Perceptions of the Consumers in Utilizing Products Labelled with "No Therapeutic Claim"

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Abstract

This study is primarily focused on the perception of the consumers in utilizing products labelled with "No Approved Therapeutic Claim". The use of descriptive method with the quantitative analysis was employed for the data gathering process. One hundred (100) consumers of products labelled with "No Approved Therapeutic Claim" participated in the study. Guided survey questionnaire was the research instrument used consisting of four parts. The first part focused on the demographic profile of the respondents in terms of age, educational attainment, economic status/monthly salary, gender and who influenced them to utilize products labelled with "No Approved Therapeutic Claim". The second part focused on the extent on the consumers' perception in utilizing products labelled with "No Approved Therapeutic Claim". The third part focused on the consumers' perceived meaning of the label "No Approved Therapeutic Claim". Frequency, weighted mean and percentage distribution and correlation were used in the treatment of the data as well as the software SPSS 16.0 and Microsoft Excel. Majority of the respondents were in the age bracket of 18–23 years of age, has the highest educational attainment of tertiary level, earning Php 16,000 and above, female and was influenced by his/her family or relatives in the products labelled with "No Approved Therapeutic Claim". The consumers usually based their perceptions in utilizing products labelled with "No Approved Therapeutic Claim" by its quality, convenience and affordability. There is no significant relationship between the demographic profiles of the consumers to the perception in the utilization of products labelled with "No Approved Therapeutic Claim".

Key words: therapeutic, label, consumers, products, no approved

INTRODUCTION

In the contemporary world, products which promise pleasing effects became abundant yet labeled with "No approved therapeutic claim", which then leads to confusion because of the irony it creates. It is as if saying that a product can alleviate pain for example, as well as saying that the product has no therapeutic effect. Issues on perception then arise to discover how it affects the consumer's mind and thinking process in deeming and dealing with such products. Although the information the product market seems to be contradicting and confusing, advertisement attracts consumers to consider buying those products. There are a lot of factors influencing consumer's perception that plays a vital role as well such as social mainstream in family and friends that contributes in product considerations. Perceived quality of the product can also convince consumers just like selecting the best product that results to optimum goals. Convenience of the product plays a key role in which efforts to obtain the products can be less hassle and stress free. Affordability of the products, on the other hand, allure consumers to compensate from expensive products and select what is cheap with a perceived same effect, although perception varies from person to person. However, perception about products labeled with "No approved therapeutic claim" creates problem for consumers because the statement is not clearly defined, hence not understood by some people.

Manufacturers, according to the Department of Health, often abused the use of the statement as a part of marketing strategy which then provides another concept on what the statement really means. Wrong interpretation of the statement can lead consumers in dealing with the products that can result as a health threat. Health threats are dilemmas nurses or health care providers should prevent to happen so that further complications may be thwarted before it became difficult to manage or worse–irreversible (Aspirella, 2010).

No approved therapeutic claims: what does the statement really mean for consumers? What affects the consumer's perception? How does the consumer perceive? How can the consumer be affected by the perception? What are the risks of misleading perception? This study aimed to investigate the answers to these growing public dilemmas and attempt to enlighten the public's perception about the topic.

Review of Related Literature and Studies

Good nutrition is significant in improving quality of life and in averting diseases. It provides people with the required nutrients for their utmost energy and wellness. In order to have proper nutrition, one needs to eat a healthy diet to supply his/her daily needs of vitamins and minerals.

In real life, even a healthy diet alone cannot sustain the daily requirements needed by one's body. That is why some pharmaceutical companies invented products to provide people with the support of vitamins and minerals. Manufacturers make advertisements; even hire celebrities, just to sell their inventions in radios, newspapers and television to local, regional and national consumers. When consumers buy these vitamins and minerals supplements, they are also lured to try dietary supplements (slimming, whitening). Even the herbal medicines are made into capsules and then sold to the market.

Whitening Supplements

According to Morgan (2010), whitening pills are usually safe because they also come from natural ingredients like vegetable oils and grape seed extract which still fall under food supplements group. Most components of whitening pills are L-Glutathione, Vitamin C and Alpha-Linolenic Acid (ALA).

As supported by Landers (2011), skin whitening pills have been put on massive popularity over the past few years as many individuals wish to lighten their skin naturally and avoiding harmful chemicals that are applied topically. Almost all the whitening products today contain glutathione which is an antioxidant and a cleanser that eliminates potentially harmful substances in the body. But the main reason of its popularity is its side effects that lighten the skin because of its melanin inhibitor that reduce the pigmentation of the skin. But despite its advantages and beneficial effects, there is still no large scale of clinical studies proving its experimental results. Also, it takes a long period of time to see the results, and also those experimental regimens are expensive. So despite its beneficial effect, there is no assurance that it may work for everyone.

Slimming Supplements

Perception of beauty change over time, attitudes towards their weight began to shift into a slimmer, more physically fit appearance particularly among women. Because of this, diet pills became more popular and continue to evolve over the years because it would make losing weight much easier.

Obesity has been one of the most serious health issues. Beyond its important health implication, being overweight can also be a source of unhappiness, particularly if nothing seems to help alter that extra weight. Generally, it is much easier to gain than to lose weight and with this given unfortunate fact, it is not surprising that many people are patronizing the over-the-counter slimming supplements and Internet wonder pills that is why there is also an increase in marketing weight loss product which claims a lot of different promises like speeding up the metabolism, blocking the absorption of fats in the body or even promoting feeling of fullness (Whittemore, 2013).

The Fat Burning pill industry is growing because of its rapid weight loss effect, usually the common ingredient of this are the caffeine and ephidirine works by increasing one's metabolism and cause him/her to burn fat at higher rate. But they can also sometimes have harmful side effects like increase in blood pressure, insomnia, mental problems, dehydration, or in the worst scenario death (Flaherty, 2010).

Diet pills aim to help people lose weight, come in different mode of actions that work by suppressing appetite, accelerating the body's metabolism and interfering with the absorption of certain nutrients in consumed food. Many diet pills prevent the absorption of fat in the body, but unfortunately those pills have unexpected side effects (Whittemore, 2013).

