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## Impact of Country of Origin on Consumers' Evaluation of the Anti-malarial Remedies in Tanzania

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### **Abstract:**

*The purpose of this study is to explore the impact of Country of Origin (COO) on consumers' evaluation of anti-malarial remedies in Tanzania. An exploratory research design was adopted which helped to discover ideas and insights underlying consumers' evaluation of anti-malarial remedies as far as COO was concerned. Purposive sampling was used to select 13 participants in this study. The findings from the study revealed COO have an impact on evaluation of anti-malarial remedies to certain groups of consumers. For instance, educated consumers, younger consumers and urban consumers were shown to consider COO cue while purchasing the anti-malarial remedies. This is due to exposure to different brands of anti-malarial remedies and easy accessibility of different anti-malarial brands. On the other hand, older consumers, rural consumers and illiterate consumers were shown to base on opinion leaders (pharmacists and clinical officers) advises. This is because, most of them are unfamiliar with different foreign anti-malarial brands, hence opinion leaders' advices are trusted by them and are totally satisfied. The findings of this study are expected to provide health professional bodies with knowledge about the impact of COO on evaluation of anti-malarial remedies. This will help them to boost the standard of the different domestic medical products and hence encourage Tanzanians to value the domestically produced medical products.*

**Keywords:** Country of origin, anti-malarial remedies, consumer, consumer behaviour

### **1. Background of the Study**

Country of origin (COO) refers to information pertaining to where a product is made, that is the 'made in' concept (Zafar *et al.*, 2004). It is also defined as a positive or negative influence or association that a product's country of manufacture may have on consumers' judgment processes or consequent behaviour (Elliot and Cameron, 1994). Roth and Romeo (1992) define COO as the overall perception consumer's form about products from a particular country, based on their prior perceptions of the country's production and marketing strengths and weaknesses. Samiee (2007) suggests that COO represents the country with which a firm is associated. The COO refers to the country in which the product has been developed or the country to which a product belongs and is identified with, that is, the motherland of a product (Munjal, 2014).

Research on COO effects started with an empirical study by Schooler (1965) on the evaluations of identical products that were presented as originating from Costa Rica, El Salvador, Guatemala, and Mexico. A product's COO is an extrinsic product attribute such as brand and price, as opposed to intrinsic attributes such as colour and materials (Bilkey and Nes, 1982) as cited by (Jos Hornikx, 2020). Consumers use both types of attributes to infer the quality of a product. Consumers' concern during the purchasing process comprises not only product quality and price, but also other factors such as, the product's COO. The home COO effects are a persistent concern in international marketing (Koschate-Tischer *et al.*, 2012) as cited by (NádiaPassagem *et al.*, 2020).

Various studies have been conducted to determine the impact of COO on the evaluation of different products and services (Verlegh and Steenkamp, 1999; Bhaskaran and Sukumaran, 2005; Maier and Wilken, 2017; Jos Hornikx *et al.*, 2020; NádiaPassagem *et al.*, 2020). Studies conducted in developed countries revealed that consumers in these countries favour products from their own countries over products from developing countries (Wang and Lamb, 1983; Jaffe and Martinez, 1995). On the other hand, studies which were conducted in developing countries revealed that consumers in those countries tend to prefer products from developed countries, as well as assuming that products from developed countries are of higher quality than their native products (Okechuku and Onyemah, 1999; Opoku and Akorli, 2009; Agbonifoh and Elimimian, 1999). Always, consumers have a tendency of preferring the domestic products in countries where there is strong xenophobia, national arrogance, or consumer ethnocentrism (Heslop and Papadopoulos, 1993).

Studies on the impact of COO on products' evaluation in both developed and developing countries on different goods and services are few. As such the COO effect on malaria medication remained unaddressed. The aim of this study is to examine the impact of COO on consumer's evaluation of anti-malarial remedies in Tanzania. The findings of this study may contribute to the body of knowledge on COO literature, especially on malaria medication.

