with no gap and no overlap significantly from the hosts.

In Episode 5, the hosts and the guest vary, but Episode 2, 4 and 5 have the same host (MARRY) but different guests. The turns of the hosts in the five episodes are more than the guests. It is because the hosts apply the three rules of turn constructional unit. Also, the female hosts create more turns than the male, and so they have more percentage than the male hosts. The female participants have 62.1% turns, while the male has 37.9% turns. However, it is vital to identify that topic of discussion determines the turn occurrence of one gender to another. For instance, female folk may hijack turns in family matters more often than their male counterparts.

4.2. Adjacency Pair

The adjacency pair is considered one of CA's significant structures. This phenomenon of sequential implicativeness (Schegloff & Sacks, 1973) of turns is most visibly organized into the structure of the adjacency pair. An adjacency pair is a sequence of two adjacent utterances produced by different speakers and ordered as a first part that requires a particular second part. For example, question-answer, offer-acceptance/refusal, greeting-greeting, invitation, gratitude, insertion sequence, and side sequence). Adjacency pairs have been defined as the basic structural unit in conversations (Schegloff & Sacks, 1973).

EPISODE 4

Host: *This diabetes type one and type two, do they have similar symptoms? What are the symptoms of both? (T6)*

Guest: *Good question. For the type one which I said occurs usually in people less than 30years, in children, they could be present with abdominal pain and the unfortunate thing is that they don't tend to have the same story terminal history like type two (question and answer) (T5)*

EPISODE 4

Host: *Hello and welcome to health matters on channels TV, thanks for joining us, I am Mary Alele-yusuf (T1)*

Host: *Today health matters hold associate professor of medicine, a consultant in dychronology and head of department of medicine at Lagos State College of medicine, Dr. Antonia Ogberia. You are welcome to the show (T3)*

Guest: Thank you very much. Thank you for the warm introduction (T1) (conventional greetings)

EPISODE 3

Host 1: The conversation continues. We have with us here public health practitioner Dr. Toni Adeyemi. Thank you so much for your time this morning. (T1)

Guest: Thanks for having me. (Conventional greeting) (T1)

EPISODE 5

Host: Dr. Olusegun can we put a name to some of the conditions that (complications) that these people have? (T16)

Guest: Yes enhem thank you, in sickle cell the complication they have can be what we have as acute and can be chronic, the acute as the director has said, we have where the individual be now presenting with pain in the bone, pain in the joint, we have what we call acute syndrome ... (Request and response) (T4)

EPISODE 1

Host: He talks about living with it and I want to come to you Obituary. A lot of people have said that there is a type of lifestyle issues associated with this and that is why it is a problem ... What are we doing wrong with our life style. (T6)

Guest: You know life style in modern day Nigeria is quite stressful so people in earlier age get more responsibilities ... (Invitation and response) (T5)

EPISODE 3

Host: So the final advice would be don't develop a heart problem and don't get covid. (T41)

Guest: Exactly just like you said about the word heartbeat, the thing is using the heart to fight cardiovascular disease. What... (T35)

Host: We have to close; I have to stop you there. Thank you so much for coming to the show, it's been so enjoyable. Thank you for being with us and for all your calls. Try not to get covid, wear your mask, keep your social distancing, don't go to crowded places and live a healthy life. Enjoy your day. I am Mary Allele-Yusuf (T42) (gratitude)

EPISODE 3

Host: ... We have to thank you very much Dr. Tonight. (T5)

Guest: Thank you very much... Thank you for having me (T6) (gratitude)

EPISODE 2

Host: What are the different manifestations, let me put it that way, of heart disease? (Question 1) (T30)

HOST: What kinds of heart diseases do we have? If you could give us three or more examples (Question 2) (T31)

Guest: Ok, so, specifically talking about the heart, heart failure, and people can develop rhythm problem in the heart... (Answer 1), (T22), (Insertion sequence)

EPISODE 2

Guest: *Avoiding food that is high in cholesterol, saturated fat because the combination of hypertension, diabetes, obesity and high cholesterol, they are the three major... (Ongoing sequence) (T16)*

Host: *That didn't sound like a trio that sounded like for things (misapprehension) (T16)*

