

MOTIVATIONS AND OBSTACLES FOR BUYING PRODUCTS ON ILLICIT MARKETS

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<https://doi.org/10.37602/IJSSMR.2024.7304>

ABSTRACT

The aim of this article is to determine the motivations and disincentives for purchasing products on illicit markets. This work focuses on the drugs market. The theoretical determinants of the purchase of medicines on the illicit market highlight the obstacles and motivations. Based on a questionnaire survey of households in the northern zone of Cameroon, it emerges that 87% of households have already bought medicines on illicit markets. The reason for this is the high cost of medicines in legal dispensaries compared with those on the street, but it is mainly due to convenience and socio-cultural reasons. Anti-counterfeiting organisations need to take more action on socio-cultural factors to limit the spread of this phenomenon.

Keywords: illicit market, counterfeiting, obstacles, motivation,

1.0 INTRODUCTION

Street medicines are any medicines marketed outside the official circuit authorised by the law of the country in which they are sold. There are several names for these medicines: parallel market medicines, illicit market medicines, informal market medicines, pseudo medicines, inferior quality medicines, fake medicines, counterfeit medicines, smuggled medicines.

Generally speaking, the parallel drugs market is a market in which drugs are sold and distributed outside the official circuit (authorised by law).

It is an illegal market that replaces pharmacies and hampers national pharmaceutical and health policies. The informal market distributes medicines to isolated rural areas, both through weekly markets and through small street vendors who sometimes visit several villages a day. These medicines are held and sold by individuals who have no scientific skills and no authorisation from the public authorities for this type of activity. The parallel medicines market is supplied from two sources: internal and external. These medicines are considered to be counterfeit.

Counterfeiting has grown steadily, despite tighter regulations and reprimands from the authorities, the police and the gendarmerie. The main reason for this growth is strong demand from buyers. Grossman and Shapiro (1988) and McDonald and Roberts (1994) group together two categories of consumers who buy counterfeit products according to their purchasing behaviour:

- The first category is made up of consumers who believe that the product they have bought is an original product: these are victims who unwittingly buy counterfeit products because they are very similar to the originals (Bloch et al., 1993; Grossman and Shapiro, 1988a; Mitchell, 1999; Tom et al, 1998). If they are cheated, they can claim compensation for the loss they have suffered. This is known as "suffered infringement".

- The second category consists of consumers who intentionally buy counterfeit products.

They are prepared to consume counterfeit products, knowing that the product is illegal. They are aware that the product they buy is a copy of the original, and so they forego quality and performance in order to obtain a product with a strong image at a lower price (Bloch et al., 1993; Cordell et al., 1996; Prendergast et al., 2002). As accomplices, these consumers do not suffer from counterfeiting because they deliberately buy fakes.

This research focuses on consumers who deliberately buy counterfeit goods. Indeed, it is in these circumstances that perceptions and attitudes towards counterfeiting reflect the demand for these products.

The aim is to determine the factors likely to influence consumer attitudes towards the purchase of counterfeit goods. The aim is to determine the disincentives and motivations.

2.0 THEORETICAL ANALYSIS OF THE OBSTACLES AND MOTIVATIONS TO BUYING ON THE ILLICIT MARKET

Emphasis is placed on the case of street medicines considered to be counterfeit. In the literature on counterfeiting, many of the variables tested can be considered as determinants of attitudes towards counterfeiting. We propose a summary classification of these variables into 3 categories: personal determinants, the consumer's perception of the risks involved, and the characteristics of counterfeit products in terms of quality and price.

Variables linked to the individual influence purchases on the illicit market. Personal variables were studied in the context of counterfeit consumption. They include socio-demographic variables such as age, gender, level of education and income, and other variables such as the search for novelty, integrity and commitment.

Social influence refers to the effect that others have on an individual's consumption behaviour (Ang et al., 2001), so an individual's consumption behaviour is a reflection of their position in society.

