# NIGERIAN CONSUMERS' PERCEPTIONS OF FOREIGN AND DOMESTIC PHARMACEUTICAL PRODUCTS IN SOUTH-EASTERN NIGERIA.

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#### Abstract

In the face of increasing and intense competition among firms, consumers in most countries are faced with an ever-expanding choice of product purchase options. Additionally, globalization has presented many consumers, especially those in the Less Developed Countries (LDCs), with the dilemma of choosing between domestic and foreign made products. In Nigeria, research on consumers' attitudes to and perceptions of foreign and domestic goods shows that country of origin (COO) is a significant factor in consumers' product preferences. The broad objective of this study is to investigate the Nigerian consumers' perceptions of the difference between foreign and domestic pharmaceutical products. The specific objectives are; to examine the Nigerian consumers' perceptions of the appropriateness of using foreign made pharmaceutical products at the expense of locally made ones. The study surveyed a wide spectrum of health practitioners such as doctors, pharmacists, nurses, patent medicine dealers, as well as consumers of pharmaceutical products in Nigeria. Data was purposively collected from three states, namely Anambra, Enugu and Imo. These were selected because they are mostly consumed in South-Eastern Nigeria. Hypotheses were tested and data were analyzed using non-parametric analytic instruments. Findings from the study provided evidence which suggested that Nigerian consumers preferred foreign-made pharmaceutical products over domestic ones. Based on the findings, the study recommends that "state of emergency" be declared in the pharmaceutical sector to encourage local producers to upgrade their facilities to international standards certified by the World Health Organisation (WHO) in order to satisfy local demands and to enhance exports to other countries.

**Keywords:** Consumers, Consumer Buying Behaviour, Domestic and Foreign Products, Country of Origin( COO) Effect.

# Introduction

# **Background of the Study**

In the face of increasing and intense competition among firms, consumers in many countries are faced with an ever-expanding choice of product purchase options. Additionally, globalization has presented consumers, especially those in the Less Developed Countries (LDCs), with the dilemma of choice between domestic and foreign made products. This is believed to be driven by the force of perception as motivated by certain basic or fundamental variables. Some of those factors capable of motivating a consumer to make a choice may include among others product origin, consumption income, taste or fashion and other demand determinants subject to the convenience and other factors that may appeal to the consumer at the time of need (Mellott, 1984).

It is against this backdrop that researchers' interests have considerably focused on what actually influence consumption decisions of consumers, particularly the effects of country-of-origin (COO) on consumer product perception and choice. This has made it imperative to study, analyse, and develop instruments through which an assessment of consumers' attitudes and preferences for both domestic and foreign goods can be carried out (Okechuku, C. and Onyemah, V. 1999; Okafor and Okonkwo, 2022).

In Nigeria, research on consumers' attitudes to and perceptions of foreign and domestic goods shows that "COO" is a significant factor in consumer preference (Okechuku and Onyemah, 1999); but this study wants to reveal that Nigerian consumers have a negative perception of the 'Made in Nigeria' labels and that they generally prefer foreign made goods to local ones (Okechuku and Onyemah, 1999; Oyeniyi 2009). Consumer Ethnocentrism (CE), which is consumers' beliefs about the appropriateness of purchasing foreign-made products (Shimp and Sharma, 1987), has also been used by researchers to establish preferences of consumers for goods manufactured in developed countries or countries with similar culture over those of the home country (Samiee, 1994; Heslop et al., 1998, Watson and Wright, 2000; Okonkwo, et. al. 2021).

Consumers are generally perceived in Nigeria to have a negative perception of locally manufactured goods and pharmaceutical products are not exempted. They have been observed to prefer imported foreign products especially from United States and this has continued to pose a big challenge to the growth of Nigeria economy (Okechuku and Onyemah, 1999; Oyeniyi 2009). In order to redress the situation, successive Nigerian governments have, over time, initiated programs and measures to support domestic productions and encourage patronage for Made-in-Nigeria goods including pharmaceutical products.

