



The influence of Demographic Characteristics on Xenocentric Tendencies of Tanzanian Consumers toward Purchasing Anti-malarial remedies

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Abstract

The aim of this study was to explore the influence of demographic characteristics on xenocentric tendencies of Tanzanian consumers towards purchasing anti-malarial remedies. An exploratory research design was adopted which fostered the discovery of ideas and insights underlying consumers' evaluation of anti-malarial remedies in reference to xenocentrism. Purposive sampling was used to select 11 participants who informed this study. It was revealed that the xenocentric tendencies of Tanzanian consumers toward purchasing anti-malarial remedies were influenced by demographic variables such as age, education and geographical location. For instance; older consumers residing in rural areas and possessing limited education were less xenocentric towards purchasing anti-malaria remedies in comparison to their younger, more educated counterparts from urban areas. The findings of this study will provide health professional bodies with valuable insights on xenocentric tendencies of Tanzanian consumers towards purchasing anti-malarial remedies. This, in the long run will boost the standard of various domestic medical products and hence encourage Tanzanians to value domestically produced anti-malarial remedies and other products.

Keywords: Xenocentrism; Anti-malarial remedies; Consumer Behaviour;

Demographic Characteristics

1. Introduction

Global consumer behaviour is an intricate phenomenon however, globalization, has improved the trade of services and goods across national borders. As a result, there is improved global access to various products from a wider range of sources than ever before. Xenocentrism has emerged as a key concept in understanding consumer behaviour in relation to both domestic and foreign products on a global scale (Camacho, 2020). Companies have improved their segmentation process by paying particular attention to the cultural elements associated with their clients as a result of the requirement to understand consumer behaviour in certain target areas. The international marketing discipline has taken a keen interest in explaining customer

behavior discrepancies. In reality, beyond globalization, one of the most difficult tasks for marketing experts is to enter the minds of consumers and comprehend their purchasing behavior (Arenas-Gaitán et al., 2019). New trends in color, packaging, raw materials, and environmental protection, among other things, have influenced customers' perceptions of quality, durability, and benefits, according to existing literature. Other aspects, such as social, individual, time, financial resources, and attitude, have also influenced consumption decisions (Camacho,2020). Despite the aforementioned benefits, and the overall influence of globalization in several production sectors, it still appears that the effects of globalization are negligible in other categories. As a result, research focusing on the construction of perspectives toward the purchase of domestic and foreign commodities is relevant, and scholars have expressed interest in the topic (Chabowski et al.,2013 and Schuiling et al.,2004 as cited by Camacho,2020). Internal bias can play a crucial effect in purchasing behaviour, according to various research on the preference for home products (Gineikiene et al., 2017). Consumers in various countries, however, have developed a preference for imported goods, regardless of quality, accessibility, guarantees, or price and as evidenced in both developing and developed countries (Balabanis a Diamantopoulos, 2016; Zhou and Hui, 2003). Furthermore, even when there is strong antipathy against a country, the preference for foreign products over local products is not limited to a single product category (Batra et al., 2000). Exploring the evolution of attitudes about buying native and foreign products is a crucial topic in this context. The current study, in particular, explores consumer patterns through the lens of xenocentrism. Despite being documented throughout the social sciences discipline in a number of national settings (Kent and Burnight, 1951; Wallach, 2002), the study of xenocentrism remains under-researched and incoherent, and a similar pattern prevails in existing marketing literature. Although consumer ethnocentrism has received substantial attention from scholars and practitioners in international marketing, it is still necessary to explain how preferences for foreign over domestic products prevail. The purpose of this study is to fill a gap in the literature on consumer xenocentrism by investigating the impact of demographic variables on Tanzanian consumers' xenocentric tendencies toward purchasing anti-malarial remedies.

1.1 Research Objectives

1.1.1 General Objective

The main objective of this study was to explore the influence of demographic characteristics on xenocentric tendencies of Tanzanian consumers toward purchasing the anti-malarial remedies.

1.1.2 Specific Objectives

- i) To explore the influence of age on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies.
- ii) To explore the influence of education on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies.
- ii) To explore the influence of geographical location on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies.

1.1.2 Research Questions

- i) Does age have an influence on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies?

- ii) Does education have an influence on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies?

- iii) Does geographical location have an influence on xenocentric tendencies to Tanzanian consumers towards purchasing anti-malarial remedies?