Guest: *Yeah four things (misapprehension)*

Host: *Ok diabetes (clarification)*

Guest: *Hypertension (clarification)*

Host: *Hypertension (clarification)*

Host: *Blood pressure (clarification)*

Guest: *Obesity, high cholesterol (termination)*

4.3. Preference Organization

The basic rule for adjacency pairs is that when a speaker produces the first part, the other should stop talking and allow the other speaker to produce a second pair part. However, a certain level of freedom is reacting to the first pair parts. For instance, a wish can be followed up by 'acceptance' or 'rejection', but rarely will anyone expect rejection. When the compliment receives an acceptance, that is preferred and if otherwise, it may be dispreferred. In the five episodes, the participants effectively used preference for contiguity where the first and second pair parts vary without specific gaps or delay. It makes the conversation very organized and comprehensible. The episodes have many questions and answers: the hosts ask questions, and the guest answers; in Episode 2, the caller also asks a question. In episode 4, the guest also asked some questions.

EPISODE 5

Host: *Does a sickle cell sufferer have any look or appearance? (T9)*

Guest: *Mary we don't call them sufferers (T6)*

Host: *Those living with sickle cell disease (T10)*

Guest: *Gone are the days when sickle cell disease is a death sentence. (T7)*

The question in T9 requires either 'yes' or 'no'. Rather, T6 repair the description of sickle cell anaemia. T6 further describes the disease and how people with the disease need to be hopeful in the contemporary age. T9, T6, T10 and T7 amplify preference organization. This conversation has two agendas. The first is to explain what *sickle cell anemia* entails and how it can be treated in the 21st century. This latter gives hope to the victim. They may not need to think of death. The CA has provided new insight into how sickle cell should be conceptualized rather than a long-age mindset about the disease. It shows that CA is relevant to analyze health-related issues for proper understanding and a re-orientation.

4.4. Repair

Liddicoat (2007) sees repair as a mechanism of conversation. Schegloff et al (1977) have set a model for the distinction of repair and the participants' formation of it and the way of stating it. As a result, there are four main categories of repair: Self-initiated self-repair, Self-initiated other-repair, other-initiated self-repair, and Other-initiated other-repair.

EPISODE 1

Question 1: ...people at earlier stage are getting responsibilities.

Repair: people at an earlier stage are going into alcohols, smoking, getting diseases such as diabetes. (Self initiated self repair)

EPISODE 5

Guest one: There is this thing in the red blood cell called hemoglobin, I don't like to use that big word...

Repair -host: But I know it carries oxygen (self initiated other repair)

EPISODE 5

Host: Can you put a name to some of the condition that...

Repair-Guest: Some of the complications.

In the five episodes, self-initiated self-repair=48.61%, Self-initiated other-repair=18.74%, and Other-initiated other-repair=27.98%. Repair is significant to redress or correct the wrong that has been said. Failure to correct the error has a tendency to mislead the audience. For example, misrepresentation in Question 1 is self-corrected (repaired) to not mislead the audience. Health is delicate because a teacher's mistake will affect life and generation, but a doctor's mistake can kill people and generations. Therefore, health is delicate, and health practitioners must be precise and accurate. CA helps to identify 'when' and 'who' corrects 'what'. This part of CA helps listeners to make the appropriate and precise resolution.

4.5. Opening and Closing

In the opening sequence of a talk show, there is a generic opening phase that comes from the components of an organization. After that, the initial phase of the speech event and how the different status relates to the host, audience and guest are established. Through those components in the routine opening and closing, we have the interviewee introduction and greeting, which has a preface and description under it. In the summary and concluding remark, the transaction from the opening sequence to the interview is not signalled correctly with a specific discourse marker. However, the intimate relationship between the interactions often becomes apparent through humorous comments that serve as an ice-breaking function.