Martineau (1968) shows that social influence is a more significant determinant of purchasing behaviour than income. Indeed, Mellot (1983) adds that individuals try to associate themselves with the social class to which they belong, or even the upper class. In addition, they are more likely to buy brands that easily give them status, wealth and membership of a particular social class. When it is important for consumers to buy a particular brand in order to acquire a particular status, but they do not have the financial means to make the purchase, they turn to a more accessible alternative, namely counterfeiting.

Penz & Stöttinger, (2005); Wang et al., (2005) add that the opinion and assurance of others plays an important role as a reference point, especially when the individual knows little about the product category in question. On the other hand, normative susceptibility concerns purchase decisions based on expectations and anything that might impress others (Ang et al., 2001; Penz & Stöttinger, 2005; Wang et al., 2005).

It has been shown that social influence, in its two forms (susceptibility to information and normative susceptibility), has an effect on the intention to purchase counterfeit luxury goods (Phau & Teah (2009) and Phau et al. (2009)).

The search for novelty is a factor that motivates purchases on the illicit market. It represents the curiosity an individual may have in seeking variety in different products (Wang et al, 2005). Consumers tempted to try new products are likely to have a positive attitude towards counterfeits, as long as the price is appropriate to satisfy their curiosity and need to experiment. Paradoxically, Wee et al (1995) and Phau & Teah (2009) have shown that there is no relationship between the search for novelty and attitudes towards counterfeiting.

Consumer behaviour is influenced by a personal sense of justice. The influence of variables such as integrity will have an effect on the judgement to succumb to unethical activities (Steenhaut and Van Kenhove, 2006). Integrity is determined by ethical and personal standards, as well as by obeying the law. Integrity has been shown to be a predictor of luxury counterfeit purchase behaviour (e.g. Ang et al. (2001), Phau and Teah (2009), Wang et al. (2005)).

There is also personal gratification. Personal gratification is defined as the need to acquire a sense of achievement and social recognition, as well as to appreciate the joys of life (Ang et al., 2001; Wang et al., 2005). Consumers with high positive personal satisfaction will be more sensitive to the appearance and visibility of fashion products, personal satisfaction

being linked to the need for fulfilment and social recognition (Phau et al., 2009). Consumers who intentionally buy counterfeit products are aware that they will not be able to benefit from the same levels of quality as the original product and are prepared to accept this compromise.

According to Bloch et al (1993), when comparing counterfeit buyers with non-buyers, it appears that non-buyers tend to be less confident and have a lower perceived status. These characteristics are often associated with individuals seeking fulfilment, social recognition and a high standard of living.

Consumer status has long been defined as "the purchase, use, display and consumption of products and services as a means of acquiring special status" (Veblen, 1899). Status inspires respect and consideration and reflects the objectives of a culture. It also evokes a social ranking or the recognition that a group gives to an individual (Eastman et al., 1997), regardless of social level or income. An individual's wealth alone does not reflect their consumption status (Shipman, 2004).

For consumers seeking personal satisfaction, the status of consumption allows them to display prestige (Phau and Teah 2009) and has a positive influence on consumer attitudes to counterfeiting.

The involvement variable enables us to differentiate between products that may have a completely different level of involvement with the consumer (e.g. a counterfeit drug is more involving than a copy of a film or a music CD). Involvement is a very important concept that can differentiate between categories of informal products. Rothschild (1984) defines involvement as: "A state of motivation, excitement, or interest. It is created by a specific object or situation. It leads to behaviour: certain forms of product search, information processing and decision-making".

Involvement can be seen as the intensity of the relationship between an individual and a given product, i.e. the importance and interest given to this product and the stake it represents for him. Kapferer and Laurent (1986) point out that: "Involvement is a hypothetical variable. It cannot therefore be measured directly, but must be grasped through its causes".

