

Factors Influencing the Ethnocentric Tendencies to Tanzanians Consumers Toward Purchasing Domestic Anti-Malarial Remedies

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Abstract: *The aim of this study was to explore the factors influencing the ethnocentric tendencies to Tanzanian consumers towards purchasing domestic anti-malarial remedies. A case research design was adopted which helped to discover ideas and insights underlying consumers' evaluation of anti-malarial remedies as far as consumer ethnocentrism was concerned. Purposive sampling was used to select 9 participants in this study. In this study, it was found out that the ethnocentric tendencies of Tanzanian consumers toward purchasing the domestic anti-malarial remedies were influenced by availability, affordability, quality and days of dosage of the anti-malarial remedies. The findings of this study were expected to provide health professional bodies with knowledge about ethnocentric tendencies of Tanzanian consumers towards purchasing domestic anti-malarial remedies. This would help them to boost the standard of the different domestic medical products and hence encourage Tanzanians to value their domestically produced anti-malarial remedies and other home produced products.*

Keywords: Consumer Ethnocentrism; Anti-malarial remedies; Consumer behavior; buying local, products choice

INTRODUCTION

The growth of manufacturing industries in Africa is very stagnant and its contribution to the gross national economy is very insignificant. In average, manufacturing industries contribute less than five percent to the national economy of the Sub-Saharan African countries. Further, the continent's global trade is very small with decreasing trend while other developing countries scored dramatic steady growth. Many examinations have been conducted to identify the root cause for the problem of African manufacturing industry problems. Majority of the investigations conclude that the attitude of consumers towards manufactured products from African countries contribute for the weak growth of manufacturing industry of the continent (Kibret, 2016). Globalization has intensified the movement of grocery products across national boundaries such as, international trade has gained momentum thereby exposing consumer worldwide to various products (Muchandiona et al., 2021; Makanyeza and du Toit, 2017). Increased globalization has resulted in intense competitive pressure in the retail sector the world over (Das Nair, 2018). Nickanor et al. (2020) asserted that, African markets are increasingly opening up for foreign grocery products in a bid to meet the increasing demands of their growing population. Consumers in developed and developing countries have negative attitude towards manufactured products from African countries. Consumers in African countries prefer products from developed and emerging economies to domestic products. Consumers in developed countries prefer domestic products to imported products or in the absence of domestic products they prefer products from other developed countries to products from developing countries particularly from Africa. Hence, the

survival and growth of manufacturing industries have been threatened by lack of demand in both local and international markets (Kibret,2016). The need to survive in this intense competitive atmosphere has motivated firms to increase their attention towards understanding consumer behaviour, paying special attention to consumer ethnocentrism (Muchandiona *et al.*, 2021; Cosado-Aranda *et al.*, 2020; Voung and Giao,2020; Zeren *et al.*,2020; Kibret,2016). A complete understanding of consumer behaviour is of paramount importance because it helps marketers in designing effective marketing strategies (Muchandiona *et al.*, 2021; Makanyeza & du Toit, 2017). Consumer ethnocentrism refers to the beliefs held by consumers on whether it is appropriate or not to buy foreign-made products (Akbarov, 2021; Das & Mukherjee, 2019; Karoui and Khemakhem, 2019; Shimp and Sharma, 1987). Balabanis and Siamagka (2017) posit that consumer ethnocentrism resembles a biased preference for local products at the expense of foreign alternatives. Several studies have been conducted on consumer ethnocentrism in both developed and developing countries (Balabanis & Siamagka, 2017; Casado-Aranda *et al.*, 2020; Karoui & Khemakhem, 2019; Maison & Maliszewski, 2016; Makanyeza & du Toit, 2017; Pentz *et al.*, 2017; Shimp & Sharma, 1987; Vuong and Khanh Giao 2020).

However, the study of consumer ethnocentrism in Tanzania is still in its infancy. There are relatively few studies that have focused on consumer ethnocentrism and its influence on consumer behaviour. More so, these few studies that have been conducted in the SADC region have recommended that further studies on consumer ethnocentrism be conducted in this region to have a better understanding of this concept (Pentz *et al.*, 2014; Makanyeza & du Toit, 2017). The main reasons for calls for further consumer ethnocentrism studies included the fact that consumer ethnocentrism varies from country to country and over time. It also varies with the product category. Consumer ethnocentrism cannot be generalised across product categories and from country to country. Consumer tastes and preferences need constant monitoring since they tend to change over time and consumers are dynamic (Akbarov, 2021). The motive behind this study was to understand the factors influencing consumer ethnocentrism towards purchasing domestic anti-malarial remedies in Tanzania in order to enhance the understanding of consumer ethnocentrism. Therefore, this study strengthens the existing body of consumer ethnocentrism knowledge. The study focuses on medical products specifically anti-malarial remedies. The findings of this will study provided insights to marketers on designing effective marketing strategies. The objectives of this study were; to explore the influence of the availability of domestic anti-malarial on ethnocentric tendencies to Tanzanian consumers; to explore the influence of the affordability of domestic anti-malarial remedies on ethnocentric tendencies to Tanzanian consumers; to explore the influence of the quality of domestic anti-malarial remedies on ethnocentric tendencies to Tanzanian consumers and to explore the influence of days of dosage of domestic anti-malarial on ethnocentric tendencies to Tanzanian consumers.