EPISODE 1

Host: A beautiful Sunday afternoon...you are welcome. My name is Brandon Obi Uchendu ...(Preface) (T1)

Host: I have two guests that gonna help me dissect that today, Obinna Udoro founder of fitness Nigeria, thanks for being here today (description) (T2)

Guest One: Thank you very much (T1)

Host: And of course Tochukwu Mac For, Dr of social commentator, thanks for joining us today (T3)

Guest one: Thank you very much (T1) (description)

EPISODE 3

Host: People are afraid, we have just a minute or two to close this segment, people are afraid that the whole idea of protecting themselves is like look I don't want to die of corona virus, could you.... (T4)

Guest: *Ok, yeah, because of the media, what we have been getting from the media ... It is not a death sentence...there are other reasons for people to cough...don't stigmatize... (T4)*

Host one: *Ok ...coughs (T5)*

Guest: *He is coughing, is like we will run away (all laughs) (T5)*

Host one: *Dr. Toni we want to thank you very well for your time. (T6)*

Guest: *Thank you very much. (T6)*

T1 (Episode 1) has some discourse makers for opening a conversation like *A beautiful Sunday afternoon...you are welcome*. It gives a sense of acceptance and admittance to the guests. T1 also introduces the speakers. This procedure creates awareness among the listeners about what the conversation will focus on. The listeners are expected to get ready to be active during the conversation. Also, the recurrent use of *thank you very much* shows the closing of each turn construction unit. However, it is discovered that the speakers remain focused on health-related issues without inserting irrelevant issues to the discourse.

4.5.1. Response Token

Response tokens are necessary for the sequence and continuity of talk, like *hmm, oh, yes*, et cetera. Heritage (1989) observes that it is significant to distinguish the role of response tokens in a talk in interaction as he says: "Not only are these objects exceptionally prevalent in ordinary conversational interaction (though, interestingly, less so in a talk in many institutional settings), they are also objects, which role in interaction is almost purely sequential. In many cases, these objects are non-lexical and gain much of their interaction significance from their specific placements in sequences of talk. Thus, the preoccupations of conversation analysts, which are focused on sequential considerations, are perhaps uniquely fitted to shed light on the role of response tokens in talk. Thus, the function of these response tokens as 'continuers' or 'agreement' is to keep the flow of sequence in interaction.

Episode 1 = unhm = 41.34%, yeah = 29.37%, you know = 17.55%, yes = 4.91%, right = 3.99%

Episode 2 = ok = 26.74% unhm = 6.98%, exactly = 16.28%, so = 22.09%, yes = 2.33%, mhmm = 8.15%, amhaa = 6.98%, ooh = 2.33%, yea = 5.81%, well = 2.33%

Episode 3 = Unhm = 48.28%, So = 37.93%, Ok = 13.79%,

Episode 4 = unhm = 30.77%, now = 30.77%, so = 15.39%, emhee = 23.08%,

Episode 5 = enhee = 47.06%, ok = 17.65%, so = 29.41%, good = 5.88%

Findings explain that responses serve as follow-up on the discussion to identify if the participants are actively engaging and understand the topics under discussion or not. Failure to receive positive or negative responses during interactions suggests ambiguity or listeners' inability to encode and decode the subject of discussion.

The study shows that there are several uses of discourse makers during conversations. In the Nigerian context, the recurrent use of *unhm* expresses much concern for a particular thing. This study implies that the health-related issues discussed must be taken seriously to improve people's health. The use of *now* shows the timing for action based on what has been discussed. The interactants wish that the listeners put to practice the subject matter of the discussion.

Other discourse markers show support and surprise (*enhee*) to the discussion. The analysis has shown that CA is relevant to interpreting health-related issues.

4.6. Social and Cultural Roles

Social and cultural characteristic features are embedded in daily activities either early in the morning or late at night in Nigeria; for instance, the culture (Yoruba, southwestern Nigeria) has greetings for everything, even when there is no tangible action. The discussants discuss different kinds of talk on television daily though not particularly limited to the lives of selected Nigerians but are influential on public discourse. Nigerian society pursues liberty and oneness, using the medium of talk shows to sensitize the people on health matters. It is very educational. The lifestyle in modern-day Nigeria is stressful, so people are so engaged in activities that they do not care about their health. The program helps inform such individuals on the dos and don'ts of coping with life expectations and health. However, it also helps in some daily arguments caused by misinformation. Thus, it sensitizes people.