Another action of diet pills are the fat blockers, including ingredients that alter the way one's body digests fat, they prevent fat from being absorbed by blocking the fat-absorbing enzymes from breaking down dietary fat. This undigested fat then passes out of one's body in his/her bowel movement and thus this increasing amount of fat excreted out in the feces demonstrated significant weight loss but other gastrointestinal problems may associate this kind of pills (Johnson, 2012).

Taking diet pills may lead to drug addiction because diet pills are drugs, over the counter drug does not mean they are less potent it just means that they are less controlled. Diet pills also do not keep one under control in long term so it can be very dangerous that may lead to life threatening situations (McGraw, 2013).

There is also celebrity endorsement showing before-and-after transformations and how an overweight person before happily showing his pair of jeans that is 2 times bigger than he is now. So even though one really does not believe with his/her claims, seeing this commercial tends the consumer to convince easily with it.

Vitamins and Minerals

People should have a balanced diet to get all the nutrients they need. Nevertheless, additional nutrients can be acquired by taking supplements if the diet is lacking nutrients the body needs. In most cases, supplements such as vitamins and minerals can offer all the basic micronutrients. These supplements contain only small amounts of the each nutrient so they are considered safe (Jegtvig, 2013).

Moreover, Jegtvig (2013) still said that supplements such as vitamins and minerals are not regulated as strictly as drugs in the United States (US) meaning that the manufacturers do not have any proof that their use is either safe or effective. The Food and Drug Administration (FDA) upholds a list of tainted products that can be sold as dietary supplements. Standardization of supplements is optional although they are prohibited from selling unsafe products.

Manufacturers of vitamins and minerals do have to follow the rules and regulations regarding labeling and the claims that can be made about the products. The claim can be made if the product deals with nutritional deficiency, supports health, or reduces the risk for a health problem when there is enough evidence to support that claim (Fortich, 2012).

Most vitamins and minerals are considered safe as long as they follow the label instructions but large doses of certain nutrients can have strong biological effects on the body and sometimes can be very dangerous to the consumer. For instance, the fat-soluble vitamins A and D when taken in large doses in long periods of time can build up to toxic levels in one's body. A water soluble vitamin B6 is very hard for the body to store compared to fat-soluble vitamins so large doses of it can cause nerve damage. Mineral supplements can be dangerous as well such as selenium and iron that can be very toxic when ingested in large amounts (Blank, 2011).

From consumer patronage and support for these products, the industries grew larger. It became a wide phenomenon and is now everywhere. Not only in drugstores but in malls and supermarkets too, one can find products just to feed the hungry minds of the masses.

Until recently, government regulation and consumer protection are quite limited for dietary supplements. However, new rules noted by the Federal Food, Drug, and Cosmetic Act give the Food and Drug Administration (FDA), the federal agency responsible for regulating the safety of food and drug products, the authority to oversee the production of local and imported dietary

supplements, including herbal treatments. Dietary supplements do not need to go through the rigorous review process that new drugs must undergo before being "approved" by the FDA (Arellano, 2007).

There are a lot of issues that are yet resolved regarding the statement ”No Approved Therapeutic Claim” in the modern or contemporary world, arguments in the translation of the statement are still on process. The objection about the translation or issues about the statement comes from the herbal manufacturers who sued the Department of Health (DOH) for inducing the translation of the complicated statement to an understandable Filipino language in which ordinary people can relate to the statement and reducing the misconception. The question of why does the herbal manufacturers refuse to translate the statement is still an issue (Esplanade, 2010).

It is required for makers or manufacturers of herbal food and dietary supplements to clarify the meaning of the complicated English statement “No Approved Therapeutic Claim” under the authority of the government. People who can speak English as their native language or people who have a thorough knowledge of English can decipher the meaning of the statement easily. However, others whom English is a second or third language have difficulty in understanding the complicated statement. A certain marketing strategy is one of the reasons why herbal supplement producers and ad agencies making money out of the products still insist on using the unclear English statement. They know that a lot of Filipino people has difficulty in comprehending the real meaning of the statement and has no idea on what “No Approved Therapeutic Claim” really means (Aspillera, 2010).

According to an online article, the Food and Drug Administration (FDA) warns the public to be cautious in taking food or dietary supplements for curing purposes as it has no approved therapeutic effects. This applies to testimonials given by certain individuals with or without the consent of food manufacturers, importers or distributors promoting or advertising the said products. The FDA labelling regulation under Bureau Circular No. 02 s. 1999 requires the declaration of the statement “No approved therapeutic claim” on the label of all food and dietary supplement as a means to inform the consumers that food and dietary supplement have no approved curative effects. The FDA further advises public not to believe any curative claims on food and dietary supplement and not to stop prescribed medications in favor of food and dietary supplement unless otherwise advised by a registered physician (gmanewsonline.com, 2012).

The FDA issues certificates of product registration to food and dietary supplements found to be compliant to regulatory requirements. The Bureau of Food and Drugs or BFAD of the Philippines, a regulatory body, has no specific rules on the proliferations of synthetic herbal medicines in the market place. The medicines are sold as cure-all to illnesses like kidney, liver, heart problem, high blood pressure, muscle pain and arthritis. Others even promote wellness and slim body figures (Montoya, 2010).

Through the years, customers still keep on patronizing old and new synthetic herbal products hoping that it would ease or eliminate illnesses and improve their health. The prices of synthetic herbal medicines are quite high, but patrons try it anyway even if they have "No Approved Therapeutic Claim" labels clearly tagged on the merchandise.

However, the new regulations aim to enhance consumer safety by requiring supplements manufacturers to follow certain manufacturing practices and ensure that supplements contain what their labels claim and are free of contaminants (Arellano, 2007).

According to the Philippine Pharmaceutical Association (PPhA), the general public does not decipher or comprehend easily the current use of the statement used in promotion and advertisement of food supplements. Business entities took the limited knowledge of the general public as an advantage in which from the limited knowledge in specific differences between drugs and food supplements became a tool for marketing purposes.