2. Literature Review

2.1 Consumer Behaviour

Schiffman and Kanuk (2007:3) defined consumer behaviour as the “behaviour that consumers display in searching for, purchasing, using, evaluating, and disposing of products and services to satisfy their needs”. In this study, consumer behaviour is defined as actions that consumers take in seeking malaria medication after realizing their abnormal health condition in relation to their xenocentric tendencies. When customers are ready to purchase a product or use a service to meet their needs, the research of how people behave based on the country of origin image of the product that they consume begins. This is the point at which customers must make a series of decisions. These differ depending on the goods and the buying situation, and they determine this behaviour. Consumer behaviour is a function of several factors, as outlined by different authors and according to Bakshi (2012), it is influenced by; cultural, social (reference groups, family, social and role status), personal (gender, age, occupation, income, and lifestyle) and psychological factors (motivation, perception, beliefs and attitude). Blackwell *et al.* (2006) found that individual (demographic, consumer knowledge, perception, learning, motivation, personality, beliefs, attitude and lifestyle) and environmental variables (culture, social class, reference groups, family and household) mainly influenced consumer behaviour. Sata (2013) explored the factors affecting consumer buying behaviour of mobile devices, and found that price, mobile phone features, social influence, durability of the mobile phone, brand name, and after sales services were the major factors influencing consumers’ purchasing behaviour of mobile phones. It was further revealed that the nature of the product or service equally influences customers’ purchasing decisions of a particular product/service.

2.2 Consumer Xenocentrism

Consumer xenocentrism (CX) was characterized by Kent and Burnight (1951) as a person's predilection for a society other than their own, as well as a proclivity to rank and scale everything in comparison to it rather than their own. CX offers an alternative way of examining and understanding foreign product bias (Kent and Burnight, 1951). Even if domestic products are of higher quality than foreign products, CX appears to favor foreign products over domestic products in the sphere of consumer behavior (Mueller et al., 2009). In the context of consumer behavior, social identity refers to any category label with which an

individual associate himself/herself in order to achieve a positive self-image by emphasizing similarities with a desirable reference group and contrasting differences with other reference groups that are thought to be hazardous (Camacho, 2020). This social category of the consumer is represented at the level of national identity through ethnocentrism, cosmopolitanism, and xenocentrism (Prince et al., 2016). In particular, xenocentrism was developed and discussed in sociology literature and was initially considered as counterpart to the ethnocentrism concept that describes people who prefer societies different from their own and evaluate everything with the foreign society as reference (Kent and Burnight, 1951).

According to (Belk, 1988), a xenocentric person is someone who expresses a preeminent aversion for a nation's government strategies and political activities. Ethnocentric propensities are unavoidable in all social orders, and Kent and Burnight (1951) contend that among social orders that have contact with unique gatherings, certain people are inclined to display emotions which are somewhat contrary to ethnocentrism. Such xenocentrics are focused on a remote gathering and may even have a robust aversion for their sort. Intangibility is a fundamental piece of the emotions of ethnocentrism and xenocentrism. An ethnocentric individual perceives ethics where it is not present. On the other hand, an individual who expresses xenocentric behaviour perceives deficiencies where none exists. According to reference (Belk, 1988), ethnocentrism results in a predisposition toward the local, and xenocentrism results in an inclination against the household, inferring a relative predisposition for the outside. Based on previous ideas, in the context of consumption, xenocentrism refers to the inclination of consumers for goods or services from a society other than their own, a tendency to evaluate and accept foreign goods and services instead of those coming from their society (Lawrence, 2012).

In this way, consumer xenocentrism establishes the general preference of consumers for foreign products and the rejection of products from their own country (Kipnis et al., 2014). Measuring a consumer's xenocentrism is a first step to empirically study its effects. In that sense, two recent proposals must be mentioned. On the one hand, reference (Balabanis and Diamantopoulos, 2016) developed the multi-item scale (C-XENSCALE) and, based on exhaustive empirical analysis, demonstrated that this measure is capable of explaining disregard for domestic goods and preference for international items. Rojas-Méndez and Chapa (2019) structured a conceptual framework of xenocentrism where the XSCALE was developed to assess its dimensionality, reliability, and validity. Their results showed that, for consumers, xenocentrism connotes positive attitudes towards foreign cultures and negative attitudes toward their own culture, in terms of their social behaviour and their consumption preferences. The XSCALE includes two dimensions of domestic rejection and foreign admiration. The XSCALE was also tested for validity in measuring the phenomenon in developing countries.

Consumer experience has been found to have a negative impact on domestic industries, owing to customers' negative attitudes about domestically produced goods (Mueller et al., 2009). According to a survey conducted by Okechuku and Onyemah (1999), Nigerian consumers prefer to wear, drive, and use foreign products over domestic products. As a result,

domestic industries and other producers face pressure to enhance product quality, lower costs, and even alter promotional techniques. Other researchers, however, observed that customers in emerging nations prefer foreign products for other reasons. According to them, those consumers are drawn to foreign products due to underlying socio-psychological characteristics that immediately confer a status of prestige on foreign countries and, by association, their products (Howes, 1996 and Drazin, 1991). CX has been proven to be influenced by demographic features such as age, gender, income level etc and these effects are as detailed in the next sub-section.