There is evidence to suggest that the combined effects of country of origin (COO) and consumer ethnocentrism (CE) would lead consumers in developed countries to have preference for home made products but there seems not to be evidence to suggest otherwise for consumers in developing countries (Hamin and Elliott, 2006). While most of the above studies have focused on product categories such as automobiles, shoes, meat, electronics, and refrigerators, none seems to have considered pharmaceutical products, at least to the best of this researcher's knowledge. Furthermore, while COO has been widely researched, relatively little is known about the effects of this potential surrogate indicator on purchasing behaviour in developing countries like Nigeria. This is the focus of this study.

It is widely acknowledged that medicine contributes to the health of a nation. Effective use of drugs has been found to improve people's quality of life, reduce the need for surgical intervention and the length of time spent in hospital, and save many lives (House of Commons Health Committee Report, 2005).

The effect of COO on the drug buying decisions of Nigerian consumers is believed to be very strong, though yet to be empirically proven. Based on the product involved, this researcher wants to speculate that consumers of pharmaceutical products in Nigeria would rather prefer to buy products marked: "Made in Germany" or "Made in the UK", for examples, as against those bearing the "Made in China" or "Made in India" label (Federal Ministry of Health, Nigeria, 2020; Okonkwo and Ugwa, 2020). The focus of this study is therefore to assess the perceptions that Nigerian consumers have about foreign made pharmaceutical products relative to the local ones.

# The Nigerian Pharmaceutical Industry: Setting the Context

In Nigeria, consumers are generally perceived to have a negative perception of locally manufactured goods. They have been observed to prefer imported foreign products and this has continued to pose a big challenge to the growth of the domestic economy (Okechukwu and Onyemah, 1999; Oyeniyi 2009; Okechukwu 2019). In order to redress the situation, successive Nigerian governments have, over time, initiated programs and measures to support domestic production and encourage patronage for Made-in-Nigeria goods.

Over dependence on imported products by Nigerian consumers, even for basic industrial goods, have had political, economic, and social implications for the country. Some of the implications are: slow rate of growth for the industrial sector; lack of domestic employment opportunities; and depletion of foreign reserves among other adverse consequences (NAFDAC, 2019).

# **Objectives of the Study**

The broad objective of this study is to investigate the Nigerian consumers' perceptions of the difference between foreign and domestic pharmaceutical products in South-Eastern Nigeria. The specific objectives are;

1. To examine the Nigerian consumers' perceptions of the appropriateness of using foreign made pharmaceutical products at the expense of locally made ones.

Based on the preceding analysis, the following research questions were investigated in this study:

1. Do Nigerian consumers consider it appropriate to buy some selected foreign manufactured drugs at the expense of locally made ones?

#### **Research Hypotheses**

The following hypotheses were tested in this study:

- i. **H0:-** There is no significant preference by Nigerian consumers for foreign manufactured pharmaceutical products over locally produced ones.
- ii. **H1:-** There is significant preference by Nigerian consumers for foreign manufactured pharmaceutical products over locally produced ones.

# LITERATURE REVIEW AND THEORETICAL FRAMEWORKS

The whole essence of life is to live to produce what would satisfy human wants at every point in time. Begg, Fischer and Dornbusch (2003) posit that, "every group of people must solve three basic problems of daily living: what goods and services to produce, how to produce them, and for whom to produce them" (p. 3). The root of economic problems is anchored on this fundamental fact. In essence, society has to constantly reconcile the obvious conflict between the limitless craving for goods and services and the limited resources with which the goods and services can be produced (Begg et al., 2003; Okonkwo, et. al. 2018).