FDA emphasized its full and unambiguous support for the DOH commitment to uphold the country's highest standards of health. The DOH issued the administrative order that all labels and marketing materials for food/dietary supplements should carry the phrase: "Mahalagang paalala: Ang (name of product) ay hindi gamot at hindi dapat gamiting panggamot sa anumang uri ng sakit" in place of the statement"No approved therapeutic claim" or, "Mahalagang paalala: Ang produktong ito ay hindi gamot sa sakit". According to the PPhA they agreed that the translation does not prevent or constrain the promotion and advocacy of alternative preventive and curative health modalities and the translation does not go against the Traditional and Alternative Medicines Act of 1997 or the Republic Act 8423. However, the DOH directive to translate the statement to what the general people can understand was stopped by the Manila Regional Trial Court. The Chamber of Herbal Industries of the Philippines Inc. alleges that the DOH move the warning will cause its members severe financial losses to tens of billions of pesos. The issues

on the statement “No approved therapeutic claim” and products are not yet settled, advertisement or the abused use of the statement contravene to the Article 112 (a), (b), (c) of the Republic Act 7394 or the Consumer Act which provides that: “Art. 112 (a) No claim in advertisement may be made which is not contained in the label or approved by the concerned Department; (b) No person shall advertise any food, drug, cosmetic, device, or hazardous substance in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character value, composition, merit or safety; (c) Where a standard has been prescribed for a food, cosmetic or device, no person shall advertise any article or substance in such a manner that is likely to be mistaken for such product, unless the article complies with the prescribed standard or regulation (Aspillera, 2010).

The proliferation of food and dietary supplements, which are being advertised and passed on as effective cure-all products, despite the fact that these have no established therapeutic effects, is a major problem for regulatory health agencies. To the common consumer, the phrase "No approved therapeutic claim” generally means that a supplement has not yet been determined by the FDA to be as safe and effective as advertised (Arellano, 2007).

It could also mean that no studies and long-term research have yet been done to determine the efficacy of the pill, or herb in actually treating anything. This phrase usually serves as a disclaimer of sorts. The Dietary Supplement Health and Education Act of 1994 (DSHEA) was passed by US Congress to ensure consumers' rights to access safe and effective dietary supplements (Bloyd, 2007).

This law gave the FDA the mandate to strictly monitor this sector and ensure the products were safe and made in a consistent manner. The FDA also passed rules to require "Adverse Event Reporting", which requires herbal medicine producers to track safety data, as well as ensure good manufacturing practices. This also means that the herbal products must be made to standardized quality to ensure that consumers are getting good-quality and safe products (primeherbal.com, 2007).

The statement “No approved therapeutic claim” is then translated by Dahli Aspillera word for word for the benefit of the readers of the article. “No” means nothing, negative, or nothing is to hope for. “Approved” is the country’s medical authority, Department of Health (DOH) and the country’s leading doctor and the secretary of health’s approval. It also means that, whatever the

ad wants to tell consumers to buy, the DOH does not agree; the DOH does not approve. “Therapeutic” which is a word the ordinary people had ever used or heard until the ad, “No approved therapeutic claim” became popular. Half-truths and indiscriminate promises have become acceptable with broadcast media and advertisers in which the word might also mean healing, curative, ameliorative, remedial and restorative. “Claim” means promise, guarantee, can be trusted, idea, and they said so. The whole translation of the statement is that the product endorsed is not approved by the Department of Health and that the product is not a cure for an ailment (Aspillera, 2010).

Perception of the product is affected as well by the celebrity endorser, whom uses superlative adjectives in describing the products they are paid to sell. They echo the manufacturer’s statement on the healing and health promotion of whatever it is that they are getting paid to claim. The diseases that can be cured or remedied are enumerated by the endorser which the people listen to and perceived that finally there is a solution to their problems; a true cure for the disease, however at the end of the advertisement is the ”No approved therapeutic claim” statement. Not too many Filipino ordinary people have used, much less defined the word “Therapeutic”; even the exact meaning of “claim” is unclear for most. Very few know that “approved” means compliance to the law of the country, approved by the authorities, accepted by medical science, accepted by the science community (Goldstein, 2010).

In March 2010, the Department of Health issued Administrative Order (AO) 2010-0008 to provide directives specific to the change in the use of the message or phrase “No approved therapeutic claim” in all advertisement, promotion and/or sponsorship activities or materials concerning Food/Dietary Supplements with the end view of promoting and protecting the consumers’ health and welfare and fostering their right to proper information and education to facilitate sound choice (Macasaet, 2013).

According to the Former Health Secretary Esperanza Cabral, the DOH is duty bound to protect the general public from any false information. Thus she felt her agency was obliged to strictly enforce the translated Filipino message on all food/dietary supplement owners, manufacturers, distributors, importers, exporters, advertisers and/or their agents. This is an essential step in protecting the people who may erroneously mistake these products as medicines,” she added. Because of its strong and forceful translation in Filipino language, herbal companies, particularly the Chamber of Herbal Industries of the Philippines, Inc. (CHPI), protested the implementation of the AO. They claimed that no

consultation was made and that due process was not upheld in the implementation of the AO. They brought the case to court (Department of Health, 2011).

On May 28, 2011, Judge Lilia Purugganan of the Manila Regional Trial Court (MTC) Branch 30 issued a preliminary injunction granting the request of the CHPI. According to Purungganan, the new mandatory label will condition the minds of the people that CHPI's products are of no value at all. The court also stated that there is the danger of erosion of confidence of the public towards food/dietary supplements on the account of the misconception or the misperception that the AO will produce (Mangunay, 2013).

More to this, there are people who get the wrong idea that food supplements can work with their condition alone. Some patients tend to discontinue their medication and depend on supplements, not fully understanding that they are endangering their health. As mentioned earlier, these food supplements alone are not enough to keep the patient in good health (Remo, 2010).

One newspaper article noted that the public are wasting their money on food supplements because they have no effect. Drug companies are deceiving the community into buying worthless product. It is an ethic to provide correct information on drug labels otherwise these products will not be approved for release by the drug authorities. No information has not made exaggerated. People may claim that these supplements do not work their wonders, even regarded as cheap, faulty or expired. But people must understand that these supplements simply contribute nutrients that they do not get much from food. They are health aides and not for therapeutic use (Montoya, 2010).