2.3 Consumer Xenocentrism and Demographics Characteristics

Demographics are quantifiable statistics of a certain population in a specific location. The term is sometimes used to refer to the study of quantifiable subgroups of a population that characterize that population at a specific point in time (Power & Elliott, 2006). Commonly examined demographics include age, race, gender, level of education, income level, disabilities, mobility, home ownership, employment status, among others (Batra *et al.*, 2000; Nam, 1998; Belk, 2000). Respondents' demographics are used as a separate set of antecedents in import purchase behavior and consumer xenocentrism studies. This provides the researcher the option of segmenting consumers based on their favourable and unfavourable attitudes toward foreign and domestic products and services. When considering consumer xenocentric behavior, customer demographic features have been proven to be critical. Several studies looked into the extent to which demographic variables can function as moderators in consumer decision-making (Batra *et al.*, 2000; Nam, 1998; Belk, 2000; Taylor *et al.*, 1987, Bullis, 1997). In terms of xenocentric attitudes toward foreign products, they looked at a range of demographic variables such as age, income disparity, and urban versus rural variations. Consumers who are financially well-off are more likely to acquire foreign products, according to Belk (2000) and James (1993). That is, when it comes to preferring foreign products, wealthier customers are more xenocentric.

Similar studies that analyzed urban and rural disparities found that urban consumers are more xenocentric in comparison to their rural based counterparts, owing to their exposure to or knowledge of foreign products. Bullis (1997), for example, observed that urban Indian customers were the first to acquire prestige-enhancing imported goods. According to a study conducted by Shultz *et al.* (1994), older and rural customers are less xenocentric because they have more traditional beliefs and behavioural patterns that are resistant to change (and, therefore, are less likely to prefer foreign products). They concluded that urban consumers have more knowledge, exposure, and access to foreign products (both economically and physically).

Demographic variables have an impact on consumer xenocentrism just as they do on consumer ethnocentrism, as can be observed. Consumers differ in their decision-making processes when choosing a product to purchase, according to the distinctive character of the person in his or her purchasing intent, according to the empirical findings presented above. Consumers in developing countries prefer imported to locally produced goods. Consumers in

emerging countries can be described as xenocentric, despite the fact that their demographic traits differ as indicated above. Few researches have been conducted in this area, indicating that this investigation was necessary.

3. Methodology

This research was conducted in Tanzania's Mbeya Region, which is located in the southern part of the country. Mbeya is one of Tanzania's regions with a high rate of malaria infection. Furthermore, Mbeya attracts customers from all around Tanzania, and it benefits from its proximity to two national borders, Malawi and Zambia, which provide access to pharmaceuticals. This city was purposely considered as the ideal study area because it aided the researcher in obtaining answers to research questions and attaining stipulated research objectives.

An exploratory research design was used in this study to explore thoughts and insights on the influence of demographic features on Tanzanians' xenocentric attitudes for acquiring anti-malarial remedies. Exploratory research, according to Sekaran and Borgie (2010), are conducted to better understand the nature of the problem because relatively few studies have been conducted in such context. Exploratory research has the virtue of being adaptable to change and flexible. since the researcher used the study's flexibility to investigate ideas and insights on the influence of demographic tendencies on xenocentric inclinations of Tanzanians toward purchasing anti-malarial remedies, the researcher was able to obtain valuable responses from participants. In this study, qualitative research was used as part of an exploratory research design. The interpretivist theoretical framework was adopted in this study. The researcher acknowledged the different demographic characteristics studied and participants' subjective ways of deciding which anti-malarial remedies suited their chosen criteria, as the interpretivist paradigm seeks to understand the subjective reality of participants in a way that is meaningful to the participants themselves (Brand, 2009). The researcher used an Interpretivist paradigm, assuming that the influence of demographic characteristics on Tanzanians' xenocentric tendencies toward purchasing anti-malarial remedies is not an objective phenomenon with known properties or dimensions, necessitating a subjective approach to reasoning. The researcher was able to distinguish the various interpretations of reality from the participants after adopting the Interpretivist paradigm. Instead of using measurement, respondents in this study were treated as peers or friends, and an attempt was made to uncover hidden meanings (Proctor, 2003). considering the nature of the study, Tanzanian consumers and pharmacists were chosen as the study's target audience. The impact of demographic factors on Tanzanians' xenocentric attitudes toward anti-malarial drug purchases was investigated in this study. The participation of persons with specific knowledge and experience, such as consumers who have chosen and used anti-malaria remedies and pharmacists who stock and distribute medication, was essential to obtain in-depth information on these matters. Therefore, nonprobability sampling, specifically purposive sampling, was used in selecting the participants. Purposive sampling permits the researcher to decide which cases to choose that will be best able to answer the researcher's research questions and meet the researcher's 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.