5. Summary

So far, the study has identified conversation codes in health-related discourse using the conversation theory of Harvey Sacks. The analysis of the five selected episodes of health matters on Channels TV has presented that the conversational codes in health-related discourse included turn-taking, adjacency pair and preference organization, repair, opening and closing, and cultural and social roles. In addition, the study delved into the aspect of non-verbal speech such as tone of voice, pauses, gestures, and idiosyncrasies like 'um' that could reveal an element of speakers' intentions, attitudes and emotions. The present study strongly reiterated that the interactants and the discourse on health-related issues facilitated conversational codes.

The discussion has sensitized the listeners about different diseases, diabetes, infections, heart disease, sickle cell and precautions. The use of medical terminologies is demystified for understanding. For example, the significance of vaccination is highlighted. The discussion compels parents to vaccinate their children appropriately. However, the vaccination issue has a myth attached in Nigeria, especially among illiterate parents. They believe their children do not need the vaccine, even in the 21st century. Their belief is rooted in traditional medicine many parents used in the pre-colonial era. The conversation aims to reorientate the listeners calling for a mind shift to whole health and safety. If listeners adhere to this conversation, there may be a change of mindset among people with such beliefs.

Also, people think they must wait for a specific time before visiting the hospital when their children are sick. This assumption may support many advertisements emphasising visiting doctors after three days if that symptom persists. The first guest (T8) emphasizes the significance of vaccine and the effect of neglecting it. The use of *now* signifies when people need to change their orientation about their health and be responsible.

The effect of COVID and its relationship with a heart attack is discussed (T3). The sequence in the conversations suggests that the health experts discuss health issues that have been noticed that kill people. However, the sensitization will help people to know how their health can be managed and their need to visit doctors when needed, not until their health deteriorates. This latter poses a significant threat to many Nigerians because of fear. However, Episode 5 discusses sickle cell. T6 redresses what sickle cell patient is called. Mary (T6) might have

been tagging patients/people with sickle cell as *sickle cell sufferers*, which may not give the victim hope of survival.

The study has shown that conversational analysis of health-related issues helps sensitize and reorientate people with erroneous beliefs about health. It creates a conscious awareness of the significant health issues and how people should be responsible for their health. With the linguistic analysis of this conversation, many listeners may not understand how specific health terms are explained. Through the analysis, health-related issues are discussed with resolutions they need. It allows the listeners to identify different facets and subtleties in the episodes that other approaches might not have recognized.

The analysis of conversational codes in the selected health talks has shown the significance of conversational principles as facilitators of effective interaction in health communication. The interpretation has attested that each of the codes in the conversation has a role(s) to play in communication intention. For example, turn-taking assigns turn to every speaker, and each speaker has a period to talk before yielding to another speaker. In addition, it contributes to decoding the subject matter that interactants discuss.

6. Conclusion

This research aims to examine how conversational codes analyze health discourse. Conversational codes by Sack Harvey's framework were used in this study. There were seven strategies of conversational codes. The strategies include turn-taking, adjacency pair, preference organization, repair, opening and closing, response token and social and cultural roles. The first is turn-taking. This code helps the speakers to speak during their turns without interrupting and overlapping other speakers to maintain decorum. Second, the strategy helps to know when a speaker initiates interaction and yields the floor for others to air their views. Third, it involves opening and closing. The second is the adjacency pair. This code permits two or more interactants to a discourse where one speaks and the others reply to linguistics and non-linguistic features. Finally, the code permits repair in the form of self or others. Thus, this study implies that conversational codes are pivotal to communicating intention. Furthermore, this study can be used to consider the practical and framework contributions. The study aligns with the theory of conversational codes and can be helpful for the classroom, politics and phone call analysis.

The study demonstrates conversational structures in health talks by health experts and television program hosts. From the analysis, it is deduced that health talks are significant to every Nigeria, and individuals need to take their health matters seriously. The study presents how conversational codes help to understand conversational structures through several means. We have established that conventional codes help to comprehend health issues on TV. The analysis has presented conversational structures such as turn-taking, adjacency pair and preference organization, repair, opening and closing, and cultural and social roles. However, each of the structures plays a distinct role in communication intention.

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