This variable has a strong influence on consumer behaviour. In marketing, the concept of involvement is used to determine the intensity and nature of consumer motivations. It reflects a state of interest in a category of goods or services. According to D'Astous et al (2006), consumer behaviour researchers distinguish three types of involvement:

- Involvement with advertising: In this case, consumers who are strongly involved with advertising will be more attentive to the advertising message and more likely to raise objections and make associations than those who are less involved.

- Implication for the product: In this case, we talk about products with low or high involvement. It should be noted that involvement with a product differs from one consumer to another. So, for the same product, some consumers will be strongly involved in buying it, while others will not.

- Involvement in relation to the purchase decision: In this case, faced with the same purchase decision, the difference between a low-involvement consumer and a high-involvement consumer lies in the search for information, comparison and evaluation of the different brands present on the market. Consumers with a high level of involvement in the purchase decision will tend to seek out more information and compare and evaluate the different brands on the market than consumers with a low level of involvement.

Bian and Moutinho, (2009) state that when involvement with the product is high, consumers are more likely to distinguish between the counterfeit and the original product, to develop different perceptions of the two products and to show more preference for the original product. Soloman et al (1985) add that in situations of high involvement, consumers are more interested in acquiring a personal, experiential and symbolic benefit than in maximising the product's functionality.

Price sensitivity is defined as "the desire to pay a low price in order to obtain limited quality" (Lichtenstein et al., 1990). It has been found that consumers are more likely to engage in illicit purchasing when they are under price pressure. Counterfeit products, even of low quality, offer consumers significant savings compared with the original product. In these circumstances, the perceived value of counterfeit products will be high for the price-sensitive consumer. Bloch et al (1993) and Sridhar (2007) have shown that when the counterfeit product offers a lower price than the original, the consumer will choose the counterfeit. However, Phau

et al (2009) were unable to demonstrate the influence of price sensitivity on attitudes towards counterfeit luxury brands.

Various variables have been studied in the context of counterfeit consumption. Studies have shown that some variables explain attitudes, while others are considered insignificant. Once the variables have been identified, it is necessary to look at the explanatory variables linked to the product, which in turn affect the attitude towards the purchase of the counterfeit product.

By product-related variable we mean any non-individual variable that refers to the counterfeit product and its specificity. As with the variables linked to the individual, we will present a non-exhaustive list of variables linked to the product (quality/price relationship, product knowledge, etc.). In our research, we will consider only price and quality, which appear to us to be highly relevant.

Price has an important influence on consumer behaviour, which is why it has been extensively studied in the literature. Le Roux et al (2015) believe that counterfeits are generally sold at a price that is very significantly lower than the price of the original. It therefore seems logical to postulate that price will have a positive impact on attitudes towards the purchase of counterfeit products, and on purchase intention. However, it is tricky to analyse the impact of price without considering a given purchase situation. A category of products to which a level of perceived risk is associated, the price of the original, the price of the counterfeit, the use to which the product will be put, and so on. Huang et al (2004) show that price can be a determining variable in the propensity to buy fakes, and in attitudes towards counterfeiting.

Researchers have shown little interest in this variable. The price variable is certainly at the heart of the counterfeit product purchasing process, but there is still little research on it (Cordell et al, 1996; Penz and Stottinger, 2005).

Perceived quality or subjective quality is defined by Zeithmal (1988) as "a personal judgement about the excellence or superiority of a product or service". To make this judgement, the consumer compares different brands or different competing options on the market.

D'Astous et al (2006) state that this judgement corresponds to a synthetic and abstract perception. In fact, perceived quality is the result of a combination and synthesis of abstract information which, at the outset, were concrete attributes. This combination and synthesis of information results from a sequential process starting from the concrete attributes of the product or service. Thus, according to D'Astous et al (2006), perceived quality is: "An attribute of a product or service that is at a higher level of abstraction, even though the signals that consumers use to infer this attribute are often very concrete and not necessarily diagnostic". They mention that there are two types of attributes:

- Intrinsic attributes: these are the attributes that characterise the physical product. In the case of a mobile phone, the design, weight, functionality, number of options available, etc.).
- Extrinsic attributes: these are attributes that are associated with the product but are not part of the physical product. The brand name, price, guarantees, advertising expenditure, packaging, etc.