### 1.1. Research Objectives

#### 1.1.1. General Objective

The main objective of this study was to explore the impact of COO on consumers' evaluation of the anti-malarial remedies in Tanzania.

#### 1.1.2. Specific Objectives

- To examine the effect of age in evaluation of anti-malarial remedies in Tanzania.
- To examine the effect of level of education in evaluation of anti-malarial remedies in Tanzania.
- To examine the effect of location in evaluation of anti-malarial remedies in Tanzania.

### 1.2. Research Questions

- Does age have an effect on evaluation of anti-malarial remedies in Tanzania?
- What is the effect of level of education on evaluation of anti-malarial remedies in Tanzania?
- Does location have an effect on evaluation of anti-malarial remedies in Tanzania?

## 2. Literature Review

### 2.1. Behaviour of the Consumer

Schiffman and Kanuk (2007 :3) defined consumer behaviour as the 'behaviour that consumers display in searching for, purchasing, using, evaluation, and disposing of products and services that expect will satisfy their needs'. As far as this study is concerned, consumer behaviour will be defined as the actions that consumers use in seeking malaria medication after realizing their abnormal health condition in relation to COO. The study of how consumers behave according to the COO image of the product that they consume begins when they are going to acquire a product or are going to make use of a service to satisfy their needs. This is when the consumers face a series of decisions to be made. These vary from the type of product of buying situation, and they define this behaviour.

Consumer behaviour is derived from various factors, as outlined by different authors. According to Bakshi (2012), consumer behaviour is influenced by a number of factors such as cultural, social (reference groups, family, social and role status), personal characteristics (gender, age, occupation, income, and lifestyle) and psychological factors (motivation, perception, beliefs and attitude). Blackwell *et al.* (2006) ascertained that consumer buying behaviour is influenced by two major factors which are individual (demographic, consumer knowledge, perception, learning, motivation, personality, beliefs, attitude and lifestyle) and environment (culture, social class, reference groups, family and household). Sata (2013) in a study on the factors affecting consumer buying behaviour of mobile devices, found that price, features incorporated in the mobile phone, social influence, durability of the mobile phone, brand name, and after sales service were the major factors that influenced consumers in purchasing the mobile phone. It can be observed that the nature of the product or service determines the criteria to be used by consumers while purchasing a particular product/service.

### 2.2. Country of Origin Effects

An imported product's COO label provides simplified information for consumers (Cox, 1962). Such cues are be used when consumers perceive them to accurately contribute to the assessments of product attributes and the outcome associated with purchase (Cox, 1962). Consumers from a variety of national settings have been shown to view COO labels as valid information cues (Han, 1989; Kaynak and Cavusgil, 1983. COO effects are created from consumers' practices when consumers are exposed to awareness concerning the country, political attitude or general ethnocentric tendencies (Elliott, 2006). The COO effect is usually understood to stand for the impact that of views and opinions about a country, creating a person's assessment of the country's products and/or brands (Nebenzahlet *et al.*, 1997). The overview of attitudes and opinions about specific products from a country on a number of aspects is known as country image (Bilkey and Nes, 1982). Jun and Choi (2007) used the deductive approach to examine COO effects on non-prescription drugs by using the concept of country brand attitude. They posed the questions, 'Are these country effects generalisable to all products categories?' and 'Specifically, is it effective when a consumer buys a medical product?' They found that the effect of COO varies depending on the product category. For example, durable goods such as automobiles and agricultural products are regarded as more sensitive to COO. Also, their findings reveal that country's image has as an important role as COO information in the marketplace. In addition, they found that COO is one of the important components constituting a product's brand identity. Moreover, COO was found to be an important factor affecting the product or company's image, quality perception and purchase intention. However, COO influence is not always strong as there are some moderating factors such as cultural issues.

