

An Assessment of Consumers' Attitude and Perception towards Domestic Drugs

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Abstract

This study is conducted to assess consumers' attitude and perception towards domestic origin drugs. The study used simple random and quota sampling technique to select 5 community pharmacies and 197 consumers. The study used a descriptive research method to analyze the data collected through questioner and interview from sample respondents. The findings of the research portray that majority of the consumers have no affordability problem regarding to domestic drugs but hold attitudes of locally produced drugs are designed only for poor and were not comfortable to use domestically produced drugs due to their perception of compromised quality, lack of effectiveness, and more side effect for domestic drugs. In addition, significant numbers of respondents relate prices increase with effectiveness of the drug. Generally, consumers have negative attitude regarding to the effectiveness, price and quality of domestically produced drugs. So effort should be done by the owners of all domestic drug producing companies to build their brand in minds of consumers.

Introduction

According to Solomon et al, (2006) an attitude is a lasting, general evaluation of people (including oneself), objects, advertisements or issues. Consumers have attitudes towards every product specific behavior, as well as

towards more general consumption related behaviors. Two people can each have the same attitude towards an object for very different reasons. As a result, it can be helpful for a marketer to know why an attitude is held before attempting to change it. Some attitudes are formed as the result of a need for order, structure or meaning. This need is often present when a person is in an ambiguous situation or is confronted with a new product. Marketers who are concerned with understanding consumers' attitudes have to contend with complex issue in decision-making situations, people form attitudes towards objects other than the product itself that can influence their ultimate selections. One additional factor to consider is attitudes towards the act of buying in general. Product itself, are influenced by their evaluations of its advertising.

According to Khan (2006) an attitude provides a series of cues to marketers. They predict future purchases, redesign marketing effort and make attitude more favorable. Attitudes indicate knowledge, feelings and intended action for the given stimulus. As Kotler.*et.al* (2005) stated a motivated person is ready to act. How the person acts is influenced by his or her perception of the situation. Perception is the process by which people select, organize and interpret information to form a meaningful picture of the world. People can form different perceptions of the same stimulus because of three perceptual processes: selective attention, selective distortion and selective retention.

Kotler.*et.al*. (2005) discussed the most distinctive skill of professional marketers is their ability to create, maintain, protect and enhance brands of their products. A brand is a name, term, sign, symbol, design or a combination of these, that identifies the maker or seller of the product or service. Consumers view a brand as an important part of a product, and branding can add value to a product. Some products, however, carry no

brands. 'Generic' products are unbranded, plainly packaged, less expensive versions of common. They often offer prices as much as 40 percent lower than those of main brands.

Medicine prices and financing are inescapable factors especially in developing countries where the price of medicine is considered to be one of the most important obstacles to access of essential medicines (WHO, 2004). But rational use of generic drugs can provide substantial savings for patients, healthcare budgets and insurance funds without affecting the quality or the therapeutic effect of the prescribed medicine (Kirking and Ascione, 2001; Thomas and Vitry, 2009). WHO encourages the generic drug trade for both developed countries and particularly for developing ones, as a possible alternative for increasing access to medicines by poor populations (WHO, 1992). Consumers can save up to 90 percent of the cost of their medication by using generic products (Shafi and Hassali , 2008).

Food and Drug Administration (FDA) allows drug companies to produce a comparable drug and call it by its generic name. The FDA requires a generic drug to be chemically equivalent to the brand name drug from which it was cloned (Linda, 2005). In Ethiopia there are 10 pharmaceutical companies and all of them produce generic drugs, drugs that are produced from domestic companies as well as imported from other countries distributed by importers and whole sellers. There are 243 total numbers of importers and wholesalers that handle the distribution system and all of them are inspected by Food, Medicine and Health Care Administration and Control Authority of Ethiopia (FMHACA). (FMHACA Proclamation No. 661/2009).

According to the growth and transformation goal among top ten focused area pharmaceutical industry is one of the focused sector and Ethiopian government have many incentives for investors who have interest of

investing in drug manufacturing. But the consumption pattern may be influenced by how consumers perceive the product and the kind of attitude they attaché for domestic and imported drugs. Therefore this research is going to focus on the consumer attitude and perception towards domestically produced drugs and the related issues.

Statement of Problem

According to Khan (2006) an attitude provides a series of cues to marketers. They predict future purchases, redesign marketing effort and make attitude more favorable. The consumers' attitudes have a potential to determine whether to buy the product or not. If consumes have a negative attitude, they less likely to buy the product and look other alternative but if they have a positive attitude they most likely show interest to buy the product. Unlike other countries in Ethiopia there is no enough research on the consumers' attitude regarding to the domestically produced drug.