These attributes are very often used by the consumer to judge the quality of the product, especially when it is difficult to evaluate the intrinsic attributes (e.g. when making a high-involvement purchase). So, depending on the information available to them, consumers will choose from among the intrinsic and extrinsic attributes specific to a product category in order to form their own judgement about the quality of a given product. In the present study, the quality perceived by the consumer could influence his attitude towards the purchase of counterfeit medicines.

Original products are often distinguished from counterfeit products by their superior quality. Consumers who attach importance to the quality of the goods or services they buy would therefore have a more negative attitude towards counterfeit products. Fear of mediocre quality is a disincentive to the purchase of counterfeit products, while on the other hand, a small perceived difference in quality between the original and the copy encourages the purchase of fakes.

Tom et al (1998) show that the more comparable the expected performance of a product to that of the original, the greater the likelihood of buying counterfeit products. However, consumers are not always able to assess the difference in quality between the fake and the original. The work of Cordell et al (1996) shows that good manufacturing practices can improve the quality of locally produced medicines.

Fake medicines in Africa, Asia and Latin America are around 80-90%, with 60% of counterfeit products containing no active ingredients, 7% containing the wrong dosage of active ingredients, 16% containing completely different components, and 7% identical to the original products. This lack of quality has significant consequences for health.

Product knowledge is a key characteristic influencing all phases of the decision-making process (Bettman and Park, 1980). Consumers with different levels of product knowledge have different perceptions of the product (Baker et al., 2002; Blair & Innis, 1996; Laroche et al., 2003).

When making complex decisions, consumers with a high level of product knowledge have a better cognitive ability to compare and evaluate alternatives. This finding is in line with Kempf and Smith's (1998) idea that consumers with a high level of product knowledge are better informed and diagnose better than consumers with little product knowledge. From this perspective, consumers are able to evaluate products more accurately and are therefore less susceptible to counterfeiting (Bian and Moutinho, 2009).

The concept of risk has been addressed in economics, finance and decision sciences since 1920 (Dowling and Staelin, 1994; Veloutsou and Xuemei, 2008). Introduced to marketing by Bauer (1960), the notion of perceived risk is most often used in the marketing literature to define risk in terms of the consumer's perception of the uncertainty and adverse consequences of purchasing a given product or service (Dowling and Staelin, 1994). For Cunningham (1967), risk consists of the perception of uncertainty as to the ability of the product to meet the consumer's expectations and the seriousness of the consequences of performance that does not meet expectations.

A number of studies dealing with perceived risk have pointed to the existence of distinct dimensions in the general perceived risk of a product category (Roselius, 1971 ;

Jacoby & Kaplan, 1972; Mandel, 2003). Subsequently, researchers have considered perceived risk as a concept with two components: "uncertainty" and "consequence" (e.g. Brooker (1984), Dholakia (1997)).

3.0 EMPIRICAL ANALYSIS OF DISINCENTIVES AND MOTIVATIONS FOR BUYING ON THE ILLICIT MARKET

Distribution of respondents by place of purchase of medicines

The following table shows how households use legal pharmacies and illicit markets. It is assumed that counterfeit medicines are more likely to be found on illicit markets. The level of use of these places can tell us something about the extent of the purchase or consumption of counterfeit medicines.

Cross-tabulation of place of purchase and frequency of visits to other drug sales outlets

		frequentation of other drug		Total
		No	Yes	
most frequent place of purchase for medicines	Legal pharmacies or dispensaries	85	237	322
	Illegal market	0	374	374
Total		85	611	696

Of the 696 households that consume medicines, 322 people (46.26%) buy their medicines from pharmacies or legal dispensaries. But only 85 households only buy their medicines in pharmacies and 237 also go to illegal markets. On the other hand, 374 households (53.7%) frequently buy medicines on the illegal markets and sometimes go to the legal market. It is interesting to note that all those who regularly go to the illicit markets sometimes go to the legal dispensaries. Out of 696 households, 611, or 87.79%, frequent illicit drug markets. This shows the extent of counterfeiting of medicines or illicit markets for these products in our study area. It is important to present the main medicines purchased on this market.