The growth and continuation of domestic manufacturers in a free economy depends on the consumers' acceptance of the goods manufactured in that country. Domestic manufacturers are facing difficult challenges from goods or brands imported from the developed countries, which have already achieved enviable market positions worldwide. The development of the manufacturing sector in such economies is hampered by the fact that consumers in those economies view domestic products less favourably than products from more advanced countries (Papadopoulos *et al.*, 1990). In this way, COO has an effect on domestic products since it drives consumers to prefer the foreign products and discourage domestic manufacturers.

Tanzanian consumers, like other consumers from developing countries, are likely to engage in similar types of

cognitive simplification processes or heuristics in an effort to manage the product options available for consideration. For instance, Tanzania imports anti-malarial remedies from countries such as Kenya, China, USA, India, Switzerland and other European countries may lead to such cognitive processes among consumers. The influences of COO on Tanzanians' purchase of anti-malarial remedies have not yet been examined. This study was carried out to fill the knowledge gap in the existing literature.

### 2.3. COO Beliefs and State Stereotyping

COO effects have been explored in other studies on overall customer beliefs and behaviour. It has been found that customers' buying intentions are influenced such factors as the source country's economic and political maturity, historical events and relationships, traditions, level of industrialization and economic development as well as the degree of technology skills (Maheswaran, 1994). Customers stereotype the quality, suitability and attractiveness of products coming from certain countries and regions (Lotz and Hu, 2001). Besides that, they associate the product quality with images of the economic and social conditions of the COO (Klein *et al.*, 1998). Consequently, they show stronger purchase intentions for goods coming from countries of which they have favourable images (Knight and Calantone, 2000). Thus, customers evaluate differently products that are identical in all aspects, except for COO (Verleghet *et al.*, 2005; Orbaiz and Papadopoulos, 2003).

### 2.4. Country of Origin Studies and Africa

In Africa, COO effects have been investigated in a variety of countries to ascertain their impact in decision making processes. For instance, studies conducted by Agbonifoh and Elimimian (1999) and Okechuku and Onyemah (1999) in Nigeria revealed that Nigerian consumers prefer products from developed countries over products from less developed countries. Opoku and Akorli (2009) examined Ghanaian consumers' attitude towards local and imported products and their findings reveal that COO is more significant than price and other product elements. The Ghanaian consumers assume that 'made in Ghana' labelled products are of low quality compared to foreign-made products. In addition, these researchers found major reasons for Ghanaian consumers' favouring foreign products were based on quality and consumer taste. Mitgwe and Chikweche (2008) as well as Safu and Walker (2006) observed the impact of COO effects and consumer attitude towards 'buy local' campaign initiatives. The findings show that consumers prefer foreign brands to their local brands.

## 3. Methodology

This study was carried out in Mbeya Region which is in the Southern part of Tanzania. Mbeya comprises 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.

An exploratory research design was employed in this study. Using this research design, researcher obtained useful responses from the participants as the researcher adopted the flexibility of the study to explore ideas and insights on the impact of COO on evaluation of anti-malarial remedies to Tanzanian consumers.

This study adopted qualitative research to explore the impact of consumer's evaluation of anti-malarial remedies in Tanzania. 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 extent in which COO has an impact to consumer's evaluation of anti-malarial remedies in Tanzania. 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 impact COO on consumer's evaluation of anti-malarial remedies was 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' perspectives. 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 for this research were Tanzanian consumers, clinical officers 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 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. It should be noted that the participants' names listed in the table below are not the real names.

Participant	Age	Level of Education	Location
Bupe	45	Diploma	Rural
Erick	25	Diploma	Urban
Furaha	22	Certificate	Rural
Alex	35	Primary education	Urban
Israel	37	Bachelor degree	Urban
Ben	79	Diploma	Rural
Amba	43	Diploma	Urban
Amy	26	Bachelor degree	Urban
Bariki	33	Master	Urban
Anna	38	Master	Urban
Isack	50	Primary education	Rural
Jane	34	Secondary Education	Urban
Jesca	64	Primary Education	Rural

Table 1: Participants' Profile

According to the nature of the study, the sample size studied was 13 respondents which comprised 1 clinical officer, 2 pharmacists and 10 consumers. In this study it should be noted that, clinical officer and pharmacists helped the researcher to understand the criteria used by consumers while purchasing/seeking advice on 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 Nameyet *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 have 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 (Nameyet *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.