#### **Concept of Consumer and Consumer Buying Behaviour**

Osuagwu & Gbadamosi (2000) also state that "a consumer is an individual who acquires goods, services, and ideas for personal consumption

From the production point of view, consumers are usually believed to give consideration to products that are not only available but also affordable. This conception of consumer behaviour is essentially captured in the term *product concept*. The strategy to satisfy consumers' needs is therefore to improve on production and distribution efficiency (Kotler, Armstrong, Saunders, and Wong, 2002; Okonkwo, et. al. 2017; Otaokpukpu, et. al. 2017). While this marketing philosophy has been useful to producers and sellers in ensuring that their products get to the ultimate consumers, it only works effectively when demand exceeds supply and when the cost of production is very high (Kotler and Keller, 2006).

In this case, what the management needs to do is to increase production and improve on productivity to lower cost so as to ensure affordability (Kotler et al., 2002). As useful as

this philosophy is, it is quite limited to apply it in today's dynamic business environment because its focus is paradoxically myopic. It was therefore not a surprise when manufacturers dropped this philosophy in favour of the product concept.

# **Concept of Product.**

According to Kotler et al. (2002, p. 14), "product concept holds that consumers will favour products that offer the most quality, performance and innovative features". Once organizations invest in massive continuous product improvement then their product will sell in the marketplace (Kotler et al., 2002; Ugwa, et. al. 2015). Drawing out the shortcomings of this philosophy, Kotler et al. (2002) posit that managers become more obsessed with technology and ignore other important aspects of production and marketing. The *product concept*, like its predecessor, *production concept*, also promotes narrow focus on producing what will satisfy human wants. With these shortcomings and organizations' quest to sell more of their products, the selling concept emerged. The central argument of this philosophy is that consumers will not buy enough of their (producers' products unless they invest massively in promotional activities which will motivate them to buy. The focus of this philosophy is therefore to ensure that organisations sell their products rather than produce what the consumers want. In outlining the drawback of this philosophy and the risk of its application to organizations, Kotler et al. (2002) argue:

"It [selling] concept focuses on creating sales transactions in the short term, rather than on building long-term profitable relationship with customers. It assumes that customers who are coaxed into buying the product will like it. Or if they don't like it, they may forget their disappointment and buy it again later. These are usually poor assumptions to make about buyers. Most studies show that dissatisfied do not buy again. Worse yet, while the average satisfied customer tells three others about good experiences, the average dissatisfied customer tells ten others of his or her bad experiences"

Arguably, to correct the *inside-out* focus of the *selling concept*, the *marketing concept* which was conceived as having outside-in focus was introduced (Kotler and Keller, 2006; McDaniel et al., 2006). It was argued in favour of this philosophy that while the *selling concept* "focuses on the company's existing products and call for heavy selling and promotion to obtain profitable sales" (Kotler et al., 2002, p. 15) and ignoring who buys and why, the *marketing concept* "starts with a well-defined market, focuses on

customers' needs, coordinates all the marketing activities affecting customers and make profits by creating long-term customer relationships based on customer value and satisfaction.

## **Domestic versus Foreign Products**

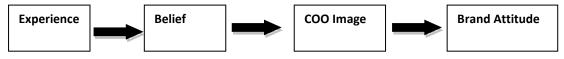
Prior studies (see, for example, Bannister and Saunders, 1978) on COO have suggested "the existence of negative biases toward products made in foreign countries". Generally, it is widely believed that foreign products have more potency than locally made products particularly in relation to drugs. This is based on the belief that rigorous research must have been carried out prior to the manufacture of the products. In Nigeria, rigorous research is hampered by technological factors such that domestic products are not widely accepted as qualitatively superior to products produced in the developed world (Okechukwu and Onyemah, 1999). Lending support to this argument, a number of studies, notably Agbonifoh and Elimimian (1999) and Okechukwu and Onyemah (1999) found that products from technologically more advanced countries were viewed more positively by nationals of developing countries than those from foreign countries. This seems to suggest that there is preference for domestic products over foreign products in developed countries. Reasons adduced for this in the literature include the confidence such nationals have in their economy and their political system, level of technological development, high literacy level, and so on (see, for example, Hamin and Elliot, 2006).