The medicines most frequently purchased on illicit markets are those supposed to relieve the most recurrent illnesses in our study area. The following table shows the levels of use of illicit markets for the purchase of different types of medicines.

Frequency of purchases of different types of medicines on illicit markets

FREQUENCY OF PURCHASES IN DUBIOUS OUTLETS						
		Never or rarely		Commonly		
		<i>J</i>	<i>R</i>	<i>M</i>	<i>F</i>	<i>TF</i>
	Antibiotics (substances used to prevent the growth of	14,4%	28,7%	28,6%	22,4%	5,9%
	Anti-malarial drugs	16,7%	17,7%	28,4%	25,0%	12,2%
	Anti-hypertensives	67,3%	20,3%	7,6%	4,4%	0,4%
	Corticoids	67,4%	20,0%	8,8%	2,4%	1,4%
	Vitamins	25,6%	41,4%	23,3%	7,6%	2,2%
	Analgesics (drugs to reduce pain)	20,4%	25,3%	23,0%	21,7%	9,6%
	Antipyretics (drugs used to treat fever)	26,7%	26,4%	28,7%	11,6%	6,5%
	Dewormer	42,1%	28,4%	18,2%	5,0%	6,2%
	Anti-inflammatories	22,8%	27,9%	27,7%	17,0%	4,6%
	Cough suppressants	57,9%	23,0%	10,2%	6,9%	2,0%
	Anti-influenza	31,6%	28,9%	20,0%	11,1%	8,3%
	Antiemetics (to relieve excessive nausea and vomiting)	50,7%		13,1%	6,0%	1,5%
	Laxatives (medicines to relieve constipation)	48,3%	21,1%	15,5%	13,5%	1,6%
	Antidiarrhoeals	23%	24,9%	20,7%	21,3%	10,2%
	Antiasthmatics	67,7%	10,5%	11,4%	4,8%	5,5%
	Antiasthmatics (drugs used to treat fatigue)	45,2%	18,0%	12,1%	15,0%	9,7%
	Antianemics	61,5%	21,6%	13,4%	3,4%	0,1%
	Antiulcer drugs	67%	19,4%	10,3%	2,4%	0,9%
	Antispam	65,1%	24,6%	7,9%	1,6%	0,9%
	Orexigenes	60,3%	15,8%	15,9%	6,9%	1,0%
	Total					100

J=Never; R=Rarely; M=Moderately; F=Frequently; TF=Very frequently

The most commonly purchased medicines are antimalarials (85.6%), followed by antibiotics (65.2%). Medicines are generally dispensed after a simple explanation of the symptoms, and as with most conditions, pain, headache and fever are the most common, followed by analgesics (54.3%) and anti-inflammatories (49.3%). The seller recommends analgesics and anti-inflammatories to relieve all painful conditions). Studies have shown that analgesics are recommended for lower back pain, arthralgia, malaria, headaches, physical asthenia, flu-like conditions and dental and body aches.

Paracetamol-based painkillers, alone or in combination, are available on the illicit markets in large quantities and satisfy customers for their immediate effect.

The predominance of these therapeutic classes could be explained by the high prevalence of bacterial infections and malaria in these regions. Antibiotics, even if they are not used in accordance with established standards (dosages, posologies) act or appear to act effectively depending on the consumer. Antiasthenic products (medicines used to relieve fatigue) are another category of medicines that seem to be enjoying growing success. However, only 36.8% of consumers routinely buy this type of medicine on the illicit markets. These products have a very rapid effect on fatigue. This is a godsend for consumers, who do not hesitate to buy them on the illicit markets without needing a prescription.