#### 4. Research Findings

The aim of this study was to explore the impact of COO on consumers' evaluation of anti-malarial remedies in Tanzania. Three demographic characteristics, namely age, level of education and geographical location (rural vs urban consumers) were studied. It was found that consumers' decision making on malaria medication differed depending on their capability of making decisions. For instance, consumers who trusted the opinion leaders (doctors' prescriptions and pharmacists' advice) were shown to have low involvement in searching for information concerning the anti-malarial

remedies. They purchased what was advised. These consumers were older consumers, rural consumers and illiterate consumers. The following are examples of their responses: -

*'When we find malaria symptoms, we visit the drug shop in our village to ask for malaria medicines. The drug seller asks the symptoms. When she finds that the symptoms relate to malaria symptoms, she gives us Artemether + Lumefantrine (ALU) medicines' (Isack).*

*'When I find malaria symptoms, I visit the nearby pharmacy to ask for anti-malarial remedies and the pharmacist advise me on the anti-malarial remedy to take after identifying that the symptoms relate to malaria disease.' (Furaha).*

*'I live 5 kms away from the health centre, and the transportation is a big problem for our village. So, when I find one of my family members has malaria symptoms, we visit the nearby small pharmacy in our village to ask for the anti-malarial medicine. The drug seller asks about the symptoms we have and thereafter administers us the anti-malarial remedies' (Jesca).*

*'In this village the health centre is a bit far from the indigenous, so there are a number of patients who are managing to visit the health centre for malaria diagnosis and they come with the doctor's prescriptions. But also, I receive patients who come to my shop without a doctor's prescription. I ask them about the symptoms they feel and since I know the symptoms of malaria, I give them the required doses for malaria. Patients are given directions on how to take the anti-malaria remedy and they obey' (Bupe).*

*'In my life when it comes to the issue of health, I usually trust the doctor's advice. In malaria treatment I always use ALU anti-malarial drugs as it's advised by the doctor and the price for medication is affordable' (Ben).*

On the other hand, some consumers who made their own decisions on malaria medication were found to be deeply engaged in searching for information on different anti-malarial remedies and they used a number of criteria in on evaluation of the alternatives, one of which was the country of manufacture. Most of these consumers were younger consumers, educated consumers and urban consumers. For example;

*'When I am in need of the anti-malarial drugs, I purchase the Metakelfin anti-malarial drug from Kenya, as I believe Kenya is more technologically advanced compared to our domestic pharmaceutical industry, therefore, the medicines from Kenya will be of high quality compared to domestically produced medicines.' (Erick).*

*'I am using Orodar anti-malarial remedy from Kenya; I used it for more than three years. The reasons for choosing this anti-malarial medicine are that; its dose is short one (I take it once) and does not make me feel tired or headache after taking since I go on with my daily activities after taking it. I have strong believed in this medicine since are produced with the country which sounds to be good in industrial development, so even the quality of their products is high which definitely leads to better performance' (Amy).*

*'I am using Metakelfin malaria drug from Kenya, the medication is very effective as after taking it I can go on with my daily activities, it doesn't make me feel tired' (Alex).*

*'Foreign anti-malarial remedies are demanded by consumers with high income, low-income earners prefer the domestic anti-malarial remedies specifically Artemether + Lumefantrine (ALU)' (Amba).*

*'Some patients are demanding to know the features and country of manufacturer of the prescribed anti-malarial remedies. Most of these patients are educated one' (Israel).*