Literature Review

Consumer Ethnocentrism

Sharma and Shimp (1987:280) defined Consumer Ethnocentrism (CE) as “the beliefs held by consumers about the appropriateness, indeed morality, of purchasing foreign- made products”. The concept of consumer ethnocentrism is intended to capture individual consumer cognitions and emotions as they relate to product offerings from other countries (that is "out -groups") (Sharma and Shimp, 1987). In addition to Sharma and Shimp (1987), Balabanis and Siamagka (2017)

defined consumer ethnocentrism as the beliefs held by consumers about the suitability and morality of purchasing domestic products at the same time rejecting foreign-made products. That is consumer ethnocentrism is the tendency of consumers to prefer locally produced products to foreign products. In the same vein, Agarwal (2020) describe consumer ethnocentrism as a tendency for people to favour locally made products. Ningsih et al. (2019) viewed consumer ethnocentrism as the inclination of consumers to view and assume one's cultural group as the best. De Nisco et al. (2016) assert that consumers who have strong ethnocentric beliefs tend to evaluate foreign products negatively than those who are less ethnocentric. Consumers who have strong ethnocentric tendencies avoid purchasing foreign-made products although they are of superior quality to local products (De Nisco et al., 2016). Karunaratne and Wanninayake (2019) asserts that consumer ethnocentric appeals can predict consumers' inclinations to purchase locally made products instead of imports. In the broad sense of ethnocentrism, product symbols from other countries may represent objects of disapproval to the ethnocentric consumer, whereas the products of one's own national group are objects of pride and attachment (Shimp *et al.*, 1993). The literature proved that consumers who are ethnocentric believe that purchasing imported products is unpatriotic, causes loss of jobs, and hurts the domestic economy (Sharma and Shimp, 1987). The general applicability of ethnocentrism to the study of consumer behaviour has been acknowledged by different authors (Berkman and Gilson 1978; Markin, 1974). This concept of CE in this manner is used here to represent consumers' beliefs in the superiority of their own country's products (Altinaú and Tokol, 2007).

This perception is postulated to go beyond mere economic and functional considerations, and, instead, to have a more noble foundation rooted in morality (Altinaú and Tokol, 2007). That is to say, the concept of CE is rooted in nationalism, which means in order for the country's GDP to grow; consumers must concentrate on consuming the domestic products and ignore imported products. By doing so the domestic industries will be sustained and hence increase the national income. The CE concept is postulated to be one component of a complex, multifaceted construct involving consumers' *cognitive, affective, and normative* orientations toward foreign-made products (Shimp *et al.*, 1993). The domain of this general construct spans object-based beliefs and attitudes such as perceptions of product quality, value and others, normative based beliefs and attitudes such as perceptions of whether one should or should not purchase foreign-made products, and personalistic-based considerations of what mode of behaviour i.e. product choice is in the consumer's best personal interest (Shimp *et al.*, 1993). Sharma *et al.* (1995) argued that consumer ethnocentricity has the following characteristics; first, consumer ethnocentricity results from the love and concern for one's country and the fear of losing control of one's own economic interests as a result of the harmful effects that imports may bring to oneself or one's countrymen. Second, it contains the intention or willingness not to purchase foreign products. For highly ethnocentric consumers, buying foreign products is not only an economic issue but also a moral problem. This involvement of morality causes consumers to purchase domestic products even though, in extreme cases, the quality is below that of imports. In the eyes of ethnocentric consumers, not buying foreign products is good, appropriate, desirable, and patriotic; buying them is bad, inappropriate, undesirable, and irresponsible. Thirdly, it refers to a personal level of prejudice against imports, although it may be assumed that the overall level of consumer ethnocentricity in a society system is the aggregation of individual tendencies (Sharma *et al.*, 1995). In particular, this ethnocentric attitude towards foreign-made products is rooted as a psychological symptom by certain types of

consumers (Balabanis *et al.*, 2001). This psychological symptom explains why consumers prefer home country made products over foreign-made products even when the quality of foreign made products is better or the price is lower (Balabanis *et al.*, 2001). Shimp and Sharma (1987) argued that a key reason for consumers to buy or not to buy imported products, regardless of the general conditions of product itself, such as quality, price and brand, is the consumer's patriotism. Out of loyalty, consumers faithfully refuse to buy imported products and punish fellow consumers for doing so, claiming that buying foreign goods puts one's country out of work, hurts the economy, or is disloyal. To measure consumer ethnocentric tendencies, Shimp and Sharma (1987) developed a well-known 17 item scale, the Consumer Ethnocentric Tendencies Scale (CETSCALE) to capture consumers' ethnocentric consistent tendencies toward foreign and domestic products and confirmed its validity in predicting consumers' buying behaviour. Such tendencies may precede attitudes, but they are not the equivalent of attitudes, which tend to be object specific. Herche (1992) showed that the CET scale can predict consumers' preferences to buy or own domestic as opposed to foreign products even better than demographic and marketing mix variables. This is to say, the ethnocentric level of consumers are determined at the point of purchasing the domestic product over foreign products.