What may explain the purchase of medicines bought on illicit markets, considered in this study as counterfeit medicines, is that patients are relieved after consumption. Consumers would never buy a medicine if they knew it would not give them satisfaction. The level of satisfaction compared with that of medicines from recognised markets is assessed differently. The following table shows the difference in quality and effectiveness between counterfeit and original medicines.

Distribution of respondents on the difference in quality and efficacy between counterfeit medicines and those from legal pharmacies

	<i>PDD</i>	<i>PPD</i>	<i>NT</i>	<i>PD</i>	<i>TFD</i>
There is no difference in quality between the counterfeit drug and					
Counterfeit products are just as good quality as the originals	18,5%	26,9%	4,3%	15,8%	34,5%
There is little difference in efficacy between original and	17,3	19,8	27,3	31,3	4,2
Counterfeit medicines are just as effective as the original	19,0	26,9	4,5	15,8	33,9

PDD= strongly disagree; *PPD*=Somewhat disagree; *NT*=Neutral; *PD*=Somewhat agree; *TFD*=Strongly agree.

For these consumers, 29.7% (DPs and DTCs), there is no difference in quality between the counterfeit product and the original. Furthermore, it is clear that most consumers of street medicines do perceive differences in quality between pharmacy and street medicines.

Similarly, 50.3% (DPs and DTCs) believe that counterfeit medicines are as good quality as the original products. As for their effectiveness, 49.7% (DPs and DTCs) of heads of household believe that counterfeit medicines are as effective as those sold in pharmacies, as opposed to 35.5% who replied that the effectiveness of counterfeit medicines is low. In addition,

27.3% of heads of household do not perceive any difference in effectiveness.

There are two types of consumers of counterfeit goods: victims and accomplices.

Only 21 of the 696 heads of household in our sample were unaware of the existence of counterfeit medicines. This represents a rate of 3%, with the remaining 97% of households acknowledging the existence of counterfeit medicines. These are households capable of buying street medicines with full knowledge of the facts. It is these households that are the focus of our study. However, we thought it best to also include the 3 households that could be victims of counterfeiting in the study. We want to find out why these households buy medicines on illicit markets.

Main reasons for buying medicines on the illicit market If counterfeit medicines are resisting anti-counterfeiting campaigns, it is because of several reasons on the demand side grouped together in the table below:

Reasons given by respondents for buying medicines on illicit markets (in percentages).

	<i>PDD</i>	<i>PPD</i>	<i>NT</i>	<i>PD</i>	<i>TFD</i>
Counterfeit medicines are cheaper than the	8,9%	33,8%	12,6%	12,6%	32%
Counterfeit medicines are a cheaper alternative to original medicines.	8,8%	33,8%	12,4%	12,9%	32,2%
There is no difference in quality between the counterfeit drug and the original.	19,3%	26,7%	4,3%	15,9%	33,8%
The buying habits of those around them	15,9%	23%	2%	13,2%	45,8%
I'm motivated to buy counterfeit medicines because the seller can sell me credit	18,1%	19,6%	27,6%	31,4%	3,4%
I am motivated to buy counterfeit medicines because I trust the seller	8,9%	33,9%	12,9%	12,4%	31,9%
I'm motivated to buy counterfeit medicines because it's easier to talk to the seller.	19,1%	27,6%	3,9%	15,7%	33,8%
regular availability	19%	16,9%	4%	16,4%	43,8%
Past satisfaction	18%	19,6%	3,4%	31,4%	27,4%
The possibility of buying medicines in retail outlets without the need for a prescription	8,9%	23,8%	12,9%	13,1%	41,3%
Free consultation	9,1%	16,7%	14,5%	16,2%	43,5%

PDD=Disagree strongly; PPD=Somewhat disagree; NT=Neutral;PD=Somewhat agree;TFD=Totally agree

We noted earlier that 87.7% of the households in our sample have already bought medicines on the illicit markets and that only 12.3% of households only go to pharmacies. There are several possible reasons for these figures, which we can group into economic reasons, cultural and social proximity, and the "apparent" effectiveness of the medicines distributed.