According to Samli (2013) quality perception comes through three different influences: country of production, country of assembly, and extrinsic attributes of the product in question. Based on the above three reasons the consumers' attitude towards that specific product may be shaped and they hold their perception regarding to the specific product. The countries of production have potential impact on the purchase decision of the specific product because as researches show most consumers relate the products quality with the country of production. Moreover Huddleston *et al.* (2001), indicates there is a linear relationship between a country's image and consumer perceptions for the quality of goods produced in the country. Consumers may assume that more developed countries produce better quality products. So as we are in developing country knowing the consumers

perception regarding to the domestic products quality based on the effectiveness is very important for domestic drug companies.

Not only quality perception but also price perception has important messages for marketer. According to Kotler and Keller (2012) customers may have a lower price threshold below which prices signal inferior or unacceptable quality, as well as an upper price threshold above which prices are prohibitive and the product appears not worth the money. Understanding how consumers arrive at their perceptions of prices is an important marketing priority. Unfortunately the prices of drugs from domestic drug companies are marketed with much discounted price compared with the imported ones. A consumer can buy locally produced pain killer with less than 10 birr but same drug imported from other country can cost more than 80 birr. This huge price difference may lead consumers to decide wrong decision based on the price of domestically produced and imported drugs because many consumers use price as an indicator of quality.

As a marketer, it is crucial to know the consumers' attitude regarding domestically produced drugs as well as what kind of perceptions they attach for price variation and how they judge it for its effectiveness. Therefore the researcher is interested to conduct research on the consumers' attitude and perception regarding domestically produced drug.

Research Questions

This study attempted to assess the attitudes and perceptions of consumers towards domestically produced drugs by giving special emphasis on the following basic research questions:-

- What kind of attitude consumers do have for domestically produced drugs?
- How consumers perceive domestically produced drugs' effectiveness?
- How consumers perceive price variation?

Objectives of the Study

General Objective

The general objective of this study was to assess the attitude and perception of consumers towards domestic origin drug products.

Specific Objectives

The following are the specific objectives that the researcher tried to achieve:

- To indicate the attitude of consumers' for domestically produced drugs.
- To identify the perception of consumer for effectiveness of domestically produced drugs.
- To point out the perception of consumer with price variation

Delimitation of the Study

In fact, this research has tried to assess consumers' attitude and perception towards domestic origin drugs in Addis Ababa. Although consumer may get relief from their illness through different traditional ways, the study was focused only the modern drugs that are listed on the standard treatment guideline of Ethiopia. The perception of consumers was studied only in relation to drug's effectiveness and price variation.

The study focuses on pharmacists and drug consumers at large. In order to be considered as a sample respondent individuals must previously experience an illness at least once and treated with the modern drugs and during data collection time also with illness and were ready to buy or on consumption of drug. Although the target populations are all the drug consumers who are found in Addis Ababa, since cost and time difficulty to address the entire consumer, the researcher chose consumers who are found in community pharmacy of Addis Ababa. The study time limit was from March 1, 2014 to April 13, 2014

Significance of the Study

The researcher believes that the study addressed some significant points for local drug manufacturer to be aware of the consumers' attitude and perception for their products in order to design better marketing mix strategy. Not only the company but also the wholesalers, it provides an input to analyze price related issues. In addition, the study has created a very good opportunity for the researcher to learn the practical research process and technique. Further, the study will serve as an input for those who need to conduct an in depth investigation in the area.

Limitation of the Study

All studies no matter how they are prepared with high consideration, limitation do exist. There were some factors that hindered the study not to be carried out as it was expected from which; some questionnaires were not fully filled, sales pharmacist were not easily accessible for interviewing

Research Design and Methodology

Research Design

To accomplish the above objective and to seek answer to the research questions, the researcher employed a descriptive research method. This research method helps in assessing consumers' attitude and perception towards domestic origin drugs.

Population and Sampling Techniques

In order to gather appropriate information relevant to this study the researcher took the drug consumers and pharmacists who are found in Addis Ababa as a population of the research study. Since the numbers of drug consumers in Addis Ababa are tremendous, it was difficult to exactly determine the exact number, the list and the location of the consumers. Due to this reason the appropriate institutions, pharmacy (community pharmacy) were selected to get the sample unit.

Regarding the sampling procedure, both probability and non probability sampling method was used. From probability, a simple random technique was used to select the sub- cities and community pharmacies. Due to budget constraints total of five sub-cities (Arada, Addis Ketema, KolfeKeranio, Lideta and Kirkos) were selected from the 10 sub-cities and then from each of these 5 sub-cities, 5 community pharmacies were taken using simple random sampling method. Finally from each pharmacy by using non probability method, 9 consumers were taken for self-administered questionnaire using quota sampling method. Based on the recommendation of Malhotra, (2006) a total numbers of 225 qualified consumers were taken as a reliable sample. Additionally a total number of 25 sales pharmacists were interviewed.