The technological advancement of Kenya compared to the domestic pharmaceutical industry influenced some consumers, like the participants quoted above, to be attracted to purchase anti-malarial remedies from Kenya, believing that medicines from Kenya will be of high quality compared with the medicines produced by the domestic pharmaceutical industry. Also, the few days of dosage of the anti-malarial remedies from Kenya attracted some consumers to purchase the anti-malarial remedies produced in that country. Other consumers influenced by COO were Bariki and Anna:

*'At the moment I am taking the Artequik anti-malarial drugs from China, I have used several brands for malaria treatment but some of them did not work properly. This is my third time to use though it makes me feel tired but I am trying to take as much water as I can as the doctor told me through taking water and fruit, I will be okay soon' (Bariki).*

*'Two years back I used Artequik anti-malarial drugs from China. The course was for three days. I had to take 2 tablets in the evening each day. From the first day I started taking the medication my condition was weakened, then I went on until I finished. After finishing the course my body temperature rose and couldn't even walk. Then I went back to the hospital where I was given another medication. It took me one week to be healed from that situation. I am no longer using anti-malarial brands from China. Now I am using Metakelfin anti-malarial drugs from Kenya.' (Jane).*

China is one of the countries that are fast growing economically. Tanzanian consumers valued the anti-malarial remedies from China, perceiving them to be of high quality compared to home produced anti-malarial remedies.

*'I always use Artequin anti-malarial drugs from Switzerland, the medication is very strong, so sometimes after using it I have a rest because my joints become weak and get a headache sometimes, but after a few hours the situation gets back to normal. I still like the medication since after taking it I stay for more than five months without suffering from malaria. I trust the medication since it is produced in a country that is well known worldwide for medical production, so the quality of its product is high hence it performs better and I am cured after using it' (Anna).*

Some consumers were interested to purchase anti-malarial remedies from Switzerland, because Switzerland is well-known for its pharmaceutical industry and it exports its medicines to various countries in the world. Therefore, consumers were confident of the quality of those medicines compared to the home produced anti-malarial remedies.

In most of the pharmacies in Tanzania, a variety of antimalarial brands are sold, such as Metakelfin, Amodiaquine, Artemether + Lumefantrine (ALU), Quinine, Artequik, Duo-Cotexin, Orodar, Malafin, Artequin and other brands. The

mentioned anti-malarial brands are produced by different countries such as Tanzania, Kenya, China, Switzerland, India, Uganda and others (TFDA, 2013 as cited by Kisawike, 2015).

The mentioned group of consumers (younger, highly educated, and high-income earners) were shown to be mostly interested in purchasing Metakelfin from Kenya, Orodar from Kenya, Duo-Cotexin from China, Artequin from Switzerland and other foreign anti-malarial remedies. The main reason for their choice was that those countries are highly technologically advanced, so their products are of high quality compared to the anti-malarial remedies which are produced within the country. This shows that consumers are using country of manufacture to make assumptions about the quality of the foreign anti-malarial remedies. Tanzania is among the third world countries; therefore, its level of economic development is low compared to the developed countries. This has made some consumers who used the country of manufacture in judging the quality of the anti-malarial remedies regard the domestic anti-malarial remedies as of low quality compared the anti-malarial remedies from the more economically developed countries.

It can be shown that consumers were not able to foresee the physical performance of the anti-malarial remedies; therefore, they used the COO as an extrinsic cue in determining the quality of the anti-malarial remedies. In other words, COO helped them in analysing the conditions under which the product would have been produced; for instance, they used the economic development of the country and technological advancement of a country to evaluate the quality of the anti-malarial remedies.

Tanzania has different brands of anti-malarial, some of which are domestically produced and some are imported from other countries such as Germany, India, the United Kingdom, Kenya, Uganda, Belgium, China, Switzerland, Netherlands and Italy. The mentioned foreign countries are well developed in industrialization and technological areas with the exception of Uganda, which is at a slightly lower level of economic development than Tanzania. The economic differences among the countries which supply their anti-malarial remedies to Tanzania increased the attention of Tanzanian consumers while choosing anti-malarial remedies.