Consumer Ethnocentrism and Product Choice

To relate CE with consumers' product choice, the concept of CE brings awareness to individuals for them to understand what purchases are acceptable to the in-group, as well as feelings of individuality and belonging (Chang and Cheng, 2001). For consumers who are less ethnocentric, products are evaluated on their virtues apart from national origin, or possibly even viewed more positively because they are foreign (Chang and Cheng, 2011). Consumer ethnocentrism (CE) begins its effect on the consumer's product choice when foreign-made products are allowed to be imported by governments into one's home country market (Sharma *et al.*, 1995). Under the trend of globalization and internationalism toward the world market, intense competition between different "made-in" products imported from foreign countries and one's home country made products, therefore, occurs (Sharma *et al.*, 1995). Such competition normally exists in various marketing aspects such as; price, product quality, after-sale service, brand equity, placing channels, or even the country of origin of products (the "made-in" label) (Sharma *et al.*, 1995). From the perspective of home country consumers, CE has been previously confirmed to be a key factor that affects their buying preference for domestic rather than foreign made products (Shimp and Sharma, 1987).

Consumer Ethnocentrism and Necessity of the Product

While some studies indicate that consumer ethnocentrism determines consumers' attitudes towards purchasing imported goods (Shimp and Sharma, 1987; Herche, 1992), Sharma *et al.* (1995) found out that, for Korean consumers, the perceived necessity of a product moderated the effect of ethnocentrism on attitudes towards imports. The authors examined ten products in their study and found out that Korean consumers rated medicine, kitchenware and beef as the most necessary products in the study and golf clubs, insurance and bananas as the least necessary. Specifically, Sharma *et al.* (1995) found that the less necessary a product is perceived to daily life, the greater the impact CE has on attitudes toward importing that product. In addition, the more those consumers perceive imports to threaten their economic welfare, the greater the role ethnocentrism plays in determining consumer attitudes towards importing products. In a country such as; Poland, which is experiencing a pro-domestic movement, familiarity with the moderating effect of product

necessity may be useful to marketers who are considering the Polish market as a distribution outlet (Huddleston *et al.*, 2001). In this study the effect of ethnocentric tendencies on choice of anti-malarial remedies was examined. The findings of this study will be a useful contribution to knowledge on the relationship between the choice of anti-malarial remedies and ethnocentric tendencies among Tanzanians.

Methodology

This study was carried out in Mbeya Region which is in the Southern part of Tanzania. Mbeya comprises of consumers from different parts of Tanzania and it has the advantage of being close to two national borders, Malawi and Zambia, which offer routes for importing medicines. The study employed case study design to obtain in-depth understanding of the phenomena. The selection of this design was based on the nature of the study which was able to examine the “what” “how” and “why” questions pertaining to the researcher’s topic of interests (Yin, 2013). The main aim of the case study is to study a select sample intensively so as to obtain a thick description about the topic of the study (Eurepos, Mills & Wiebe, 2010). Using this research design, the researcher obtained useful responses from the participants as the researcher adopted the flexibility of the study to explore ideas and insights on the factors influencing the ethnocentric tendencies of Tanzanian consumers towards purchasing domestic anti-malarial remedies. Also, this study adopted qualitative research to explore the factors influencing the ethnocentric tendencies of Tanzanians while purchasing anti-malarial remedies. According to Hancock (1998:2), qualitative research is concerned with developing explanations of social phenomena. It aims to help us understand the world in which we live and why things are the way they are.

The selection of this approach was motivated by the following reasons: first, the researcher was interested to understand in natural settings the ethnocentric tendencies of Tanzania consumers towards purchasing domestic anti-malarial remedies. Second, qualitative research is important in the behavioural sciences where the aim is to discover the underlying motives of human behaviour. This was very useful to the researcher as it helped her to discover the hidden factors that influenced consumers while seeking for malaria medication. Through qualitative research, the researcher was able to analyse the various factors that motivated Tanzanian consumers to behave in a particular manner. Also, the Interpretivist theoretical lens was adopted in this study. As the interpretivist paradigm seeks to understand the subjective reality of participants in a way that is meaningful for the participants themselves (Brand, 2009), the researcher acknowledged the different demographic characteristics studied and participants’ subjective ways of deciding the malaria medication which suited their chosen criteria. By adopting an Interpretivist paradigm, the researcher assumed that the ethnocentric tendencies of Tanzanian consumers towards purchasing domestic anti-malarial remedies were not an objective phenomenon with known properties or dimensions; hence, a subjective way of reasoning was needed. The adoption of the Interpretivist paradigm helped the researcher to recognize the wide interpretations of reality from the participants’ perspective. In this study, respondents were viewed as peers or friends and an attempt was made to discover hidden meanings, as opposed to measurement in the research (Proctor, 2003). In this study, the targeted population were key informant from Tanzania Medicines and Medical Devices Authority (TMDA,) Tanzanian consumers and pharmacists. Purposive sampling strategy was used to obtain participants in this study. Purposive sampling permits the researcher to decide which cases to choose that will best answer the research research questions and meet the research objectives