On the other hand, research shows that products from the local economy are evaluated less favourably than their imported foreign counterparts in developing countries (Sohail & Sahin, 2010). Though Japan has today made tremendous progress in regard to technological development such that products from the country are now rated more favourably with other products anywhere in the world, it should be pointed out that the situation was different over four decades ago when Japan was not perceived as a developed country. A study by Nagashima (1970) showed that Japanese respondents who were asked to rate products manufactured in their country along with those manufactured in the United States, Germany, England, and France rated products manufactured in Japan less favourably than those manufactured in the USA and European countries, even though the American respondents thought highly of products manufactured in Japan.

# **Country of Origin (COO) Effect**

The country of origin of a product has a great impact on consumers' perceptions of such a product (Yasin et al., 2007; Han, 1989). For instance, a consumer who already had certain impression concerning a particular country, either positive or negative, brings this to mind when considering products originating from such a country. The peculiarity of globalization, particularly in marketing and distribution of goods, comes with the perceived notion that attitudes, culture and technology of a certain nation reflect on its products. These perceptions make the 'country of origin' construct to really stand out, and this is captured as the *country of origin effect* (Han, 1989). This image turns out to form a part of the brand image that contributes to the labeling of that product.

# Theoretical Framework-The Halo Model of the Country of Origin Effect The Halo Model of the Country of Origin Effect



# Source: Sivakumar (n.d.): Country of Origin and its Impact on Brands

The proposed framework by Sivakumar was capped with the Single Flexible Model where he argued that both the country image and belief can have simultaneous effects on the consumer's attitude in varying degrees. He further contends that country image can directly affect brand attitude or indirectly through belief. Based on several studies, Sivakumar further identified factors moderating the Country of Origin effects on brand evaluations to be time, consumer expertise, demography, similarity between countries, product categories, economic development, and ethnocentricity.

# **RESEARCH DESIGN AND METHODOLOGY**

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Descriptive research strategy and survey research design were adopted for this study. The sample population for this study consisted of all Nigerian adult consumers of pharmaceutical products, however, grouped into two major categories, namely: the medical practitioners, and final consumers of pharmaceutical products. The medical practitioners consisted of professionals from the following cadres: doctors; pharmacists; nurses; patent medicine dealers and others (those not specifically mentioned). The 'final consumers' mentioned in this thesis represent other users of pharmaceutical products classified on the basis of some demographic characteristics such as 'age' and 'income levels'.

The unit of analysis in this study is the adult Nigerian consumer of pharmaceutical products. In determining the size of the sample population, consideration was given to ensure that the sample size was representative enough of the entire population of the country. The Nigerian population is estimated to be about 167 million people (Nigerian National Population Commission). However, in deciding on what the sample size

should be, further consideration was given to the size of the adult literate population who were the target of the data collection. Initially, a sample size of 6,000 was considered representative of the study population. Based on this, this researcher sampled 3,000 medical practitioners with the other 3,000 representing the group of final consumers of pharmaceutical products. The procedure for selecting the sample is as important as the sample size. In this regard, the sample was drawn randomly across the three major sites of the study, through the administration of questionnaires to medical practitioners and the final consumers of pharmaceutical products. Questionnaires were administered to respondents directly. The sample of the medical practitioners was selected randomly through the various cadres of professionals across several health facilities in the designated study sites. Similarly, the final consumers of pharmaceutical products were randomly selected at various points within the study sites. These procedures of sample selection and data collection ensured a high level of return of questionnaires from the respondents. The return rate was 88 per cent for the Western zone (Lagos State). The Eastern zone (Anambra State) recorded a return rate of 80 per cent, while the return rate for the Northern zone (Kano State) was 68 per cent. Despite this relatively small percentage, the rate in the North was still considered good enough.