Table 1: Participants' Profile

Name	Sex	Age	Education	Location	Occupation
Isaac	M	50	Primary	Rural	Farmer
Amba	M	43	Diploma	Urban	Pharmacists
Alex	M	35	Primary	Urban	Taxi Driver
Anna	F	38	Masters	Urban	Accountant
Ben	M	79	Diploma	Rural	Retired Pastor
Bariki	M	33	Master	Urban	Assistant Lecturer
Frank	M	36	Master	Urban	Accountant
Neema	F	33	Master	Urban	Assistant Lecturer
Furaha	F	22	Certificate	Rural	Teacher
Jesca	F	64	Primary	Rural	Farmer
Amy	F	26	Bachelor	Urban	Public Relations Officer

The current study was informed by 11 respondents, consisting of 1 pharmacist and 10 consumers, according to the nature of the study. In-depth interviews were used to gather qualitative data. In-depth interviews, according to Collis and Hussey (2003), are effective when it is essential to comprehend the construct that the interviewee perceives as a foundation for his or her opinions and beliefs on a specific topic. If the goal of the interview is to gain a better understanding of the respondent's reality so that the researcher may alter it either independently or collaboratively, an in-depth interview is also appropriate.

In this study, the researcher used in-depth interviews to better understand the impact of demographic parameters on Tanzanians' xenocentric attitudes toward purchasing anti-malarial remedies. This method of data collection was appropriate in this study because the researcher believed that interviewing individual participants about the phenomena under investigation would aid in the collection of rich data on individual's subjective perceptions and experiences with anti-malarial remedies. An interview guide was designed based on themes identified in the literature that the researcher believed would enable the participants to provide relevant information. The purpose of the interview session was explained to the interviewees, prior to obtaining consent to voluntarily participate. 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 acquired data was analyzed using the thematic data analysis technique. Thematic analysis, according to Braun and Clarke (2006), is a qualitative analytic method for identifying, analyzing, and reporting patterns (themes) within data. It organizes and describes

the data set in considerable detail. However, it frequently goes beyond this as it also interprets multiple facets of the research issue as was intended in the current study. Thematic analyses, like grounded theory and the building of cultural models, require more engagement and interpretation from the researcher, according to Namey et al (2012). Thematic studies focus on identifying and defining both implicit and explicit ideas within the data, or themes, rather than counting explicit words or phrases. Despite the fact that theme analysis approaches have been considered to neglect the reliability component in the study, thematic analysis is beneficial in capturing the complexity of meaning within a textual data set. In qualitative research, it is also the most widely utilized method of analysis (Namey et al., 2012).

The researcher utilized Braun and Clarke's guide to thematic analysis to analyze the information gathered. The following are the components or steps of the process: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and identifying themes, and generating the report (Braun and Clarke, 2006). A theme represents some level of structured response or meaning within the data set and captures something fundamental about data in respect to the research question.

4. Findings and Discussion

Member identification with national groups strongly shapes attitudes, opinions and belief about one's self and others as well as one's behaviour, including consumer behaviour (Balabanis *et al.*, 2001). In the consumer sphere, consumer xenocentrism appears to result in a preference for foreign products even when domestic products are qualitatively and/or functionally similar or better (Mueller et al., 2009). In this study it was important to examine whether demographic characteristics served as influencing factors of consumers' xenocentrism and their purchasing decisions of anti-malarial remedies. Three demographic characteristics were studied; age, education and rural versus urban variations.

4.1 Age

Age to an extent connotes culturally defined behavioural and attitude norms (Alreck, 2000) and affects consumer self-concept and lifestyle (Henry, 2000). Age further influences the consumption of various products, media, and shopping centres and has been used by marketers to segment market style (Henry, 2000). In this study, the influence of age on the malaria medication decision making process as far consumer xenocentrism was concerned was examined. It was found that the age variable functioned as a moderating factor for consumer xenocentrism in the anti-malarial remedy purchasing process. As revealed, older consumers valued the expert opinion of doctors and pharmacists as they sought malaria medication and their purchasing intention solely depended on the same as one interviewee puts it:

“When it comes to health-related issues, I usually trust the doctor's advice. I usually use ALU anti-malarial drugs, they were highly recommended by my doctor and the price for the medication is affordable” (Ben).