Food supplements' manufacturers go beyond their limit which alarms the Department of Health (DOH) and go after them with their claims about the wonders of their product. The DOH ordered the FDA which is under them to look after these manufacturers because they are surpassing the government required warning, the "No approved therapeutic claim" by getting celebrities to endorse their products saying this and that. That is why these manufacturers are engaged in misrepresentation of their products (Department of Health, 2011).

With these, the secretary of the DOH wanted the warning of the label to become more prominent because the FDA could not stop the proliferation of all kinds of nutritional products in the market. So, he came up with this idea and

said that “maybe the labeling could be made bigger, or we could have graphic warnings, or we could say the warning in Filipino (Pazzibugan, 2009).

Be doubtful of the products that make grand claims which are only based on vague references. Keep in mind that what one may hear or read about dietary supplements is based on people’s personal experience or opinions, instead of objective or controlled research studies. A manufacturer of the supplement does not need to get an approval from the FDA to market their products. They are allowed to make label claims about their intended use, but still no matter what they claim is, dietary supplements are not intended to treat, or relieve the effects of diseases. The FDA is only allowed to intervene if they are aware of the problems because they cannot check every claim made about a supplement so the safety of the product is up to the manufacturer (American Cancer Society, 2011).

The quality of the product should match the description of their labels so it is the manufacturer’s responsibility that the supplements they are producing are standardized. But still there are less honest manufacturer who makes supplements that contain little or none of the products listed on the label, possibly due to poor quality controls, so before buying a supplement people should read the label carefully and familiarized with the claims on the label of the products. Dietary supplements may not make any claims regarding the treatment of disease but still make assumptions of their functions (Chipongian, 2012).

But behind this claims what many do not know is that there is very little evidence that most over-the-counter weight loss supplements actually work. Because many of the guaranteed, clinically proven product may come with no guarantees at all or it could also be packed with potentially harmful substances (Bazian, 2011).

According to World Cancer Research Fund, the dietary supplements contain vitamins, minerals, herbs or plant material. They can be found in pill, capsule, tablet or liquid form and are used to supplement the diet, but they should not be considered a substitute for food (Buckner, 2011).

The dietary supplements aim to supplement the diet and provide additional nutrients that people may be missing, or are not being consumed in sufficient quantities. They come in variety of forms, like tablets, capsules, powders drink and supplement bars and they can be found in supermarkets, pharmacies, health food shops and can also be found in the Internet. People take supplements because they hope these will improve life, limit the signs of

ageing and cut the risk of chronic disease. For all these kind of reasons the main purpose of taking supplements is for general health and well being (Bazian, 2011).

According to research by the Food Standards Agency (FSA) in 2008 they found out that women are more likely than men to take supplements and older people and people in poorer health are also more likely to take them (Bazian, 2011).

A study conducted by Dickinson (2012) shows that there are no evidence that supplement users do not rely on supplements as a substitute for dietary supplements. Rather, their interest in nutrition and being slim and being fair-skinned motivates them to improve their diets and utilization of supplements. Supplement users tend to have more education and to have higher salaries. Lastly, supplement use is an inexpensive means of ensuring a generous nutrient intake.

Majority of people do not have all the time and resources plus the factor of pain that people do not want to suffer, so slimming pills become popular and over the years it becomes the most convenient way of losing weight despite of many other fitness regimens (Reclusado-Nario, 2008).

According to Melinda Manore (2012) in her study, there is no research evidence exist that any single product results in significant weight loss especially in long term. People cannot eliminate exercise because exercise is the key to losing weight. Manore (2012) also quoted that “no supplements is going to have a big impact unless you alter your diet and get daily exercise”. Many weight loss supplements come with little or no benefit at all, or worse it can result to serious health effect.

Slimming pills come with a wide range of variety readily available in the market but what people do not know is that many of them comes with addictive qualities and some with amount of laxatives. Most people taking diet pills which contain of laxatives constantly complaint of loose bowel movement, which does not just become frequent sometimes it become uncontrollable (Reclusado-Nario, 2008).

In maintaining a healthier life and body, people tend to use products that can give them these supplemental benefits. People utilize these products even though they are labeled with “No Approved Therapeutic Claim” tag. This label is the most misleading line written on the packaging of a product. It promises one the moon without giving him/her anything.

Maturity (age), higher educational attainment, sufficient monthly salary, gender, current health status and influence from friends/family/advertisements are generally the criteria where the people tend to have or have in common.

Having these supplements sold nowadays is already like a norm that is very hard to prevent or erase because these products have already caught the attention of the masses. A little talk from celebrities or people, who claim that they were cured by this and that, can be very good marketing strategy. It only depends on the consumers' perception and decision making on why they keep buying these products labeled with "No approved therapeutic claim".

Theoretical Framework

The study is anchored on the Health Belief Model (HBM) by social psychologists Godfrey Hochbaum, Irwin Rosenstock and Stephen Kegels in 1950s. The original HBM is described by Hochbaum (1958) wherein he stated that the health behavior is determined by personal beliefs and perceptions about a disease and the strategies available to decrease its occurrence.

The HBM consist of 4 variables that are interrelated to each other: perceived susceptibility, perceived seriousness, perceived benefits of taking action and perceived barriers in taking action. These four perceptions, individually or in combination, can help to explain different health behavior. To better understand HBM, these four variables have been given brief explanation.

According to Rosenstock (1966), perceived susceptibility is the belief that one is at risk of an illness is subjective. To one extreme is an individual who is in full denial of any risk while the other individual who feels danger is certain. The area between contains those who admit the statistical possibility of contracting an illness, but do not fully believe they will. He also describes perceived seriousness as the perception of the consequences of a negative health condition is also subjective. For example, beliefs that an illness can cause pain, debilitation, social stigma, or death.

Still, Rosenstock (1966) defines perceived benefits of taking action as deciding on a course of action is shaped by the options accessible and the belief in their effectiveness. Thus, action is dependent on having at least one course of action to prevent an illness from occurring while believing it will produce acceptable results. Lastly, perceived barriers in taking action are identified. Despite a belief being established that a particular course of action may reduce a health threat, indecision may still take place. If readiness is low and negative

aspects of the course of action are viewed as high, barriers are constructed preventing action.

According to Tanner-Smith (2010), this model has been embraced and developed to become a prolific framework for explaining and predicting preventive health care behaviors. The updated version of this model has added dimensions that have furthered abilities making it a useful framework in the area of sick-role behaviors. Hence, the HBM has included cues to action, motivating factors and self-efficacy.