(Saunders *et al.*, 2009). This strategy enabled the researcher to gain access to a variety of knowledge and experience relevant to different aspects of the research phenomenon in order to address the research questions and meet its objectives. Profiles of individual participants are shown in Table one.

Table 1: Participants' Profile

Participant	Gender	Level of Education	Occupation
Bupe	Female	Diploma	Pharmacist
Alex	Male	Primary Education	Taxi Driver
Ben	Male	Diploma	Retired Pastor
Amba	Male	Diploma	Pharmacist
Amy	Female	Bachelor Degree	Public Relations Officer
Bariki	Male	Masters	Assistant Lecturer
Jane	Female	Primary Education	Housewife
Bity	Female	Masters	Managing Director at TMDA
Emmanuel	Male	Bachelor Degree	Pharmacist

NB: Participants' names listed in Table 1 are not the real names.

According to the nature of the study, the sample size was 9 respondents which was comprised of 1 key informant from TMDA, 2 pharmacists, and 6 consumers. In this study it should be noted that, pharmacists helped the researcher to understand the criteria used by consumers while purchasing/seeking advice on anti-malarial remedies. Also, key informants from TMDA helped researcher to understand the availability of domestic anti-malarial remedies together with the capacity of pharmaceutical domestic industry in producing anti-malarial remedies. Qualitative data was obtained through in-depth interview. Collis and Hussey (2003) suggested that in-depth interviews are appropriate when it is necessary to understand the construct that the interviewee sees as a basis for his or her opinions and beliefs about a particular matter. In-depth interview is also appropriate if the aim of the interview is to develop an understanding of the respondent's world so that the researcher might influence it either independently or collaboratively. Use of in-depth interview in this study helped the researcher to get an in-depth understanding on the ethnocentric tendencies of Tanzanian consumers towards purchasing domestic anti-malarial remedies. This method of data collection was appropriate in this study as the researcher believed that interviewing individual participants on the studied phenomena would help in collecting rich information which would be full of the individual's subjective perception and experiences on evaluation of anti-malarial remedies. An interview guide was prepared based on themes identified from the literature which the researcher believed would enable useful information to be obtained from the participants. Interviewees were informed about the aim of the interview session. The researcher obtained consent from the interviewees to participate in the study. The interview

sessions were audio taped and notes were taken simultaneously. This method of data collection was useful in this study as the rich information obtained helped to answer the research questions and meet the objectives. The trustworthiness of the study was determined through credibility (in preference to internal validity), transferability (in preference to external validity/ generalisability), dependability (in preference to reliability) and confirmability (in preference to objectivity) as proposed by Lincoln and Guba (1985) as cited by Shenton (2004) and Kisawike (2015). The thematic data analysis technique was used to analyse the collected data. Braun and Clarke (2006) defined thematic analysis as a qualitative analytic method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes the data set in rich detail. However, frequently it goes further than this, and interprets various aspects of the research topic. According to Namey *et al* (2012), thematic analyses, as in grounded theory and development of cultural models, requires more involvement and interpretation from the researcher. Thematic analyses move beyond counting explicit words or phrases and focus on identifying and describing both implicit and explicit ideas within the data, that is, themes. Although, the procedures of analysing data by using the thematic analysis has been said to miss the reliability component in the study, nevertheless thematic analysis is useful in capturing the complexities of meaning within a textual data set. It is also the commonly used method of analysis in qualitative research (Namey *et al.*, 2012). In analysing the obtained information, the researcher adopted the Braun and Clarke's guide to thematic analysis. The components or steps of the process are; becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Braun and Clarke, 2006).

A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. Firstly, the researcher gained familiarity with the collected data by re-reading the field notes and listening the audio in an active way. The recorded interviews were transcribed into the written form. Secondly, the researcher generated initial codes by grouping the data in meaningful groups. Thirdly, the researcher searched for themes sorted different codes into potential themes by considering how different codes could be combined to form overarching themes. Fourthly, the researcher reviewed the themes by identifying if there were enough data to support each identified theme. Also, some themes were broken into sub-themes where it was necessary to do so. Fifth, the researcher defined and named the themes that were used to present and analysed the collected data. This was done by identifying the essence of what each theme was about and determining what aspect of the data each theme captured. In each theme, the analysis was made in detail to provide the meaning. Also, the relationship between the research questions and the identified themes was taken into consideration to see if the research questions were answered through the responses in each theme. Lastly, the report was drafted that detailed the findings by synthesizing and summarizing.