"When my family and I are diagnosed with malaria symptoms, we go to a neighbouring pharmacy and request anti-malarial medications. The pharma salesperson inquires about our ailments. She provides us ALU anti-malaria medications after she confirms that we have malaria." (Jesca).

As revealed, the majority of older consumers prefer the expert opinion of health professionals when diagnosing malaria and purchasing anti-malarial medications. Their age hindered their ability to research and evaluate the options accessible to them. As a result, they opted to place their trust in medical experts in order to be certain of their treatment. Trust in opinion leaders reduced the amount of unanticipated risk.

Younger consumers were also found to be more interested in searching for information on various anti-malarial brands, and they used criteria such as country of manufacture, brand, days of dosage, price, and other criteria to evaluate the quality of anti-malarial remedies in order to lessen uncertainties associated with anti-malarial remedy consumption.

I take a single dose of Kenyan-made Metakelfin anti-malarial medications and then resume my daily activities after a short while" (Alex).

"I've been using Orodar, a Kenyan anti-malarial treatment, for more than three years. The reasons for choosing this anti-malarial medicine are that it has a short course (I just take it once) and does not make me weary or give me a headache after taking it, allowing me to continue with my regular activities. I have high confidence in this drug because it is made in a country that appears to be progressing in terms of industrial growth, thus the quality of their products is high, which translates to superior performance" (Amy).

When purchasing anti-malarial medications, it was discovered that younger customers considered a range of criteria. When reviewing anti-malarial treatments, the duration of the course, country of origin, price, and performance of certain anti-malarial remedies were all taken into account. They used the anti-malaria treatments' intrinsic and extrinsic cues before making a purchase. Their primary concern was the anti-malarial medication's quality. They opted to purchase foreign anti-malarial treatments to ensure quality because they believed imported anti-malarial remedies were of higher quality than those that are domestically produced. Consumers preferred Kenya-made pharmaceuticals as the country is relatively more developed than Tanzania, and they assumed that Kenyan anti-malarial treatments were of higher quality than those manufactured by the Tanzanian industry.

These findings revealed that older consumers are less xenocentric while purchasing anti-malarial treatments since their age restricts their ability to learn more about the various anti-malarial brands. Their contentment with suggested anti-malarial medications increased as well as their faith in opinion leaders. Furthermore, income constraints were discovered to be a barrier for senior consumers. Even if they were able to ignore opinion leaders' recommendations, they couldn't afford to buy foreign anti-malarial drugs because their prices were higher than domestically produced anti-malarial drugs. Younger consumers, on the other hand, were more xenocentric when it came to purchasing anti-malarial remedies, as they valued foreign anti-malarial remedies, believing that the technological advancement of

the chosen and trusted countries would produce anti-malarial remedies of superior quality to those produced at home.

The decision-making process for malaria medication among Tanzanian consumers was found to be influenced by age disparities. According to the data, most older consumers visited health centers for malaria diagnosis when they noticed malaria symptoms, and when the results confirmed that they had malaria parasites, they used the doctor's prescription to acquire anti-malarial medications. Also, older customers who had limited access to health-care facilities went to pharmacies to inquire for antimalarials and bought them based on the pharmacists' recommendations. Unless a patient expresses a preference, most Tanzanian doctors will prescribe ALU anti-malarial medications. As a result, older consumers were encouraged to utilize ALU anti-malarial medications, which are locally manufactured and considered as Tanzania's cheapest anti-malarial treatment. This prompted senior customers to use it because it was cost-effective for them.

The foregoing findings were in line with those of other writers, indicating that older consumers are more price-sensitive and face more severe constraints in comparison to their younger counterparts. As a result, older customers are more prone to buying low-cost products (Dhar and Hoch, 1997).

4.2 Education

In terms of consumer xenocentrism, education was one of the variables investigated to determine how it influenced customers' decisions to purchase anti-malarial medications. Less educated consumers were found to buy anti-malarial medications based on a doctor's prescription or pharmacist's recommendation. Their selections were hampered by a lack of knowledge about various drugs. These consumers did not research on various anti-malarial medications; instead, they relied on the counsel of opinion leaders when making malaria treatment decisions.

"I take ALU since my doctor advised me that it is an effective malaria therapy" (Isack).

Their reasoning was hampered by their lack of knowledge of various anti-malarial brands; they couldn't dispute because they were unaware of any other options.

"Some customers come to my store looking for anti-malaria medication, but when I ask which brand they prefer, they ask me to recommend a brand that is suitable for them. I base my decision on their purchasing power, and the majority of them prefer ALU (domestic anti-malarial medications) (Amba).