The four major constructs of perception are modified by other variables, such as culture, education level, past experiences, skill and motivation. These are individual characteristics that influence personal perceptions.

In addition to motivating factors, the HBM suggests that the behavior is also influenced by the cues to action. These are the events, people, or things that trigger people to change their behavior. Graham and Ali (2002) gave examples to this modification such as illness of a family member, media reports, mass media campaigns, advice from others, reminder postcards, from a healthcare provider, a health warning labels on a product.

Self –efficacy is the last modification to HBM. According to Bandura (1977), self-efficacy is the belief in one's own ability to do something. In reality, people are afraid to try something new if they know they cannot do it. If someone believes that a new behavior is useful (perceived benefit) but other individual thinks that he/she cannot do it (perceived barrier), this individual will definitely do not try it.

From this model, the researchers correlated these to the perception of the consumer utilizing food/dietary supplements with "No approved Therapeutic Claim" label on the packaging. The researchers wanted to investigate how the four perceptions as well as the modifications work in the consumers beliefs in using the said supplements.

Paradigm of the Study

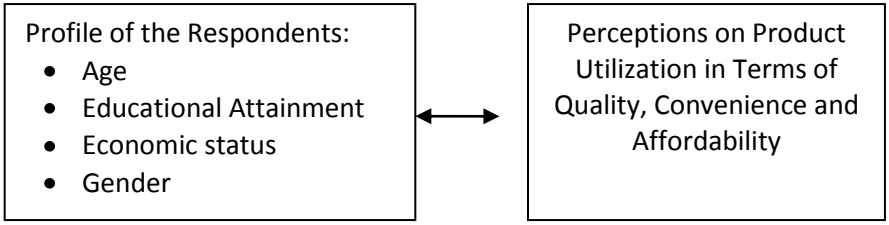

Figure 1. Perceptions of the Consumers in Utilizing Food/Dietary Supplements Labelled with "No Approved Therapeutic Claim"

Conceptual Framework

As shown in the diagram, the first box included the demographic profiles consisting of age, educational attainment, economic status, gender and the influence of the respondents.

Through the use of guided survey questionnaires, the researchers were able to assess the demographic profile as well as the perceptions of the consumers towards the products with label of "No approved therapeutic claim" and the extent of their knowledge regarding the product.

After assessing the data gathered, the researchers identified the output. They were able to disseminate the data findings then clarification can also be done regarding utilization of products labeled with "No approved therapeutic claim".

The double headed arrow implicates that improvement of the perceived knowledge regarding utilization of products labeled with "No approved therapeutic claim" may and can be used to recommend to the consumers with the same demographic profiles.

Statement of the Problem

This study aimed to investigate and analyze the consumers' perception about utilization of products with "No approved therapeutic claim" label on the packaging.

Specifically, the study sought to answer the following questions:

1. What is the profile of the consumers in terms of: age, educational attainment, economic status, gender and who influenced them to utilize the product?

2. To what extent do consumer perceived on the utilization of products labelled with “No approved therapeutic claim” label on the packaging in terms of: quality, convenience and affordability.
3. What does the statement “No approved therapeutic claim” really mean for consumers?
4. What is the perceived level of effectiveness of products toward consumers?
5. Is there a significant relationship between the demographic profiles of the consumers and their perception in the utilization of products labeled with “No approved therapeutic claim”?

METHOD

This part of the study discusses the different procedures, methods and strategies applied by the researchers for the successful accomplishment of their study. It consists of the discussion of their research design, sampling design, data collection tools, data gathering procedure and the statistical treatment of the study for further interpretation of gathered data.

Research Design

Descriptive or survey research design was used since the researchers recognized it to be the most appropriate research design as it attempts to describe and explain conditions on utilization of products with “No approved therapeutic claim” as perceived by the consumers. Survey research design is one of the most popular to use for studies (Tan-Barrientos, 2011).

Research Locale

The study was conducted in the vicinity of the Lyceum of the Philippines University-Laguna (LPL) wherein 100 respondents were purposely selected. LPL was chosen to be the research locale of the study for the reason of accessibility.

Sampling Design

Since the researchers observed the importance of sampling, they carefully planned and came to a decision for sampling method which they thought would be easier for them to use. To improve the accuracy and quality of the data collection, the researchers considered three (3) things such as lowering

the cost of data collection, easy retrieval and ensure homogeneity. Because the data set is smaller, they consider the non-probability sampling.

The non-probability sampling technique was used in this study, particularly purposive or judgmental sampling, where a sample of the population was chosen based on the criteria that the researchers have made. Criteria for being included in the sample were comprised of being an employee and/or student in LPL and must be taking products labelled with "No approved therapeutic claim".

For this study, the researchers utilized the Slovin's formula. The population of the LPL is 3, 600 composing of students currently enrolled in the aforementioned school and employees and staff currently working in the said school.

Data Collection Tools

The data collection method used in this study was the guided survey questionnaire which consisted of four (4) parts. The first part obtained information of the sample based on the demographic profiles of the respondents such as age, highest educational attainment, economic status, gender and who influence them to utilize the supplements. The second part assessed the respondents' perceptions in using products labelled with "No approved therapeutic claim" in terms of quality, affordability and convenience. The researchers utilized the Likert scale. Likert-type or frequency scales use fixed choice response formats and are designed to measure attitudes or opinions. The researchers asked the respondents to indicate in the scale the frequency about utilizing food/dietary supplements labeled with "No approved therapeutic claim".

The third part asked the respondents on how much they understand the label "No approved therapeutic claim". The last part was consumers' perceived level of effectiveness of their utilizing products. In this part, there were three (3) tables representing the three (3) most commonly used supplements: (a) whitening supplements, (b) slimming supplements and (c) vitamins and minerals. The respondents answered only the table representing the product/s that they use. The items in the questionnaires were in form of a checklist, formulated in a way that the respondents only have to choose and give their responses by simply ticking their preferred answer.