Types of Data Collected

To make this study complete and achieve the objectives, primary data was collected from consumers and pharmacists.

Data Collection Method

To get first hand information important to the study, questionnaire were prepared and distributed to drug consumers. The questionnaire was designed as open ended and closed ended questions. The sales pharmacists were interviewed.

Data Analysis Techniques

The quantitative data collected through closed ended questions were analyzed by descriptive data analysis techniques; by summarizing the findings through table, chart, frequency and percentage. Responses that were obtained from open ended questions in the questionnaire and interview response were narrated and are used to support the analysis.

Data Presentation, Analysis and Interpretation

The primary data that was used for this study was collected from two categories of respondents. The first categories were the consumers, addressed by distributing questionnaire and the second groups were the sales pharmacists that are addressed using interview. 225 questionnaires were distributed to drug consumers who are found in Addis Ababa. Out of 225 copies of questionnaires distributed 197 (87.5%) were filled out and returned. Interview was conducted with 25 selected sales pharmacists.

The data which was gathered through closed ended questions was analyzed and presented in table, graph and the data which was gathered through open

ended questions and interviews was narrated to support the findings of the quantitative once.

Analysis of Respondents General Characteristics

Table 1: General Characteristics of Respondents

Item No.	Item	Description	No. of respondents	Percentage
1	Sex	Male	86	43.7
		Female	111	56.7
		Total	197	100
2	Age	<18	28	14.2
		18-30	120	60.9
		31-43	17	8.6
		44-56	7	3.6
		Missing	25	12.7
		Total	197	100.0
3	Monthly income	<500	45	22.8
		500-1500	39	19.8
		1501-2500	34	17.3
		2501-3500	10	5.1
		>3500	47	23.9
		Missing	22	11.2
4	Educational background	Illiterate	14	7.1
		Elementary	48	24.4
		9-12	60	30.5
		Diploma	27	13.7
		Degree and above	48	24.4
		Total	197	100
5	Profession	Health	9	4.6
		Non-health professionals	73	37.1
		Non professional	115	58.4
		Total	197	100

As it is illustrated in the table 1 in item number 1, out of 197 respondents 86(43.7%) were found to be male and 111(56.3%) of them were found to be females. This implies that more number of females was participated in this research.

In table 1 item number 2, indicates the age structure of respondents, 28 (14.2%) of the respondent were younger than 18 years old; 120(60.9) were found between the age of 18-30 years old; 17(8.6%) of them found on age range of 31-43; 7(3.6%) of the respondent were older than 44 years old. This tells for the researcher more than half of the respondents ages were between 18-30 and they can be near for update information.

In item number 3, the high number of respondents 47(23.9%) earn monthly income greater than 3500 and 45(22.8%) of the respondent earn monthly income less than 500, but 83(53.3%) monthly income range between 500 - 3500. The researcher can infer that from research finding most of the research participants monthly income range between 500 and 3500 Ethiopian birr.

Item number 4, shows the educational background of the respondent, 14(7.1%) of them are illiterate; 48(24.4%) of them finish elementary school; 60(30.5%) of them are in range of 9-12 grade; 27(13.7%) of them are diploma holder and 48(24.4) of them are first degree or above holders. This shows the study includes respondents from all educational background level.

Analysis on Major Findings Directly Related to the Study

The following part covers responses obtained from consumers and sales pharmacists who are essential for the analysis of the stated problem and in order to articulate their responsive interpretation.

Table 2: Consumers' Perception about Equal Effectiveness of Domestic Drugs

Statement	Level of agreement	Frequency	Percent
Domestically manufactured drug have equal effectiveness as imported drugs.	Strongly agree	25	12.7
	Agree	17	8.6
	Neutral	47	23.9
	Disagree	80	40.6
	Strongly disagree	28	14.2
	Total	197	100.0

According to table two consumers were asked to indicate their level of agreement whether domestically manufactured drugs have equal effectiveness as imported drug, 25(12.7%) of them said they strongly agree; 17(8.6%) of them said they agree; 47(23.6%) of them said neutral; 80(40.6%) of them said they disagree and 28(14.2%) of them said they strongly disagree. The above result tells us that more than half 108(54.8%) of the respondents disagree or strongly disagree about the equal effectiveness of domestically manufactured drugs compared to the imported once. As Huddleston et al., (2001) states, consumers may assume that more developed countries produce better products. Also it might be due to lack of consumers' awareness regarding to standards of drug manufacturing company or they might have from their prior experience.