Less-educated consumers were less xenocentric, as evidenced by opinion leaders who advised them to adopt domestic anti-malarial treatments due to their affordability and effectiveness. Due to a lack of understanding about various anti-malarial medicines, they were limited in their selection of anti-malarial available on the market. They also couldn't make a sound judgment, therefore they assumed that the counsel of opinion leaders was appropriate for their therapy. Highly educated consumers, on the other hand, were found to do information searches on various anti-malarial medicines and to evaluate anti-malarial

remedies based on criteria such as: country of manufacture, brand, price, dosage days, and other parameters.

"I take Artequik, a Chinese anti-malarial medicine that is working well for me." For malaria therapy, I had tried a few different brands. Some of them were not functioning properly. I trust Chinese medicine because it is produced in one of the leading countries" (Bariki).

Various consumers were drawn to utilize the products of some countries because of their strong reputation in the pharmaceutical industry. This was achievable because informed customers have access to information about malarial medications from other countries.

"I've tried a variety of anti-malarial medications, but most of them have proved to be ineffective since I've been sick with malaria on a regular basis." For the time being, I'm taking Kenyan Metakelfin anti-malarial medications. The reason for this is that when I take it, it allows me to continue with my daily tasks" (Frank).

When the previously chosen anti-malarial medications did not perform as planned, their levels of education prompted them to seek further information about anti-malarial remedies. They spent their money on other brands of anti-malarial treatments that they believed were of higher quality and hence would perform better, because most of them were working and had sufficient income.

"I always take Artequin antimalarial medications from Switzerland. Because the drug is really strong, I take a break after using it because my joints get weak and I occasionally get a headache, but the condition returns to normal after a few hours. I still prefer the drug since it keeps me free of malaria for more than five months after I use it. I have faith in the drug because it is made in a country known worldwide for medical production, thus the quality of the product is good, performs excellently, and I am cured after using it" (Anna).

Most educated consumers preferred foreign anti-malarial medications because of their experience with them and knowledge of how to contrast the quality of anti-malarial remedies produced in developed vs underdeveloped countries.

It is clear that the goal of purchasing anti-malarial medications is to be cured. When it came to purchasing anti-malarial medications, educated consumers were found to have a variety of options. They didn't choose a single brand; instead, they tried as many as possible in order to determine the optimum solution to their condition. The majority of them relied on foreign anti-malarial treatments, believing that they were of excellent quality and that they would cure them. Their rationale about the effectiveness of anti-malarial medicines led them to develop favourable attitudes toward foreign anti-malarial remedies.

Because educated consumers are well exposed to different brands of anti-malarial remedies, the findings above show that educated consumers are more xenocentric than less educated consumers. They also have a greater degree of reasoning in terms of the quality and effectiveness of various anti-malarial treatments than consumers with a lesser level of education. Furthermore, the majority of educated consumers are employed, while others are self-employed. As a result of their higher income level, they are less price-sensitive and often

associate quality to price. They believed that highly priced anti-malarial medications would be of higher quality compared to lower priced anti-malarial remedies. The level of education of Tanzanian consumers was found to have an impact on their decision to take malaria medicine. Consumers with low levels of education trusted opinion leaders when purchasing anti-malarial treatments, according to the research. Their faith in their doctors and pharmacists lessened their apprehension about purchasing anti-malarial medications. Consumers with a higher level of education, on the other hand, were more involved in the malaria medication decision-making process. They were able to determine the quality of anti-malarial treatments because of their exposure and reasoning abilities. Their education enabled them to distinguish between developed and developing countries, and the implications for quality evaluations. They looked for information on the various anti-malarial remedies and evaluated them based on criteria such as country of manufacture, price, brand, days of dosage, and side effects. The majority of highly educated consumers purchased imported anti-malarial medications, assuming that they were of higher quality than domestic anti-malarial treatments.

Hoch (1996) discovered that well-educated customers have more conviction in their evaluative abilities and are more knowledgeable about the relative quality of domestic versus foreign brands. These customers are less price-sensitive and have less budgetary restraints. They are also more quality conscious. All of these attributes influenced their preference for foreign products.

4.3 Geographical Location

Individuals' purchasing behavior has been proven to be influenced by their geographic location. The purchasing decisions of rural and urban consumers, for instance, are distinctive. The decision-making process for malaria medication among rural and urban consumers was found to be influenced by their environments in this study. Limited understanding of different anti-malarial products, as well as limited sources of revenue, influenced rural consumers' purchasing decisions. As a result, consumers depended on opinion leaders when making decisions about malaria treatment.