4.0 ECONOMIC REASONS

The main reason for the use of street medicines is low income. Nowadays, our country's healthcare system is such that a very large proportion of healthcare costs are borne by the population. People's standard of living has fluctuated remarkably as their purchasing power has declined and with population growth and scarce and limited resources. We noted above that 61.60% of heads of household who often buy medicines in the street have an average monthly income of less than CFAF 100,000 and 11.70% have a monthly income of more than CFAF 150,000.

We can therefore say that the economic situation of most buyers of counterfeit medicines is poor. The majority of our population's income comes from the informal sector. The same observation was made by Kouakou, whose study showed that the majority of buyers of street medicines had.

A monthly income of between 50,000 and 100,000 FCFA (50%). Inadequate income would therefore encourage the use of street medicines.

What's more, the sale of these drugs offers undeniable advantages, such as the ability to buy drugs according to patients' financial means, which are usually limited. The same applies to the possibility of buying these medicines in detail (by the tablet), which in their view is cheaper, especially as they do not require a prescription, according to 54.4% of respondents. On this subject, 12.9% of heads of household did not give their opinion. To avoid paying consultation fees, people prefer to obtain medicines directly from their own experience, on the advice of a friend, neighbour or medicine seller. This is a popular practice in Africa, with 59.7% of respondents in these towns sharing this opinion.

Nevertheless, the parallel market provides an additional financial advantage by reducing (or even eliminating) travel costs and by offering other opportunities such as haggling over price or buying in retail and on credit (depending on the customer's budget). These parallel market opportunities are major advantages in the eyes of consumers, who are simply looking for relief from what they often consider to be a temporary ailment. These observations are the same in all poor countries. To gain a better understanding of the phenomenon of buying medicines on illicit markets, it is also necessary to analyse the social and relational aspects that explain purchases on these different markets.

4.1 Cultural and social proximity

Formal pharmacies are foreign environments, imposing complex procedures that are unfamiliar or loathed by the general public in unfamiliar sales outlets. The parallel market, on the other hand, satisfies customers in culturally familiar surroundings: the street, markets and shops are all familiar environments that people frequent on a daily basis. What's more, 60.2% of respondents believe that medicines are still available on illicit markets.

The medicines supplied by this market benefit from distribution methods that are part of people's socio-cultural habits. Buying a tablet is as much a part of life as buying a vegetable. This familiarity also extends to the sellers. They are culturally and socially close to the local population, which is not always the case in dispensaries, where the staff are more often from another region and use a scientific discourse with which users do not identify. "Street vendors speak the same language as the local population and adhere to the same representations of health and disease. They often live in the same localities as their customers. 49.5% of respondents said that they were motivated to buy counterfeit medicines because it was easier to talk to the seller. Proximity is facilitated by close cultural origins, or even belonging to the same ethnic group. This is when modern medicine can be appropriated in the search for an answer to an illness or problem, with the patient able to give the traditional name of the ailment for which the seller will offer one of his products.

A study carried out on antimalarial drugs sold on the parallel market in the city of Ouagadougou found that all 192 vendors who took part in the survey spoke Mooré, the main national language spoken by the vast majority of the population of Ouagadougou, in addition to French and Dioula. Similarly, in the case of our study, the local language, Fulfulde, is spoken by the majority of people in the markets of the far north of Cameroon, and this can be seen as one of the reasons why people buy medicines in the shops and on the street corners where they find their medicines.

4.2 Apparent" efficacy of medicines distributed

The notion of efficacy cannot be excluded from the debate. The parallel market would have no customers if the products they distribute were not effective. The results of our study show that 58.8% of respondents said that counterfeit medicines were effective in alleviating illness, while 37.67% thought the opposite and 12.9% were neutral (neither agree nor disagree).