Table 3: Consumers' Perception for Better Effectiveness of Domestic Drugs

Statement	Level of agreement	Frequency	Percent
To what extent do you agree that domestic manufactured drugs have better effectiveness than imported drugs	Strongly agree	6	3.0
	Agree	14	7.1
	Neutral	34	17.3
	Disagree	107	54.3
	Strongly disagree	36	18.3
	Total	197	100.0

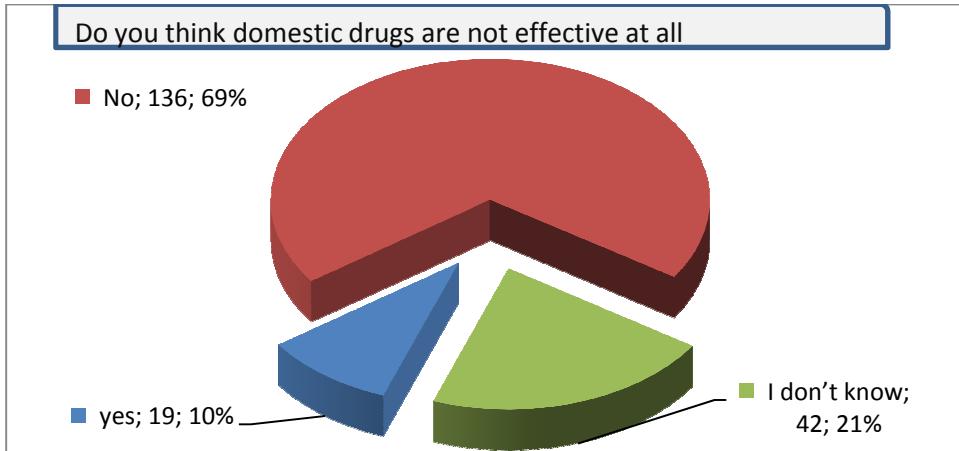
As it is shown in table 3, consumers were asked to what extent they agree about the domestic manufactured drugs have better effectiveness than imported drugs, 6(3.0%) of them indicated that they strongly agree, 14(7.1%) said they agree, 34(17.3%) said they are neutral, 107(54.3%) said they disagree and 36(18.3%) said they strongly disagree. Only 20(10.1%) of the respondent strongly agree or agree about better effectiveness of domestic product. This may be due to that consumers relate countries technological advancement with its quality of product because Huddleston et al. (2001), shows that there is a linear relationship between a country's image and consumer perceptions for the quality of goods produced in the country. Consumers may assume that more developed countries produce better quality products. Also according to Watson and Wright (2000) country of origin effects is used as an important cue in forming positive and negative influences of a product's country of manufacture, and hence affecting decisions and purchases.

Table 4: Consumers' Perception about Inferior Effectiveness of Domestic drugs

Statement	Level of agreement	Frequency	Percent (%)
Domestically manufactured drugs have lesser effectiveness than imported drugs	Strongly Agree	25	12.7
	Agree	61	31.0
	Neutral	30	15.2
	Disagree	49	24.9
	Strongly Disagree	31	15.7
	Missing Value	1	0.5
	Total	197	100.0

As it is depicted in table 4, consumers were asked to indicate their level of agreement about whether domestically manufactured drugs have lesser effectiveness than imported drugs. From total respondent 25(12.7%) of them strongly agree, 61(31.0%) of them agree, 30(15.2) of them were neutral, regarding to the lesser effectiveness of domestic drugs compared to imported alternatives but 49(24.9%) of them were disagree and 31(15.7) of them were strongly disagree about lesser effectiveness of domestic drugs. Based on the aforementioned data we can deduce that significant number of respondents that is 86(43.7%) of the respondents disagree or strongly disagreed. The researcher can conclude that more than half of the consumer perceive domestic drug either better or equal effective.

Figure 1: Consumers' Perception on Effectiveness of Domestic Drugs



According to the data indicated in the pie chart, respondents were asked to indicate whether domestically produced drugs are not effective at all and 19(10%) of them were perceive as it is not effective at all, 136(69%) of them were don't think as at is no effective at all but 42(21%) of them were faced difficulty on deciding on the topic. Based on the data indicated above the researcher can infer that majority of the respondents didn't think domestically manufactured drugs are not effective at all but one out of ten consumers perceive as domestic drugs are not effective at all.

Among 197 respondent 19(10%) perceive that domestically manufactured drugs are not effective at all. The researcher try to find out the major reasons behind some consumers hold an attitude of domestic drugs as ineffective at all. According to the finding, the majority of respondents' reasons were due to lack of quality and effectiveness of domestic drugs but there are also some respondents who mention insufficient technological advancement and trained human resource.

During interview with the sales pharmacist they were asked about the effectiveness of domestic drug and majority (20 out of 25) of the pharmacist respond that domestic drugs have almost comparable effectiveness, 5 of

them as inferior effectiveness that of imported drugs but none of the pharmacist respond as domestic drugs superiority regarding their effectiveness. The pharmacists were asked how their customers' perceive effectiveness of domestic drugs and they replied majority of customers don't trust and buy domestic drugs unless they don't have money.