Research Findings

The ethnocentric tendencies of Tanzanian consumers when purchasing the domestic anti-malarial remedies were examined in this study. Pharmaceutical industry in Tanzania is not able to produce enough medical products to satisfy the needs of all Tanzanians; for this reason the importation of the medical products cannot be avoided. In this situation, knowing the ethnocentric tendencies towards the available domestic anti-malarial remedies was vital. In this study it was found out that the ethnocentric tendencies of Tanzanian consumers toward purchasing the domestic anti-malarial

remedies were influenced by availability, affordability, quality and days of dosage of the anti-malarial remedies.

Availability of Domestic Anti-malarial Remedies

In this study, the availability of the domestic anti-malarial remedies was identified in light of the capacity of the domestic pharmaceutical industry to produce enough anti-malarial remedies to cater for the needs of all Tanzanians. It was found out that the technological level of the pharmaceutical industry in Tanzania hinders the production of required anti-malarial remedies to meet the demand.

“The production of anti-malarial remedies needs complicated procedures in order to meet the required standards. The technology we have does not accommodate the production of enough anti-malarial remedies that can satisfy all Tanzanian” (Bity).

Production of the anti-malarial remedies needs advanced technology in order to produce medicines that meet the required standards. Technological hindrances have opened the door for the importation of anti-malarial remedies from different countries, which raised the competition among anti-malarial remedies in the Tanzanian market.

“Most of anti-malarial remedies are imported from countries such as; Germany, India, United Kingdom, Kenya, Uganda, Belgium, China, Switzerland, Netherlands and Italy; very few anti-malarial remedies are produced within the country” (Bity).

The importation of anti-malarial remedies from the economically developed countries has attracted some Tanzanian consumers to undervalue their home produced anti-malarial remedies, believing that the imported anti-malarial remedies are of higher quality than domestically produced anti-malarial remedies. Tanzanian Government through the Ministry of Health Community Development, Gender and Children has tried to promote the usefulness of Artemether + Lumefantrine (ALU), which is among the anti-malarial remedies produced within the country. Radio and television were used to raise awareness of the availability, affordability and usefulness of the particular medicines. However, the government did not encourage citizens to utilize the available anti-malarial remedies rather than imported anti-malarial remedies; possibly the limited capacity of domestic pharmaceutical industry in producing large quantities of anti-malarial remedies was the main reason. As a result, most Tanzanians, especially those with high income, were attracted to use foreign anti-malarial remedies over domestically produced anti-malarial remedies. Availability of the domestic anti-malarial remedies in this study was identified in the light of the capacity of the home industry to supply the required anti-malarial remedies to all Tanzanians. It was found out that producing anti-malarial remedies needs a well-equipped infrastructure in terms of technology in order to produce anti-malarial remedies that will meet the required standards. The level of technology of the pharmaceutical industry in Tanzania was found to be low; as a result the home industry was not capable of producing the required anti-malarial remedies to meet the demand of all Tanzanians. To meet the demand for anti-malarial remedies, the Government allows the importation of foreign anti-malarial remedies from other countries such as; Germany, India, the United Kingdom, Kenya, Uganda, Belgium, China, Switzerland,

Netherlands and Italy. The importation of foreign anti-malarial remedies in Tanzania has resulted in widening the choice of anti-malarial remedies to use. The Tanzanian Government, through the Ministry of Health Community Development, Gender and Children, is trying to promote the usefulness and affordability of the domestically produced anti-malarial remedies, especially ALU. However, consumers are not advised on the importance of valuing their home produced anti-malarial remedies over foreign anti-malarial remedies. This has attracted most Tanzanian consumers to take the domestic anti-malarial remedies for granted. The Tanzanian Government needs to educate consumers to value their home produced anti-malarial remedies and other medication. Despite the limited volume of anti-malarial remedies produced by the domestic pharmaceutical industries, the Government could urge patients to consume the available domestic anti-malarial remedies first, and then opt for foreign anti-malarial remedies when the domestic anti-malarial remedies are out of stock. By so doing, the notion of nationalism in minds of Tanzanians will be built; not only regarding domestic medical consumption, but also consumers will value other domestically produced products, which will strengthen the economy of the country.

Affordability of Domestic Anti-malarial Remedies

The ability to purchase anti-malarial remedies was shown to shape the purchasing decisions of a number of consumers. It was found out that most low income consumers were able to purchase the domestically produced anti-malarial remedies because they were cheaper than foreign anti-malarial remedies.

“I use ALU for malaria treatment because it is cheap, I always buy it for Tshs 2,000 (\$0.864) per dose” (Jane).