In this way, the consumer retains the illusory feeling of feeling better thanks to the pharmacological properties acting on the symptoms, even though the cause of their illness has not been treated and their general condition is likely to worsen in the future. The immediate effect of the product is a major source of satisfaction for the consumer. However, in the long term, adverse health effects are not systematically attributed to the irrational use of drugs by the same consumer. Patients will not always be aware that the sums spent on these products, when added to other expenses linked to the worsening of their state of health, are likely to be much higher than those that would have enabled them to receive appropriate treatment in a legal facility as soon as the first symptoms appeared.

The purchase of counterfeit medicines is certainly motivated by the high cost of medicines from legal pharmacies compared with those from the street, but also for reasons of convenience and socio-cultural reasons. These medicines are available at any time of day, close to consumers, who can buy them in retail outlets to suit their financial means. If satisfied, these

consumers do not hesitate to recommend these medicines to their family and friends. In addition, the fact that the drug seller is concerned about the patients' financial problems contributes to the development of this illicit market. The results obtained from this research are similar to previous research (Ouattara, 2009), which carried out a study in Cameroon and Senegal on a sample of 276 individuals in order to gain a better understanding of the perceived effectiveness of these street medicines, the possible benefits they can provide (ease of purchase and use) and the satisfaction they give the populations concerned. Some households resist buying street medicines for several reasons;

Factors demotivating the purchase of medicines on the illicit market

	<i>PDD</i>	<i>PPD</i>	<i>NT</i>	<i>PD</i>	<i>TFD</i>
I don't like buying a counterfeit product because I don't know where it comes from	19%	26,9%	24,5%	16,1%	13,6%
I don't like buying a counterfeit product because I don't know who made it.	8,6%	33,6%	13,1%	12,6%	32%
People who sell counterfeit goods are committing	17,7%	19,9%	27,7%	31,2%	3,5%
I don't like buying counterfeit products because of the penalties involved.	17,7%	19,6%	27,6%	31,6%	3,5%
Counterfeit products can be dangerous for those who use them.	19%	11,4%	12,5%	21,7%	35,5%
There may be a risk of complications of the disease during consumption.	17,2%	5,8%	22,4%	18,5%	36%
I don't like buying counterfeit products because I'm afraid that others will notice.	9,7%	33,9%	22,8%	12,5%	21,2%

PDD=Disagree strongly; PPD=Somewhat disagree; NT=Neutral; PD=Somewhat agree; TFD=Totally agree of the 696 heads of household in our sample, 59.2% (PD +TFD) think that street medicines are dangerous, 12.5% are neutral. Furthermore, 54.5% (PD +TFD) of respondents felt that these products could lead to complications during consumption, while 31.5% of heads of household did not like to buy counterfeit products because of the penalties incurred. Only 39.7% of people said they had doubts about the origin of these medicines, and 33.7% said they were afraid that others would find out, as they did not think this was a good thing.

5.0 CONCLUSION

This work made it possible to present the conceptual framework of counterfeiting in general and counterfeiting of medicines in particular. After presenting the definitions of the various

terms in a separate way. We equated street medicines, smuggled medicines and imitations with counterfeiting. It was not really a question of knowing whether the medicine was of good or bad quality, but rather of highlighting the dubious nature of these different types of product. For the purposes of this study, we used the World Health Organisation (WHO) definition of a counterfeit medicine as any medicine on the illicit market.

It was noted that counterfeiting has grown steadily, despite tighter regulations and reprimands from the authorities, the police and the gendarmerie. The main reason for this increase is strong consumer demand. We have identified the theoretical determinants of the purchase of counterfeit medicines. According to the authors, there are several classifications of the determinants of attitudes towards the illicit market. We opted for this study: disincentives and motivations. It emerges that the purchase of counterfeit medicines is certainly motivated by the high cost of medicines from legal pharmacies compared with those from the street, but also for reasons of convenience and socio-cultural reasons.

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