Table 5: Consumers' Perception regarding to the Affordability of Domestic drugs

Statement	Level of agreement	Frequency	Percent
Domestic manufactured drug are more affordable	Strongly agree	58	29.4
	Agree	96	48.7
	Neutral	20	10.2
	Disagree	20	10.2
	Strongly Disagree	3	1.5
	Total	197	100.0

As it presented in the above table 5, out of 197 respondents, 58(29.4%) strongly agree, 96(48.7%) agree, on the affordability of domestic manufactured drugs, but 20(10.2%) disagreed and 3(1.5%) strongly disagreed while 20(10.2%) of them were indifferent. The result signifies that 154(78.1%) of consumer respondents said they have no affordability problem to use the domestic drugs.

Table 6: Consumers' Perceptions on Domestic drugs are for Poor

No	Statement	Level of agreement	Frequency	Percent (%)
	Domestic manufactured drugs are only meant for poor people	Strongly agree	9	4.6
		Agree	14	7.1
		Neutral	21	10.7
		Disagree	117	59.4
		Strongly Disagree	36	18.3
		Total	197	100.0

According to findings of table 6, 9(4.6%) respondents point out that they strongly agree, 14(7.1%) respondents agreed, 21(10.7%) respondents remain neutral, 117(59.4%) respondents disagreed and 36(18.3%) respondents strongly disagree for the statement domestic drugs are only meant for poor. Based on the aforementioned data the researcher can infer that majority 153 (77.7%) of the respondents don't perceive as domestic drugs are meant for poor.

Table 7: Consumers' Perceptions on Domestic Drugs' Side Effect

Statement	Level of agreement	Frequency	Percent
To what extent do you agree that domestically manufactured drugs have more side effects	Strongly agree	9	4.6
	Agree	33	16.8
	Neutral	42	21.3
	Disagree	88	44.7
	Strongly Disagree	25	12.7
	Total	197	100.0

In table 7, the respondent were asked to indicate whether the domestic manufactured drugs have more side effect and 9(4.6%) of them strongly agreed, 33(16.8 %) of them agreed, 42(21.3%) of them remain neutral, 88(44.7) of them disagreed and 25(12.7%) of them strongly disagreed. This research finding shows that 42(31.4 %) of the respondents' believe that domestic manufactured drugs have more side effect than imported drugs. This may lead consumers to turn their eyes in to imported drugs because according Zeithaml (1988) Perceived quality is defined as a buyers' evaluation of a product's cumulative excellence.

Table 8: Consumers' Perceptions about the Quality of Domestic Drugs

Statement	Level of agreement	Frequency	Percent
Domestically manufactured drugs have equal quality as imported drugs	Strongly agree	11	5.6
	Agree	32	16.2
	Neutral	38	19.3
	Disagree	102	51.8
	Strongly Disagree	14	7.1
	Total	197	100.0

According to table 8, consumers were asked to indicate their level of agreement about domestically manufactured drugs have equal quality as imported drug. From respondent response 11(5.6%) of them were strongly agreed; 32(16.2%) of them were agreed; 38(19.3%) of them remain neutral; 102(51.8%) of them were disagreed and 14(7.1 %) of them were strongly disagreed. Also the sales pharmacists were asked; how consumers rate the quality of the domestic drug and the pharmacist replied the consumers don't like the domestic drugs starting from the packaging. Based on the above data the researcher infer that majority of respondents (58.9%) were not comfortable with quality of domestic drugs. This may be from consumers' experience of inferior quality product from local company or from economic development biased. Since according to Huddleston et al. (2001), shows that there is a linear relationship between a country's image and consumer perceptions for the quality of goods produced in the country. Consumers may assume that more developed countries produce better quality products. Another author suggests that country of origin effects is used as an important cue in forming positive and negative influences of a product's country of manufacture, and hence affecting decisions and purchases (Watson and Wright, 2000).

Table 9: Consumers' Perceptions Regarding to Quality control of domestic drugs

Statement	Level of agreement	Frequency	Percent
What do you think about the regular quality check for domestically manufactured drugs from regulatory body?	very good	15	7.6
	good	62	31.5
	medium	66	33.5
	weak	43	21.8
	very weak	11	5.6
	Total		197

As it is presented in table 9, the respondent were asked to rate regular quality control for domestic drugs and 15(7.6%) rated as very good, 62(31.5%) rated as good, 66(33.5%) rated as medium, 43(21.8%) rated as weak and 11(5.6%) rated as very weak. The researcher can understand more than quarter (27.4%) of respondents have problem related to quality control.