The affordability of domestic anti-malarial remedies had influenced most participants especially those with low income, to purchase those medications. Foreign anti-malarial remedies such as Artequin, Co-Artesiane, Duo-Cotecxin, Fansidar, Artequik and Metakelfin which were imported from countries such as Switzerland, Belgium, China, Kenya and other anti-malarial remedies from other countries were relatively expensive, being sold at prices ranging from Tshs.7, 000 (\$3.019) to Tshs.14, 000 (\$6.039) which is not affordable for most Tanzanians, especially those with low income. These consumers purchased domestic anti-malarial remedies, which are sold for Tshs 2,000 (\$0.864). The responses from the pharmacists confirmed that some consumers could not afford to purchase foreign anti-malarial remedies, since they are highly priced compared to the domestically produced anti-malarial remedies.

“Most consumers in this village are managing to purchase the ALU anti-malarial remedy which is domestically produced. Previously I was bringing a few foreign anti-malarial remedies such as Metakelfin and Fansidar to my shop but I found that most of the time those medications expired since most of customers could not afford to purchase them” (Bupe).

Only relatively wealthy consumers were able to purchase imported medications:

“Foreign anti-malarial remedies are demanded by consumers with high income, low income earners prefer the domestic anti-malarial remedies specifically ALU” (Amba).

Thus, consumption of domestic anti-malarial remedies was shown to be influenced by the affordability factor. Consumers did not necessarily purchase domestic anti-malarial remedies, because of valuing their home produced anti-malarial remedies but they were forced to do so by their limited income. Most Tanzanians are living below the poverty line; hence, their consumption behaviour in relation to goods and services is shaped by their level of income. Domestic anti-malarial remedies are priced lower compared to foreign anti-malarial remedies. This has attracted a number of Tanzanians, especially those with low level of income, to use them. Since most of the foreign anti-malarial remedies are expensive this has hindered low income earners from using them; only higher income earners managed could purchase them. It could be shown that domestic anti-malarial remedies were demanded solely because they were affordable to most consumers, but if the price of the domestic anti-malarial remedies had been the same as the price of foreign anti-malarial remedies, more consumers might have opted for the foreign anti-malarial remedies. The reason was that Tanzanian consumers were not well informed about the importance of utilizing domestic products over foreign products. The ethnocentric use of foreign products would result in the loss of jobs and hurt the economy of the country, but this was not in the Tanzanian attitude. This requires the Government of Tanzania, through the Ministry of Health Community Development, Gender and Children, to think of having promotional strategies which would encourage Tanzanians to use home produced anti-malarial remedies irrespective of their level of income. This would help Tanzanians in building the confidence on their home produced anti-malarial remedies and other medication and hence increase the level of ethnocentrism, which would boost the domestic industries and thereby strengthen the economy.

Quality of Domestic Anti-malarial Remedies

The quality of the domestic anti-malarial remedies was questioned by some consumers. It was found out that some of the medicines produced in Tanzania were of low quality as evaluated based on the performance of the particular medicine.

“I don't have courage to purchase the domestically produced medications as even the pain killers sometimes are not functioning” (Bariki).

“I am using Metakelfin from Kenya for malaria treatment. Previously I was using ALU but I found my body temperature rising every time I used the medicine” (Alex).

Consumers who purchased some domestically produced medications and found performance different from their expectations lost trust in the domestically produced anti-malarial remedies and hence valued the foreign anti-malarial remedies. The pharmacists recognized this problem:

“Some consumers are complaining about the performance of ALU, I think the government needs to take some measures to see how they can improve the quality of the domestic produced medicines” (Emmanuel).

Pharmacists received complaints from their customers about the poor performance of the domestic anti-malarial remedies, especially ALU, supporting the view that the ethnocentric tendencies of a

number of Tanzanian consumers in purchasing domestic products were affected by the quality of the medication produced within the country.

Conversely, a few consumers were found to be satisfied with the domestic anti-malarial remedies

“I am using ALU for malaria treatment previously I was using Chloroquine but after it’s resistance I started to use ALU. I am comfortable with this medication since I have never been disappointed” (Ben).

As this example shows consumers who had not experienced any problems on the use of the domestic anti-malarial remedies might be happy with their purchase decision, that is to say, satisfied with the performance of the domestically produced anti-malarial remedies. However, some consumers were shown to undervalue the domestic anti-malarial remedies despite not having experienced any problems, negative word of mouth caused them to form a negative attitude towards domestic anti-malarial remedies.

“Some consumers are coming to my shop asking for foreign anti-malarial remedies such as Metakelfin and Orodar; both from Kenya. I ask them why they don’t use ALU because it is cheaper than those chosen medication. They said that their friends were affected by the consumption of ALU; so they are hesitating to face similar problems” (Amba).