"When my family and I are diagnosed with malaria symptoms, we go to a neighbouring pharmacy and request anti-malarial medications. The pharma salesperson inquires about our ailments. She provides us ALU anti-malaria medications after she confirms that we have malaria" (Isack).

Most rural consumers utilized domestic anti-malarial treatments because ALU anti-malarial remedies, which cost Tshs.2, 000/=, were affordable to most consumers. Another consideration for rural customers was accessibility.

"I was taking Metakelfin anti-malarial drugs from Kenya, but since I moved to this village, I've been using ALU because it's the only malaria treatment medicine accessible in the drug stores." (Furaha).

Because most consumers in rural regions cannot afford imported anti-malarial medications, local pharmacies only stock domestic anti-malarial prescription drugs, which are in high

demand. As a result, even customers who previously used foreign anti-malarial medications are compelled to purchase ALU local anti-malarial medications. Urban consumers' purchasing behavior, on the other hand, has been proven to be impacted by the environment as a result of interactions with people from various locations and cultures. The majority of urban consumers in this survey preferred foreign anti-malarial treatments owing to accessibility and financial ability.

"I take Artequin from Switzerland for anti-malarial treatment, but my children use ALU." (Neema).

Consumers in urban areas were involved in a variety of activities that helped them generate income, and therefore had access to medications that they required.

In terms of consumer xenocentrism, the findings above suggest that disparities between urban and rural areas have an impact on customers' decision-making processes. In contrast to rural consumers, urban consumers were impacted by exposure to foreign anti-malaria treatments and the broad range of choices/alternatives available in pharmacies when purchasing anti-malarial remedies. One of the risk-reduction measures discovered was product knowledge. The findings on product knowledge and its impact on the malaria drug decision-making process will be presented in the following section. Geographical differences among Tanzanian consumers were found to have an impact on the decision-making process for malaria medicine. According to the data, rural customers had difficulty accessing health center services, and the majority of them purchased anti-malarial medications from local pharmacies. When acquiring anti-malarial medications, a few consumers who were able to attend health centers for malaria diagnosis used doctor's prescriptions. After recognizing the symptoms of malaria, the majority of consumers went to pharmacies to inquire about anti-malarial medications, and the pharmacist advised them on which anti-malarial medications to buy. The anti-malarial brands accessible in most rural pharmacies were found to be limited, as the level of income of rural customers prompted pharmacists to supply only domestic anti-malarial treatments, which were affordable to the majority of rural consumers.

Urban customers, on the other hand, were found to have access to health centers due to the existence of both private and public health facilities. They had a wide variety of anti-malarial medications due to the availability of pharmacies with several anti-malarial brands. Most consumers in urban areas were able to participate in a variety of income-generating activities, therefore their standard of living was influenced by their environment. When consumers went to pharmacies to access anti-malarial treatments, the pharmacist asked them the brand of anti-malarial remedy they required, especially if they didn't have a doctor's prescription. This increased the variety of anti-malarial medicines available, and some urban consumers were interested in purchasing antimalarials from other countries.

In terms of consumer xenocentrism, the findings above suggest that variations between urban and rural areas have an impact on consumers' malaria drug decision-making processes. In contrast to rural consumers, urban consumers were impacted by exposure to foreign anti-malaria treatments and the large range of choices/alternatives available in pharmacies when

purchasing anti-malarial remedies. These findings are in line with those of other researchers who have discovered the impact of demographic variables on consumers' xenocentric tendencies. Because urban consumers are exposed to or have knowledge of foreign items, they are more xenocentric than rural customers. Bullis (1997), for instance, found that urban Indian customers prefer foreign over home products and that purchasing foreign products was considered prestigious. Rural consumers are less xenocentric, according to Shultz et al. (1994), since they have more traditional values and patterns of behavior that are very resistant to change. As a result, they choose native over foreign products. In their research, metropolitan consumers were highly exposed to, aware of international products, and had the financial means to purchase them.

Consumer xenocentrism, in general, has been demonstrated to have a negative impact on domestic industries, as customers develop a negative view about homemade goods (Mueller et al., 2009). According to a survey conducted by Okechuku and Onyemah (1999), Nigerian consumers prefer international products over domestic products. This was also the case in the current study, implying that domestic industries and other producers will be pressed to enhance product quality and even alter their marketing techniques. Other researchers, on the other hand, proposed reasons for consumers in emerging markets to prefer foreign products; they claimed that consumers in developing countries are drawn to foreign products due to underlying socio-psychological factors that automatically confer a status of prestige on foreign countries and, by extension, their products (Howes, 1998 and Drazin, 1991). This explanation was less supported by this study, which found that practical rather than psychological factors influenced participants' preferences. However, no study has yet looked into the relationship between consumer xenocentrism and educational attainment. This study's findings can be utilized by other researchers who are interested in this field.