Figure 2: Consumers Comfortably to Use Domestic Drugs

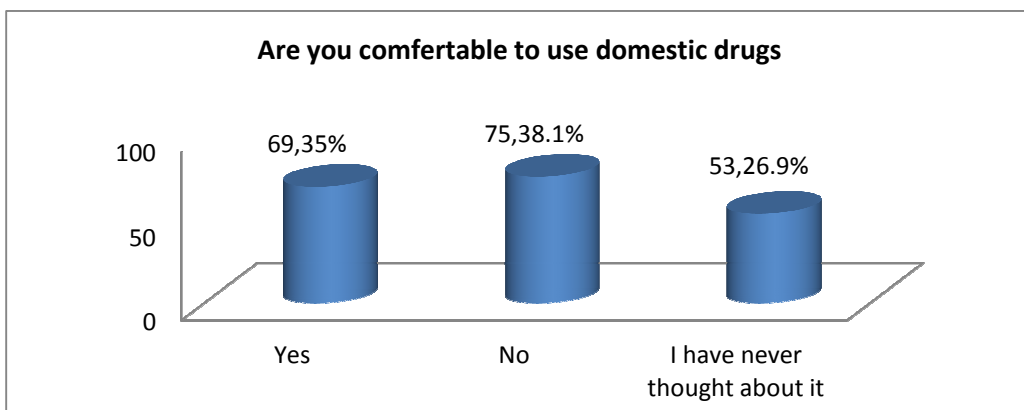


Figure 2 presents, consumers response when they were asked weather they are comfortable to use domestic drugs or not, and 69(35%) of them are comfortable, 75(38.1%) are not comfortable but 53 (26.9%) of them never thought about it. More number of consumers was not comfortable to use domestically manufactured drugs. 75 out of 197 respondent were not comfortable to use domestically produced drugs, their major reason for not to

use domestic drug were, perception of a compromised quality, lack of effectiveness, presence of more side effect and not recommend by health professional to use it were the major reasons in a decreasing order. From the above data the student researcher can infer that the major reasons behind not comfortable to use domestic drugs were related to problems of quality, effectiveness, side effect, and lack of recommendation by health professionals.

Figure 3: Consumers' Drug Selection Based on Country of Production

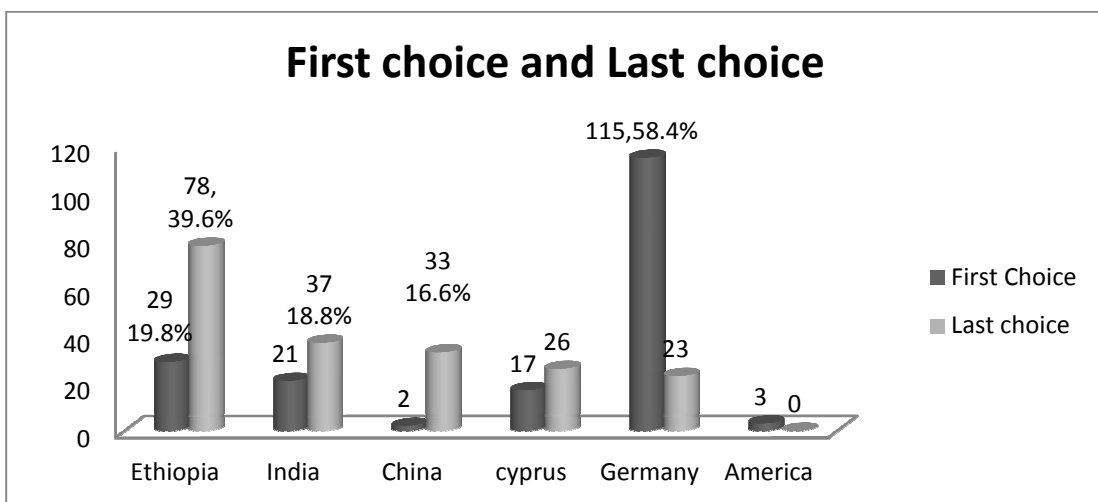


Figure 3, shows respondents' choice when they buy a drug, most of the respondent 115(58.4%) choose Germany origin as a first choice but only some individuals (19.8%) set Ethiopian origin drug as their first choice. To triangulate the consumers selection with their response, the pharmacists were interviewed how frequent the consumer ask domestic drug and how often the sales pharmacist give for consumers as first choice. Most of the pharmacist respond, majority number of consumers don't know what kind of alternative is available in market and they take mostly what the pharmacists recommend but if they know it is from local company or from India, they seek other

alternative. But there are some consumers who have awareness about the possible alternative brand and ask by naming the specific country rather than the brand. Unlike to other group of drug majority of the consumers need to take domestic produced paracetamol. 17 out of 25 pharmacists replied they don't give their consumers domestically manufactured drugs as first choice because consumers don't like it.