COO impact on evaluation of the anti-malarial remedies was found to vary according to demographic characteristics. As mentioned earlier, three demographic characteristics, age, education and geographical location, were studied. Less educated consumers, older consumers and rural consumers were shown to be less concerned with the information search on the malaria remedies because most of them made their purchase decision through the influences of opinion leaders (doctors and pharmacists). Their main concerns were with the availability, affordability and side effects (for consumers with sulphur allergies) of the anti-malaria remedies. Therefore, COO issues were not taken into consideration as they purchased what was prescribed by the doctors or based on the pharmacist's advice. In addition, the limited knowledge on the foreign anti-malarial remedies made them blind to the COO criterion for purchasing anti-malarial remedies.

On the other hand, higher educated consumers, younger consumers and urban consumers were highly involved in searching for information on different anti-malarial brands. Their exposure to foreign products together with their level of understanding on the different countries and their technological advancement, made them evaluate the quality and performance of the antimalarial remedies before purchasing. However, identification of the performance of the anti-malarial remedies was not possible, since the performance of the anti-malarial medication is revealed after consumption. Therefore, some consumers used the price as their criterion of quality judgement and they purchased highly priced anti-malarial remedies, believing that those medications would be of high quality. In addition to price cue, consumers used the COO cue to judge the quality of the different anti-malarial remedies. In purchasing anti-malarial remedies, consumers from this category purchased foreign anti-malarial remedies from countries with economies more developed than Tanzania. Most of these consumers were shown to have negative attitudes towards domestic anti-malarial remedies, believing that the domestic pharmaceutical industry produces the anti-malarial remedies and other medication which are of low quality. In other words, the lower technological advancement in Tanzania was interpreted by some consumers to mean that the anti-malarial remedies and other medication would be of low quality.

From the findings, it was revealed that availability of different anti-malarial brands from different countries in the Tanzanian market hindered the ability of Tanzanian consumers to process the information on each anti-malarial brand. Therefore, consumers relied on extrinsic cues to formulate quality judgements because some consumers' prior knowledge with the anti-malarial remedies was low. Therefore, COO was used to minimize the level of risk when evaluating the anti-malarial remedies. For instance, during the information stage, consumers searched for information on different anti-malarial brands. In evaluating the alternatives, consumers used various criteria, one of the frequently mentioned criteria being COO, which helped consumers to make a judgement on the quality of the anti-malarial remedies. Consumers who used COO in evaluating the anti-malarial remedies were uncertain about the function of the purchased anti-malarial remedies. Therefore, they believed that by using the 'made in concept' when evaluating the anti-malarial remedies, they would get the right medication, which would cure the malaria parasites, without making them regret their purchase decision.

The findings above were consistent with a study carried out by Kerbouche *et al.* (2012) who found that Chinese products are considered as cheap, old fashioned and of poor quality by consumers in the rest of the world because of its status as a developing country. Also, Batra *et al.* (2000), who conducted a study in developing countries, found that consumers in the developing countries have a generalized status preference for non-local brands, basically from developed countries. Therefore, not only Tanzanian consumers are interested in products from developed countries, but also other consumers from less developed countries have the same attitude.

Similarly, Maheswaran (1994) found that customers' buying intentions are influenced by factors such as the source country's economic and political maturity, level of industrialization and economic development and degree of technology

skills. Also, Lotz and Hu (2001) argued that, customers stereotype the quality, suitability and attractiveness of products coming from certain countries, as they associate the product quality with images of the economic and social conditions of the COO. The findings above support this idea that customers show stronger purchase intentions for goods coming from countries of which they have a favourable image than countries with an unfavourable image (Knight and Calantone, 2000). The impact of COO on customer choice can be understood clearly with reference to Maheswaran's (1994) explanation of the way that COO is used in product evaluation to predict the likelihood of a product manufactured in a certain country having certain features; generally, consumers will evaluate a product more favourably if it has a favourable COO. Additionally, Jos Hornikx et al., (2020) their findings revealed that consumers are more positive about products if they are originated from countries with a favourable image than from other countries with less favourable image.