Based on these findings, the Tanzanian pharmaceutical sector should gain better understanding of the Tanzanian malaria drug decision-making process and the factors that influence the same. For instance, the effects of stereotyping on Tanzanian consumers' perceptions of indigenous anti-malarial medicines must be considered. In order to create high-quality medication, the home industry must be equipped with the necessary infrastructure. This will boost Tanzanian customers' xenocentric tendencies when purchasing anti-malarial medications. In addition, the government must comprehend demographic factors and their impact on malaria medication, since this will aid in the development of marketing ploys that would appeal to all groups.

5. Conclusion and Recommendations

In this study, it was observed that consumer xenocentrism appeared to lead to a preference for foreign over local products, even when domestic products were of higher quality. The researchers focused on three demographic variables namely: age, education, and geographic disparities.

Age: Age disparities were discovered to have an impact on customers' choice of malaria medicine in this study. Older consumers, for example, were found to be less xenocentric when purchasing anti-malarial treatments because their age reduced their ability to learn more about the various anti-malarial brands. As a result, when obtaining anti-malarial medications, they relied on the advice of experts. Furthermore, elderly customers were discovered to have limited financial resources; even if they had been willing to reject the opinion leaders' suggestion, they could not afford to obtain foreign anti-malarial treatments because they were relatively costlier. Younger consumers, on the other hand, were found to be more xenocentric when purchasing anti-malarial remedies, as they valued foreign anti-malarial remedies, believing that the technological advancement of the chosen and trusted countries would produce high-quality anti-malarial remedies compared to home-produced anti-malarial remedies.

Education: In this study, the level of education had an impact on Tanzanian customers while evaluating anti-malarial treatments in terms of xenocentric inclinations. Less educated customers were less xenocentric while purchasing anti-malarial medicines because they relied on opinion leaders to make decisions; as a result, they bought domestic anti-malarial medications. Consumers with a high level of education, on the other hand, assessed the quality of anti-malarial treatments prior to purchasing them. They judged the quality of anti-malarial treatments based on factors such as country of origin, brand, price, and dosage days. The majority of individuals with a high level of education preferred imported anti-malarial medications because they anticipated they would be of higher quality than domestic anti-malarial meds. That is, highly educated customers are more xenocentric in their anti-malarial drug purchases than those who are less educated.

Geographical Differences: The location of a consumer's residence has an influence on their malaria medicine purchasing behaviour in Tanzania. Most rural consumers relied on opinion leaders and doctors in such areas were likely to prescribe the ALU anti-malarial medication. Consumers who sought assistance from pharmacists were also urged to use the ALU to treat malaria. Furthermore, most rural pharmacies had a restricted variety of anti-malarial brands, as the degree of income of rural customers prompted pharmacists to only sell domestic anti-malarial medicines, which were accessible to the majority of rural consumers. As a result, consumers in rural areas have limited understanding about foreign anti-malarial treatments, preventing them from using them. Urban consumers, on the other hand, were found to have a diverse range of anti-malarial brands from other countries. Most consumers in urban areas engaged in a variety of income-generating activities, therefore their lifestyle was affected by their environment. Consumers, particularly those without a doctor's prescription, were questioned by pharmacists which brand of anti-malarial. This increased their selection of anti-malarial treatments, and some urban consumers were interested in purchasing anti-malarial therapies from other countries. As a result of being exposed to foreign anti-malarial treatments, urban consumers were more likely to acquire them. As a result, as previously noted, there is a strong relationship between demographic features and the extent of xenocentric inclinations in the Tanzania market.

The quality of domestic anti-malarial remedies was questioned by a large number of consumers, which has implications for policymakers. As a result, some consumers prefer foreign anti-malarial medications to domestic anti-malarial medications. The government through the Ministry Health and Social Welfare and Tanzania Medicines and Medical Devices Authority (TMDA) in collaboration with the Ministry of Industry and Trade should monitor the quality of the domestic pharmaceutical industry in order to produce medication of a high standard and quality. Furthermore, the ALU anti-malaria medication, which is locally produced in Tanzania required the consumption of many pills to complete a dozen (24 tablets per course for adult and 12 tablets per course for a child), which significantly discouraged its usage. The government, through the appropriate authorities, should consider ways to lower the number of ALU pills every course from 24 to 9-12 for adults and 12 to 6 for children without compromising the medication's efficacy. Improving the quality of domestic anti-malarial remedies and standardizing domestically produced anti-malarial courses will encourage more Tanzanians to value home-made anti-malarial remedies, hence increasing ethnocentric tendencies among consumers and boosting the country's economy.

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