Respondents' were asked the reason why they put their selected brand as their first choice, they replied due to the perception of better effectiveness, its quality, minimum side effect, immediate effectiveness, to encourage domestic company and its cheapness were respondents major concern in a decreasing frequency. The major reason given why respondent put Ethiopian products' as first choice was to support domestic product followed by its cheapness. According to the above finding the researcher understands that consumers have no confidence on quality of domestically produced drugs.

As it is shown in the figure 3 above, consumers last choice brand drugs from total, 78(39.6%) prefer from Ethiopia, 37(18.8%) from India, 33(16.6%) from China, 26(13.2%) from Cyprus and 23(11.7%) from Germany. Respondent were asked the reason why they put their selected brand as their last choice and replied as because they believe it has lesser effectiveness, have no other alternative, lack quality, due to cost were respondents reason in a decreasing frequency. The major reasons given why respondent put as Ethiopian products for last choices were due to compromised quality and cost related. From the finding the reason why consumers put Ethiopian origin drugs as last choice was quality related concern.

Table 10: Consumers, Perception of Price with Effectiveness

Statement	Level of agreement	Frequency	Percent
When the price of the drug increases the effectiveness will also increase.	Strongly agree	17	8.6
	Agree	35	17.8
	Neutral	34	17.3
	Disagree	79	40.1
	Strongly Disagree	32	16.2
	Total	197	100.0
Low priced drugs have equal effectiveness as expensive ones.	Strongly agree	23	11.7
	Agree	33	16.8
	Neutral	57	28.9
	Disagree	64	32.5
	Strongly Disagree	20	10.2
	Total	197	100.0

Table 10, shows the response for the statement ‘ ‘ when the price of the drug increases the effectiveness will also increase’ ’ from total respondents 17(8.6%) of them strongly agreed, 35(17.8%) of them agreed, 34(17.3%) remain neutral, 79(40.1%) disagreed and 32(16.2%) of them strongly disagreed. The above research finding tells us that more than half (56.3%) of the respondents did not perceive direct relationship existence of price with effectiveness. In the same participants were asked whether low priced drug have equal effectiveness as expensive ones. It shows 23(11.7%) of consumers strongly agreed, 33(16.8%) consumers agreed, 57(28.9%) consumers remain neutral, 64(32.5%) consumers disagreed whereas 20(10.2%) strongly disagreed. The result shows only 56(28.5%) strongly agreed or agreed the existence of similar effectiveness on low and high priced drug. The researcher can infer from the above result, that majority of the consumers did not perceive the price have direct relationship with effectiveness. But, 26.4% of consumers perceive the existence of direct relationship. In addition only near to quarter consumers perceive expensive and cheap drugs have similar effectiveness. This may be from that

consumers perceive that prestige price as quality indicator According to Noel (2009) some may think of a high price as a good quality product from a big company or a prestigious product and brand

Table 11: Consumers' Perception of Price Relationship

Statement	Level of agreement	Frequency	Percent (%)
Price does not have relationship with the drug's effectiveness.	Strongly agree	55	27.9
	Agree	49	24.9
	Neutral	32	16.2
	Disagree	43	21.8
	Strongly Disagree	18	9.1
	Total	197	100.0

According to table 11 the consumers were asked to indicate their level of agreement for the statement “price do not have relationship with the effectiveness ”, and from total respondents 55(27.9%) strongly agreed, 49(24.9%) agreed, 32(16.2%) remain neutral, 43(21.8%) disagreed and 18(9.1%) of them strongly disagreed. Based on the result the researcher can infer that 61(30.9%) consumers perceive price relationship with its effectiveness. During interview period with pharmacist, price related questions were asked specifically how the consumers react to wards cheap and expensive drug alternatives and 18 out of 25 pharmacist replied “when they provide alternative for their customers cheap and expensive drugs more number of consumers prefer expensive one, if they have no economic problem but if the consumers have economic problem they need further information from professionals regarding to their difference and decide based on information they got. But 7 pharmacists replied they did not observe any major difference. Therefore based on the above data researcher can infer significant number of consumers associate price with its effectiveness. As Stewart *et al.*, (2000) discussed in their book many

consumers use price as an indicator of quality. But when information about true quality is available, price becomes a less significant indicator of quality. When this information is not available, price acts as a signal of quality.