A total of 2,313 medical practitioners responded to the questionnaire. These consisted of 545 medical doctors, 422 pharmacists, 555 nurses, 408 patent medicine dealers and 383 persons categorized as 'others'. There were 2,411 respondents from the group of 'final consumers' who were classified according to their 'age' and 'income levels',

Frequency		Percent		Valid Percent		Cumulative Percent
Valid	Strongly Disagree	122		5.3	5.3	5.3
Disagree	572		24.7		24.7	30.0
Undecided	392		16.9		16.9	47.0
Agree	857		37.1		37.1	84.0
Strongly	370		16.0		16.0	100.0
agree		2212		100.0		100.0
Total		2313		100.0		100.0

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#### Table 1: Effect of Brand and Generic names on Drug Purchase

#### Table 2: The Effect of Country of Manufacture on Purchase of Pharmaceutical drugs

Frequency	Percent		Valid	Percent	Cumulative Percent
Valid	Strongly	111	4.8	4.8	4.8
	Disagree				
Disagree	598	25.9		25.9	30.7
Undecided	366	15.8		15.8	46.5
Agree	848	36.7		36.7	83.1
Strongly	390	16.9		16.9	100.0
agree					
Total	2313		100.0		100.0

# Table 3: Foreign made drugs are generally of higher quality andefficacy than those made in Nigeria

Frequency	Percent		Valid Percent		Cumulative Percent
Valid	Strongly	116	5.0	5.0	5.0
	Disagree				
Disagree	544	23.5		23.5	28.6
Undecided	406	17.6		17.6	46.1
Agree	777	33.6		33.6	79.7
Strongly	467	20.2		20.2	100.0
agree					
5	1	.0		.0	100.0
Total	2311		99.9		100.0
Missing	Syste	em	2		.1
Total		2313		100.0	)

#### Table 4: Rating of made- in-Nigeria drugs in terms of quality and efficacy

Frequency	Perc	ent		Valid Percent		Cumulative Percent
Valid	Extremel	63		2.7	2.7	2.7
	y Poor					
Below	337		14.6		14.6	17.3
Average						
Average	1008		43.6		43.6	60.9
Above	683		29.5		29.5	90.4
average						
Excellent	222		9.6		9.6	100.0
Total	2313	3		100.0		100.0

Table

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**5:** Percent

Valid Percent Cumulative Percent

Ranking Nigeria terms of quality pharmace al proc produced Frequence	of utic lucts				
Valid	0	194	8.4	8.6	8.6
1st	265	11.5		11.8	20.4
2nd	231	10.0		10.3	30.6
3rd	551	23.8		24.5	55.1
4th	800	34.6		35.5	90.6
5th	211	9.1		9.4	100.0
6	1	.0		.0	100.0
Total	2253	3	97.4		100.0
Missing	Syst	em	60		2.6
Total		2313		100.	0

# Table 6: Pharmaceutical products produced in India or China is of lower quality when compared to those from Europe or America

Frequency	Percent		Valid Percent		Cumulative Percent
Valid	Strongly	199	8.6	8.6	8.6
	Disagree				
Disagree	618	26.7		26.8	35.4
Undecided	330	14.3		14.3	49.7
Agree	717	31.0		31.1	80.7
Strongly	439	19.0		19.0	99.7
agree					
5	6	.3		.3	100.0
Total	2309	)	99.8		100.0
Missing	Syste	em	4		.2
Total		2313		100.	0

Figure 7: Buying foreign drugs is unpatriotic and affects the economy								
Table24:	<b>In</b> Perce	ent	Valid	Percent	<b>Cumulative Percent</b>			
most c	cases,							
people bu	iy a							
particular								
brand of drug								
because of the								
packaging								
Frequency								
Valid	Strongly	79	3.4	3.4	3.4			
	Disagree							
Disagree	509	22.0		22.1	25.5			
Undecided	252	10.9		10.9	36.4			
Agree	1081	46.7		46.9	83.3			
Strongly	384	16.6		16.7	100.0			
agree								
Total	2305		99.7		100.0			
Missing	Syste	em	8		.3			
Total		2313		100.0	)			