Negative word of mouth from a few consumers who were affected by the domestic anti-malarial remedies spread negativity in the minds of other Tanzanians on the poor performance of the domestic produced anti-malarial remedies. As a result, consumers who were able to buy foreign anti-malarial remedies valued foreign anti-malarial remedies over the domestic anti-malarial remedies. However, a few consumers who were satisfied with the domestic anti-malarial remedies advised their fellow Tanzanians to value their home produced anti-malarial remedies.

“Tanzanians should not underrate themselves by thinking that their home produced medicine cannot cure malaria, instead they should be proud of on their home produced medicines since they function in the same way as the foreign medicines” (Ben).

Tanzanians need to see the potential of medication produced within their country, trust and use it. By so doing it would strengthen the domestic industries and hence strengthen the economy. The quality of the domestic produced anti-malarial remedies was found to be questioned by a number of consumers. The quality of domestic anti-malarial remedies in this study was defined in terms of the performance of the medication consumed. Consumers who experienced negative performance of anti-malarial remedies and other medicines which were domestically produced were shown to be disappointed by the domestic anti-malarial remedies; as a result some of them who were capable of purchasing foreign anti-malarial remedies did so. Negative word of mouth on any product has great impact on the progress of any industry; changing negative attitudes in consumers’ minds requires a lot of effort. The Government, through the Ministry of Health Community Development, Gender and Children, is required to monitor the quality of the domestic anti-malarial remedies in order to make sure that the produced anti-malarial remedies meet the required standards and satisfy

consumers' needs. These findings support the argument of Newton *et al.* (2006) that the health of people living in the developing countries is critically dependent upon the availability of good quality medicines. Safety, quality, and efficacy of medicines are the three most important criteria used by governments to regulate pharmaceuticals (WHO, 2000). Quality of drugs is especially important and is one of the earliest to come under government scrutiny (Amin and Kokwaro, 2007).

Days of Dosage and amount of Tablets per Course

A dose is the amount taken on one occasion-so for example if it is 2 tablets, twice a day, for 6 days, the dose is 2 tablets, the course is 24. Duration of the course and amount of tablets per dose were among the criteria used by participants when purchasing anti-malarial remedies. Among the anti-malarial brands in the Tanzanian market, ALU (an anti-malarial remedy produced in Tanzania) was shown to be a long course of treatment as a patient has to take 24 tablets per course. This discouraged a number of consumers from using it.

I use Orodar anti-malarial drugs from Kenya; the reasons for choosing this anti-malarial remedy is that the course is a short one (I take it once) and does not make me feel tired or headache after taking it so I go on with my daily activities after taking it. (Amy).

I use Metakelfin anti-malarial drugs from Kenya. Its course is short; I take it once then after a few minutes I go on with my daily activity” (Alex).

Most consumers were interested to get the malaria treatment and go on with their daily activities without disturbing their timetable. The single dose attracted them to use the particular medication.

“ALU anti-malarial remedy is attractive to number of consumers because the price is lower compared to other anti-malarial remedies; but the number of tablets per dose (a patient has to take 8 tablet per day; 4 tablets in the morning and another 4 tablets in the evening for three days amounting to 24 tablets) discourages most Tanzanians from using it” (Amba).

It can be revealed that the number of tablets per dose of different anti-malarial remedies differs from one brand to another. For instance with the ALU anti-malarial remedy made in Tanzania a patient has to take 8 tablets per day for three days, amounting to 24 tablets per course, with Duo-Cotecxin anti-malaria from China a patient has to take 2 tablets per day for three days and with Metakelfin a patient has to take 2-3 tablets once (depending on the body weight of a patient). Comparing brands of the anti-malarial remedies, ALU from Tanzania was found to require many tablets per course. Taking 24 tablets per course made a patient become tired throughout the treatment period and hindered patients from going on with other daily activities, because their bodies were weakened. As a result, most consumers in this category preferred foreign anti-malarial remedies. The findings above revealed that the ethnocentric tendencies among participants were low as most purchased domestic anti-malarial remedies not to protect their home industries or because they valued the home produced anti-malarial remedies but because domestic anti-malarial remedies were cheaper than foreign anti-malarial remedies. Also, the performance of the domestic anti-malarial remedies raised the question of a quality of the domestic anti-malarial remedies

produced. This resulted in discouraging a number of Tanzanian consumers from using the domestic anti-malarial remedies and instead they valued the foreign anti-malarial remedies. Among the criteria used by Tanzanians when purchasing anti-malarial remedies were the days of dosage and amount of tablets per course. It was found out that the course of domestic anti-malarial remedies, especially ALU, required a large quantity of tablets compared with other anti-malarial brands from other countries. In addition to the quantity of the tablets, the medication had a tendency of raising the body temperature of a patient after using it and also it took a further week for a patient to recover after finishing the course; this was due to reaction to the medication. This has discouraged a number of Tanzanians from using it, especially consumers who preferred taking the malaria medication while working. As a result many consumers prefer to purchase the Metakelfin anti-malarial remedies from Kenya and other anti-malaria brands that required fewer tablets per course. The Government, through the Ministry of Health Community Development, Gender and Children, could find a means of modifying the dose intake without disturbing the contents by reducing the number of tablets per course from 24 tablets to 9-12 tablets per course.