The questionnaires were checked by the researchers' adviser before conducting the survey to determine whether the wording and response

categories are appropriate. In addition, the pre-testing survey on some students of the LPL and LPU-St. Cabrini that were not covered by the study made to guarantee the accuracy and efficiency of the questionnaires for the respondent's easy understanding. Necessary adjustments of the questionnaires made accordingly.

Data Gathering Procedure

Initially, a letter of request to the thesis adviser was prepared to conduct a pre- survey to 30 selected students to assess the comprehensibility of the questionnaire. After the pilot testing, the researchers encoded the answer using Microsoft Excel. Then, the researchers submitted the data for a reliability test. At first, the researchers got a low result so they revised the questionnaire and rerun a pilot test. Then, reliability test was done again. At the second pilot test, the researchers got the appropriate results. As approved by the Research Director, the researchers provided 100 copies of the questionnaires and personally distributed them among the respondents. The actual survey was made during weekdays (Monday to Friday) between 8 am to 5 pm, for the researchers' convenience and in between their vacant hours of classes. The questionnaires were retrieved at the same day and results were tabulated and were subjected to statistical treatment using the SPSS 16.0 Software and Microsoft Excel.

Data Analysis

After the data had been collected and tabulated, the researchers used frequency and percentage distribution in the computation of the responses wherein the following formulas were used:

Frequency distribution was used to organize and present frequency counts so that the information on the demographic profiles of the respondents can be interpreted more easily.

The weighted mean was also applied to get the measure of the central tendency based on the different answers of the respondents on the items that questioned their perceptions in utilizing products labelled with "No approved therapeutic claim" as well as the perceived level of their effectiveness.

The Likert scale was used to have qualitative analysis of the respondents' responses wherein points were assigned to each response.

Verbal Interpretation

3.5 – 4.0	-	Strongly Agree
2.5 – 3.49	-	Agree
1.5 – 2.49	-	Disagree
1.0 – 1.49	-	Strongly Disagree

The Pearson correlation was used to compute the relationship between the independent variable which was the demographic profile of the respondents and dependent variable which was the perception of the consumers in the utilization of products labeled with "No approved therapeutic claim".

The following Pearson r values were used to indicate the extent of correlation between the two variables:

If r = (+), positive correlation

If r = (-), negative correlation

Pearson r values	**Interpretation**
r = 0	No correlation
r = .01 - .020	Almost negligible correlation
r = .21 - .40	Slight correlation
r = .41 - .70	Moderate correlation
r = .71 - .90	High correlation
r = .91 - .99	Very high correlation

The researchers used the application software SPSS 16.0 in analyzing and treating the data collected. SPSS is a computer program used for survey authoring and deployment (IBM SPSS Data Collection), data mining (IBM SPSS Modeler), text analytics, statistical analysis, and collaboration and deployment (batch and automated scoring services). The first version of SPSS (originally, Statistical Package for the Social Sciences) was released in 1968 after being developed by Norman H. Nie and C. Hadlai Hull. SPSS is among the most widely used programs for statistical analysis in social sciences.

RESULTS AND DISCUSSION

This part presents the analysis and interpretation of the results based on the collected questionnaires. The statistical treatment was done using the guidelines of Likert scale through the help of SPSS 16.0 and Microsoft Excel.

Profile of the Respondents

Frequency distribution was used to analyze the demographic profile of the respondents which includes age, educational attainment, economic status/monthly salary, gender and who influenced them utilize the product. It was used to organize, resent and interpret the gathered data more easily.

Table 1. Profile of the Respondents in terms of Age

Age Range	Frequency	Percentage (%)
18 – 23	65	65
24 – 28	14	14
29 – 34	11	11
35 – above	10	10
TOTAL	100	100

Table 1 shows that majority of the respondents belong to 18-23 age category, constituting 65% of the total respondent population. The respondents who belong to 24- 28 age category constituted 14%, followed by 29-34 age category which constituted 11% and 35-above age category which constituted 10%.

According to Dickinson (2012), 90% of the population, ¾ are teenagers, uses supplements which are vitamins and minerals.

Table 2. Profile of the Respondents in terms of Educational Attainment

Educational Attainment	Frequency	Percentage (%)
Elementary	0	0
Secondary	5	5
Tertiary	91	91
Vocational	4	4
TOTAL	100	100

Table 2 shows that majority of the respondents attained tertiary education constituting 91% of the total respondent population. The respondents who attained elementary education constituted 0%, followed by secondary education which constituted 5% and vocational education constituting 4%.

According to Franklin et al. (2009) supplement user was higher among those who have higher level of education. As supported by Dickinson (2012), 47% of the population who have had more than 12 years of education uses supplements.

Table 3. Profile of the Respondents in terms of Economic Status/Monthly Salary

Economic Status/ Monthly Salary	Frequency	Percentage (%)
Students	31	31
P 1,000 – 5,999	12	12
P 6,000 – 10,999	15	15
P 11,000 – 15,999	19	19
P 16,000 – above	23	23
TOTAL	100	100

Table 3 shows that majority of the respondents belong to P 16,000-above economic status/monthly salary category, constituting 23% of the total respondent population. The respondents belonging to the students economic status/monthly salary category constituted 31%, followed by P 1,000-5,999 economic status/monthly salary category constituting 12%, followed by P 6,000-10,999 economic status/monthly salary category constituting 15% and P 11,000-15,000 economic status/monthly salary category constituting 15%.

As gleaned on the table, majority were capable of buying and utilizing supplements. This result was proved by a study conducted by Franklin et al. (2009) and Dickinson (2012), presenting that the higher the economic status, the higher possibility of utilizing products, e.g. supplements, even it is labeled with “No Approved Therapeutic Claim”.

Table 4. Profile of the Respondents in terms of Gender

Gender	Frequency	Percentage (%)
Male	33	33
Female	67	67
TOTAL	100	100

Table 4 shows that majority of the respondents were female constituting 67% of the total respondent population followed male category constituting 33%.

Based on the data findings, majority consists of female because according to Bazian (2011), women tend to utilize supplements than men due to the reason of being self-conscious.

Table 5. Profile of the Respondents in terms of Influence

Influence	Frequency	Percentage (%)
Advertisement	23	23
Family/ Relatives	45	45
Friends	20	20
Others	12	12
TOTAL	100	100

Table 5 shows that most of the respondents were influenced by their family and relatives to buy/or utilize supplements, constituting 45% of the total respondent population. The respondents who were influenced by the advertisement influence category constituted 23%, followed by friends influence category constituting 20% and others influence category constituting 12%.