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# Table 8: Cost of drug affects the decision of consumers to buy foreign or local brand of a pharmaceutical drug

Frequency	Percent		Valid	Percent	Cumulative Percent	
Valid	Strongly	61		2.6	2.6	2.6
	Disagree					
Disagree	287		12.4		12.5	15.1
Undecided	280		12.1		12.2	27.3
Agree	1110		48.0		48.2	75.4
Strongly	566		24.5		24.6	100.0
agree						
Total	2304	Ļ		99.6		100.0
Missing	Syste	em		9		.4
Total		231	3		100.	0

<b>Table 23:</b> 1	Ethnocentri	sm as Reflec	cted in A	Assessmen	ts made by Responde
Statement:	Perce	ent	Valid	Percent	<b>Cumulative Percent</b>
Those	who				
patronize					
foreign	made				
pharmaceut	tical				
drugs	are				
unpatriotic,	as				
their a	action				
reduces	job				
creation	and				
affects	the				
economy i	n the				
long	run				
Frequency					
Valid	Strongly	195	8.4	8.5	8.5
	Disagree				
Disagree	572	24.7		24.8	33.3
Undecided	364	15.7		15.8	49.1
Agree	786	34.0		34.1	83.2
Strongly	387	16.7		16.8	100.0
agree					
Total	2304		99.6		100.0
Missing	Syste	em	9		.4
Total		2313		100.0	)

## Figure 9: Effect of marketing strategy on the decision to buy drugs Table 23: Ethnocentrism as Reflected in Assessments made by Respondents

# **Discussion of Findings, Implications and Recommendations**

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The finding that the Nigerian consumer of pharmaceutical products prefers foreign made products to local ones seems to corroborate the results of earlier empirical studies conducted using product categories that are not related to pharmaceuticals. The study also confirms the speculation that Nigerian consumers prefer foreign made pharmaceutical products to locally made ones based on the perception that foreign made pharmaceutical products offer superior quality and efficacy. This finding reinforces the general trend that consumers in the developing economies view products manufactured in their country less favourably compared to those manufactured in developed economies.

Another key finding of this research is that, in the prescription and consumption of pharmaceutical products, there is no significance attached to the country of origin in the selection of drugs consumed. This factor probably explains why all manner of foreign

drugs continue to enjoy patronage in the Nigerian market since consumers really do not consider the specific country where the drugs originate before making their purchases. This non-significant attachment to the country of origin of the drugs both in prescription and consumption could be due to economic factors, such as the prices of the drugs and the level of disposable incomes of the consumers.

The marketing and consumer behaviour literature generally suggests that consumers go through a decision process in making a purchase decision. Within this decision process certain information variables are considered in examining the product about which purchase is to be made.

### Recommendations

In order to forestall this negative trend, the government should initiate a subtle measure for the protection of the domestic industry. The government should ensure strict compliance with quality control standards for drug importation particularly from China, India and other Asian countries. This will help to prevent the influx of all manner of cheap drugs into the country. Medical practitioners who prescribe foreign drugs for their patients should also be made more conscious of the quality and efficacy of the drugs they prescribe for patients while also considering the financial costs. This is because some medical practitioners are known to stock foreign drugs that are relatively cheaper and cost effective to be dispensed to their patients. Besides, certain prescriptions made are based on some understanding or agreements reached with the marketers of the products in terms of rewards. It is important therefore to persuade the medical practitioners through their various professional groups to change this orientation and work strictly for the best interest of their patients at all times. Additionally, government-owned healthcare institutions from the primary, secondary and tertiary levels should be encouraged to stock local products that are considered to be of acceptable quality

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