Figure 4: Consumers' Response on Price of Domestic Drugs

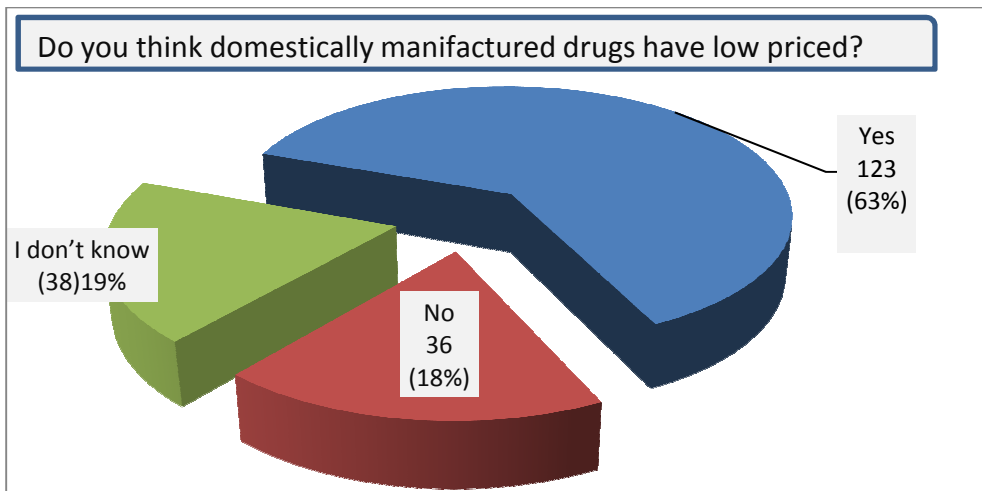


Figure 4 shows the result of the respondent who were asked their response for the statement "Do you think domestically manufactured drugs have low price? And consumers replied 123(63%) of them replied yes, 36(18%) of them replied no while 38(19%) of them replied as they don't know whether the price is expensive or not. The above result tells us that more than half of consumers perceive domestic drugs as cheap.

The consumer were asked what they perceive when the price of a drug is expensive and cheap, they forwarded their reasons. When the price increases they perceive as quality and effectiveness increase, the active ingredients increase that of low priced one. Some respondent understood the price variation is due to marketing related costs and that don't have any relationship its effectiveness. The reverse is true for cheap drug

The consumer were asked about the major difference between domestic produced drug and imported one, they mentioned price, quality, immediate effectiveness, packaging, easiness to use , side effect, color and flavor are the major reasons forwarded from respondents as major difference. From consumers' response some of them put packaging and price as major difference between domestic drug and imported drugs. From the above finding the researcher infers that consumers perceive marketing related differences like packaging and the pricing strategy. A good package draws the consumer in and encourages product choice. In effect, they can act as "five-second commercials" for the product (kotler and keller,2012) .

Conclusions and Recommendations

Conclusions

Depending on the findings discussed in previous page the following conclusions are drawn.

- Findings of the research portray that majority consumers have no affordability problem regarding to domestic drugs but some of the respondents perceive domestic drug are only meant for poor. This shows that some consumers hold attitudes of locally produced drugs are designed only for poor. Therefore when consumers' purchasing power increased most probably will not buy the domestic drug.
- In addition, significant numbers of respondents perceive when the prices of drug increase effectiveness also increase. In addition to this some consumers perceive cheap drugs are not effective as expensive one. The research indicates that significant consumers assume domestic drugs are cheap and as if they are designed for poor with

lower quality. This shows that domestic drug companies might have a gap in pricing strategy or in communication strategy.

- In line with research findings near to one third of the respondents' believe that domestic manufactured drugs have more side effect than imported drugs. In addition majorities of the respondent disagree or strongly disagree about the comparative quality of domestic drugs. There are also more than quarter respondent who have fear of related to regular quality control of domestic drugs.
- Majority of consumers were not comfortable to use domestically produced drugs and their major reason for not to use domestic drug were due to compromised quality, lack effectiveness, side effect and not recommend by health professional to use it were in decreasing order. All the above reasons can be possible hindrances for consumer not to use domestic drugs unless better effort is done to minimize consumers' perception gap between domestic and foreign drugs. In line to this research finding consumers have negative attitude regarding to the effectiveness, price and quality.
- Findings of the research tell that more than half of the respondents understand as if there is effectiveness difference between domestic and imported drugs also majority respondents strongly disagreed or disagreed about better effectiveness of domestic products but majority of respondent agreed about the inferior effectiveness of domestic drugs while few of the respondent holds an attitude of domestic produced drugs are not effective at all. These indicate that the consumers have over all negative attitudes about the effectiveness of domestic drugs and they perceive as domestic drugs have lesser effectiveness compared to imported drugs.

Recommendations

Based on the major research findings that have been discussed so far the following points are recommended by the student researcher.

- All domestic drug companies coordinated effort is needed to build their brand in minds of consumers.
- The concerned body need to assure the efficacy of the domestic drugs and need to assure the public to build consumers confidence.
- To clear out the miss interpretation of pricing and product quality, companies need to evaluate their pricing strategy and their way of communication.
- The drug regulatory body needs to strengthen its capacity and disclose the information for the public what they do regarding the regulatory aspect of domestic drugs.

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