This result depicts that immediate kinship has the greatest contribution in endorsement of supplements among family members. Family does a major role in influencing the members in the way people think and behave in the society.

Assessment of the Product Labeled "No Approved Therapeutic Claim"

Mean values was used to get the central tendency of the responses of the respondents based on the different items/questions in the guided survey questionnaire. It was used in analyzing the second and third parts of the questionnaire.

Table 6. Perception of the Respondents in terms of Quality

Products labeled with "No Approved Therapeutic Claim"	Mean	Verbal Interpretation	Percentage of Agreement
1. Are safe because they are made from natural ingredients.	3.13	Agree	59
2. Contain all the necessary nutrients.	3.05	Agree	58
3. Have active ingredients intended for the purpose.	3.11	Agree	66
4. Have the same benefits as with other drugs.	2.84	Agree	49
5. Do not have side effects	2.75	Agree	42
Composite Mean	**2.97**	**Agree**	**55**

Table 6 shows the perceptions of the respondents in terms of quality. The statement products labeled with "No Approved Therapeutic Claim" are safe because they *are made from natural ingredients* got the highest mean which is 3.13 (59%) and interpreted as *agree*. Meanwhile, the statement which got the lowest mean is 2.75 (42%) which falls under the verbal interpretation *agree* is that those products labeled with "No Approved Therapeutic Claim" *do not have side effects.* The composite mean of all the statements is 2.97 (55%) which falls under the verbal interpretation of *agree*.

According to the American Cancer Society (2011), dietary supplements include things like vitamins, minerals, herbs, or products made from plants. They can also be made from animal parts, algae, seafood, yeasts, fungus, and many other food substances or extracts. But supplements that claim to be "all natural" are not always better or safer; they can usually be used safely within certain dosage guidelines. But just like drugs, dietary supplements have also risks and side effects. But still the dietary supplements are considered safe unless they are proven unsafe.

Table 7. Perception of the Respondents in terms of Convenience

Products labeled with "No Approved Therapeutic Claim"	Mean	Verbal Interpretation	Percentage of Agreement
1. Are readily available in any drugstore.	3.13	Agree	42
2. Are readily available in any convenient store.	2.72	Agree	42
3. Are available at all times.	2.90	Agree	47
4. Can be bought without any prescription.	3.26	Agree	47
5. Can be bought in retail price.	2.98	Agree	51
Composite Mean	**3.00**	**Agree**	**46**

Table 7 shows the perceptions of the respondents in terms of convenience. The statement products labeled with "No Approved Therapeutic Claim" *can be bought without any prescription* got the highest mean of 3.26 (47%) which falls under the verbal interpretation *agree*. Meanwhile, the statement which got the lowest mean is 2.72 (42%) which falls under the verbal interpretation *agree* is that products labeled with "No Approved Therapeutic Claim" *are readily available in any convenient store*. The composite mean of all the statements is 3.00 (46%) which falls under the verbal interpretation of *agree*.

According to the American Cancer Institute (2011) unlike drugs, dietary supplements are mostly self-prescribed with no input from informed medical sources like doctors, nurses, or pharmacists. Most of this product can be bought over the counter and readily available in the market. It can be found in supermarkets, pharmacies, health food shops and, of course, on the Internet.

Table 8. Perceptions of the Respondents in terms of Affordability

Products labeled with "No Approved Therapeutic Claim"	Mean	Verbal Interpretation	Percentage of Agreement
1. Cheaper than those supplements without "No approved Therapeutic Claim".	2.80	Agree	56
2. Are already included in the family's budget.	2.77	Agree	41
3. Have discounts.	2.59	Agree	37
4. Can be made to order then payable for one month.	2.69	Agree	40
5. Are covered in insurance.	2.29	Disagree	39
Composite Mean	**2.63**	**Agree**	**43**

Table 8 shows the perceptions of the respondents in terms of affordability. The statement products labeled with "No Approved Therapeutic Claim" are *cheaper than those supplements without "No Approved Therapeutic Claim"* got the highest mean which is 2.80 (56%) interpreted as *agree*. Meanwhile, the statement *products labeled with "no approved therapeutic claim" are covered in insurance* got the lowest mean of 2.29 (39%) which fall under the verbal interpretation of *disagree*. The composite mean of all the statements is 2.63 (43%) which falls under the verbal interpretation of *agree*.

According to Stephanie Bloyd (2007), people often turn to supplements because they are seen as more natural than drugs, can have fewer side effects and generally cost less. But unlike prescription drugs, dietary supplements are not covered by health insurance plans because they are being utilize outside medical experts consultation.

Table 9 depicts the perceptions of the respondents in terms of effectiveness of whitening supplements. It shows that the respondents *agreed* that *one does not get sick while taking the product* with the weighted mean of 3.12 (73%). However, they *disagreed* that *one did notice some rashes on skin* with a weighted mean of 2.23 (35%). The overall composite mean is 2.74 (45%) with a verbal interpretation of *agree*.

Table 9. Perception of the Respondents in terms of Effectiveness of Whitening Supplements

Consumers' Perceived Level of Products' Effectiveness	Mean	Verbal Interpretation	Percentage of Agreement
1. I do not get sick while taking the product.	3.12	Agree	73
2. The product lightens my skin.	2.85	Agree	31
3. The product softens and moistens my skin.	2.96	Agree	50
4. The product makes my skin feel and look younger.	3.04	Agree	62
5. The product makes my skin tone even.	2.96	Agree	50
6. The product makes me feel dizzy.	2.46	Disagree	35
7. The product irritates my skin and becomes itchy.	2.34	Disagree	35
8. I noticed some rashes on my skin.	2.23	Disagree	35
9. The product makes my skin easily burned when exposed to the sun.	2.58	Agree	39
10. The product is effective on some parts of my body.	2.85	Agree	42
Composite Mean	**2.74**	**Agree**	**45**

According to Morgan (2010), whitening pills are generally safe because of their components like L-Glutathione, Vitamin C, or Alpha-Linolenic Acid (ALA) that come from vegetable oils and Grape Seed Extract which are bracketed as food supplements.