If they did so, more consumers would be attracted to use home produced anti-malarial remedies and hence strengthen domestic industry. Generally, the findings revealed that the ethnocentric tendencies among participants on purchasing the domestic anti-malarial remedies were quite low. The Tanzanian Government has encouraged Tanzanians to use the ALU anti-malarial remedy due to its usefulness and affordability, but no emphasis was given in educating Tanzanians to use home produced anti-malarial remedies. Despite the limited capacity of local anti-malarial production, the Tanzanian Government could encourage the Tanzanians to value their home produced anti-malarial remedies first. Without such encouragement, consumers found domestic anti-malarial remedies unattractive and instead opted for foreign anti-malarial remedies if they could afford them. Consumers purchased domestic anti-malarial remedies solely because of their low price, but not because they cared about the growth of the domestic industry.

In addition, the performance of the domestic anti-malarial remedies and the number of the tablets per course raised a question on the quality of the domestic anti-malarial remedies produced. This resulted in discouraging a number of Tanzanian consumers from using the domestic anti-malarial remedies, and led them to prefer the foreign anti-malarial remedies. There was no nationalism in the minds of Tanzanians when purchasing domestic anti-malarial remedies. The findings above were contrary to the characteristics of ethnocentric consumers as identified by Sharma *et al.* (1995). They argued that consumer ethnocentricity has the following characteristics; first, consumer ethnocentricity results from the love and concern for one's country and the fear of losing control of one's own economic interests as the result of the harmful effects that imports may bring into oneself. Second, it contains the intention or willingness not to purchase foreign products. For highly ethnocentric consumers, buying foreign products is not only an economic issue but also a moral problem. This involvement of morality causes consumers to purchase domestic products even though, in extreme cases, the quality is below that of imports. In the eyes of ethnocentric consumers, not buying foreign products is good, appropriate, desirable, and patriotic; buying them is bad, inappropriate, undesirable, and irresponsible. Thirdly, it refers to a personal level of prejudice against imports, although it may be assumed that the overall level of consumer ethnocentricity in a society system is the aggregation of individual tendencies (Sharma *et al.*, 1995).

Conclusion and Recommendations

In this study it was found out that the pharmaceutical industry in Tanzania is not equipped enough to produce sufficient anti-malarial remedies to cater for the needs of all Tanzanians. In order to meet the demand, the country allowed the importation of anti-malarial remedies from different countries. The variety of different anti-malarial brands in the market has contributed in widening the choices of anti-malarial remedies for Tanzanian consumers. The Government through the Ministry of Health and Social Welfare has promoted the usefulness and affordability of ALU, one of the domestic anti-malarial remedies. However, consumers were not advised to use the ALU anti-malarial remedy over foreign anti-malarial remedies. This made most consumers purchase any anti-malarial brand from any country because they had a free choice and they did not see a problem in purchasing foreign anti-malarial remedies rather than domestic anti-malarial remedies. The findings from the field indicated that only consumers with low income were shown to purchase the ALU anti-malarial remedy, whereas most consumers with a high level of income switched from one brand to another, based on their interest in a particular medication.

Also, uncertainties in the consumption of domestic anti-malarial remedies influenced some consumers to use a number of criteria for evaluation of anti-malarial remedies. The uncertainties of malaria medication prompted most consumers to be highly involved in their decision making towards seeking for malaria medication. Consumers used both extrinsic such as Country of origin, price and brand name and intrinsic, such as content and quality cues in evaluating anti-malarial remedies. Through the identified criteria, the quality of the domestic anti-malaria remedies was questioned by a number of consumers. They complained that pharmaceutical companies produced products of low quality, as they found the performance of the medicines to be poor. Some consumers experienced some problems after using the ALU anti-malarial remedy which was domestically produced. This made some consumers form negative perceptions of locally produced anti-malarial remedies. In addition, the ALU anti-malarial remedy was found to require a large number of tablets, which discouraged consumers from using it.

Due to these factors, most consumers were found to prefer foreign anti-malarial remedies over the locally-produced anti-malarial remedies. Therefore, from the findings above it can be concluded that the ethnocentric tendencies of Tanzanian consumers when purchasing the domestic anti-malarial remedies were extremely low. This is because they purchased domestic anti-malarial remedies because of their affordability and not because they valued their home produced anti-malarial remedies. Also, there was no guilt in their minds that purchasing foreign anti-malarial remedies would result in the loss of jobs and hurt the economy of the country. The findings of this study are expected to provide health professional bodies with knowledge about the decision making process Tanzania consumers' use while purchasing anti-malarial remedies. This will help them to boost the standard of the different domestic medical products and hence increase ethnocentric tendencies among Tanzanian consumers.

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