However, the findings from this study were contrary to the findings obtained by Jun and Choi (2007) who found that the COO effects varied depending on the nature of the product, such as durable goods and agricultural products. Jun and Choi (2007) examined the country-of-origin effects on use of non-prescription drugs by using the concept of country brand attitude. They first raised some questions which are: 'Are these country effects generalisable to all products categories?' and 'Specifically, is it effective when a consumer buys a medical product?' They found that the effect of country of origin varies depending on the product categories. For example, durable goods such as automobiles and agricultural products are regarded as more sensitive to COO. In this study, COO was found to have an effect on anti-malarial remedies, which are neither automobile nor agricultural products. That is to say, the impact of the COO is not confined to a particular product category; the impact always arises when consumers have negative attitudes towards domestic products. This shows that COO has a lot to do with the consumers' decision-making process for this case, domestic pharmaceutical industry need to be monitored in terms of the quality and standard of the anti-malarial remedies and other medication. This will help the domestic pharmaceutical industry to produce anti-malarial remedies and other medication with the same features as the imported ones. Hence, Tanzanian consumers will be encouraged to use their own produced anti-malarial remedies.

Papadopoulos *et al* (1990) acknowledged that the growth and sustenance of the domestic manufacture in a free economy depends on the consumers' acceptance of the goods manufactured in that country. The domestic manufacturers are facing challenges from imported goods or brands from the developed countries which have already achieved an enviable market position worldwide. The development of the manufacturing sector in such economies is hampered by the fact that consumers in those economies view domestic products less favourably than products from more advanced countries. COO has an effect on the domestic products since it drives consumers to prefer foreign products and hence discourages domestic manufacturers. Nagashima (1977), as cited by Munjal (2014), undertook a longitudinal study to identify the effects of country image; from his findings he suggested that country image has a direct effect on consumer belief and affects consumer perception. Therefore, improving upon this area of product dimension may enable marketers to gain competitive advantage.

## 5. Conclusions and Recommendations

In this study it was argued that consumers can only analyse the conditions under which the product would have been produced and nothing more than that about the efficacy of a product can be derived from it. An imported product's COO label provides simplified information for consumers. Such cues will be used when consumers perceive them to contribute usefully to the assessment of product attributes and the outcomes associated with purchase. COO studies presuppose that consumers use intrinsic cues such as style or design as well as extrinsic ones such as COO, price, or branding, as indicators of quality in product evaluation.

The findings from the field indicated that COO had an impact on consumers' evaluation of anti-malarial remedies. The uncertainties on the malaria medication influenced some consumers to engage in information search on different anti-malarial brands. This helped them to identify the criterion that was used to evaluate the quality of anti-malarial remedies. Since it was not easy to foresee the performance of the anti-malarial remedies before consuming them consumers used COO as an extrinsic cue to judge the quality of the anti-malarial remedies. Consumers judged the quality of anti-malarial remedies by evaluating the technological advancement of the foreign countries from which they were imported to Tanzania. Anti-malarial remedies from countries with high levels of technological advancement compared to Tanzania, were highly valued as consumers believed that those medicines would be of higher quality than domestically produced anti-malarial remedies. The main anti-malarial remedies preferred by consumers were Metakelfin from Kenya, Artequik from China, Duo-Cotecxin from China, Orodar from Kenya and Artequin from Switzerland. However, not all consumers were interested in evaluating the anti-malarial remedies based on their country of manufacture; only younger consumers, educated consumers and urban consumers were shown to evaluate the anti-malarial remedies in this way. It is recommended that, the government should put more emphasis on the quality of domestically produced anti-malarial remedies and other medical products in order to encourage Tanzanians to value their home-produced medical products. Also, the quality of imported medical products should be considered in order to reduce risks that might be associated by the consumption of harmful medical products.

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