Glutathione ingredient is an important antioxidant that helps the body eliminate potentially harmful substances and is an effective detoxifier or cleanser for the body which is beneficial to good health (Landers, 2011).

Although well tolerated it is still possible for a person to experience glutathione side effects in a form of allergy. Among its side effects experienced

by the users were skin rashes, headaches, itchiness, and acne breakouts, which take time to manifest (Madison, 2013).

Table 10. Perception of the Respondents in terms of Effectiveness of Slimming Supplements

Consumers' Perceived Level of Products' Effectiveness	Mean	Verbal Interpretation	Percentage of Agreement
1. I do not get sick while taking the product.	3.00	Agree	50
2. The product makes me feel dizzy then vomit.	2.54	Agree	46
3. I noticed that my stool has fats in it.	3.00	Agree	46
4. It lessens my appetite.	3.13	Agree	50
5. The product makes my skin dry.	2.54	Agree	42
6. The product makes me lose weight.	2.75	Agree	54
7. The product makes me urinate frequently.	2.88	Agree	58
8. I feel pain in urinating.	2.38	Disagree	29
9. The product gives me diarrhea.	2.17	Disagree	38
10. The product makes me constipated.	2.42	Disagree	46
Composite Mean	**2.68**	**Agree**	**46**

Table 10 shows the perceptions of the respondents in terms of effectiveness of slimming supplements. The findings show that the respondents *strongly agreed* that *the products lessen their appetite*, with a weighted mean of 3.13 (50%). On the other hand, the respondents *disagreed* that *the products give diarrhea*, with a weighted mean of 2.17 (38%). The overall composite mean is 2.68 (46%) with a verbal interpretation of *agree*.

Quality fat blockers include ingredients that alter the way one body digests fat, they prevent fat from being absorbed by blocking the fat-absorbing enzymes from breaking down dietary fat. This undigested fat then passes out of

one's body in his/her bowel movement and thus this increasing amount of fat excreted out in the feces demonstrated significant weight loss (Johnson, 2012).

According to Buckner (2011), diet pills can cause diarrhea because of the number of ingredients that trigger, since they contain stimulants which stimulates one's intestinal tract and the rate at which his/her body digests food. So it may partly depend upon how sensitive one's body is to the particular formula used in the diet pills that he/she takes that will cause diarrhea.

Table 11. Perceptions of the Respondents in terms of Effectiveness of Vitamins and Minerals

Consumers' Perceived Level of Products' Effectiveness	Mean	Verbal Interpretation	Percentage of Agreement
1. I do not get sick while taking the product.	3.26	Agree	47
2. The product makes me stronger.	3.17	Agree	59
3. I feel younger.	2.92	Agree	44
4. I feel healthier.	3.24	Agree	56
5. I can do all my daily activities without difficulty.	3.16	Agree	60
6. The product boosts my self – perception.	3.04	Agree	55
7. I gain more weight.	2.83	Agree	43
8. The product has no nausea and vomiting effect.	2.97	Agree	45
9. It improves my appetite.	3.04	Agree	44
10. The product gives me stomach aches.	2.13	Disagree	32
Composite Mean	**2.98**	**Agree**	**49**

Table 11 shows the perceptions of the respondents in terms of effectiveness of vitamins and minerals. It is shown in the table that the respondents *agreed* that *one does not get sick while taking the product* with a weighted mean of 3.26 (47%). On the other hand, respondents *disagreed* that *the products give stomach aches* with a weighted mean of 2.13 (32%). The overall composite mean is 2.98 (49%) with a verbal interpretation of *agree.*

According to Blank (2011), taking vitamin supplements is a convenient way to supplement the diet; it can confer some health benefits especially to those who have deficiencies wherein they can provide vital supplemental nutrients for one's diet.

However, exceeding to the recommended dosage of vitamin supplements can cause accumulation of certain substances in the body and cause adverse effect, according to the Harvard University School of Public Health overdosing of certain vitamins can be toxic to health. Minor side effects can cause abdominal cramps and nausea and vomiting and other illness.

Correlation Analysis

The researchers used correlation in this study to show the connection/s between the demographic profiles of the consumers and their perceptions in the use of products labeled with "No approved therapeutic claim" in terms of quality, convenience and affordability.

Table 12. Correlation between Demographic Profiles of the Consumers and their Perception in the Utilization of Products Labeled with "No Approved Therapeutic Claim" in terms of Quality

Demographic Profile	Pearson Correlation	Sig. (2-tailed)	N	Interpretation
Age	-.077	.445	100	Almost negligible negative correlation
Educational Attainment	.010	.924	100	Almost negligible positive correlation
Economic Status/ Monthly Salary	.147	.143	100	Almost negligible positive correlation
Gender	.044	.664	100	Almost negligible positive correlation
Influence	.133	.188	100	Almost negligible positive correlation

Age. The r value of -.077 shows that there is an *inverse correlation* between the age of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of quality. Therefore, younger consumers perceive that these products have an innate quality on them.

Educational Attainment. The r value of .010 shows that there is a *direct correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of quality. Therefore, consumers with higher educational attainment perceive higher in utilization of these products.

Economic Status/ Monthly Salary. The r value of .147 shows that there is a *direct correlation* between the monthly salary of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of quality. Therefore, consumers with higher monthly salary are likely to utilize these products.

Gender. The r value of .044 shows that there is a *direct correlation* between the gender of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of quality. Therefore, female consumers with are likely to use these products than the male gender.

Influences. The r value of .133 shows that there is a *direct correlation* between the influences of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of quality. Therefore, consumers with family/relatives as their influence are likely to utilize these products.

Hence, the demographic profile of the respondents were *not significantly related* to their perception in the utilization of products as shown by p-values greater than 0.05.

Table 13. Correlation between Demographic Profiles of the Consumers and their Perception in the Utilization of Products Labeled with "No Approved Therapeutic Claim" in terms of Convenience

Demographic Profile	Pearson Correlation	Sig. (2-tailed)	Interpretation
Age	.174	.083	Almost negligible positive
Educational Attainment	-.149	.139	Almost negligible negative
Monthly Salary	.198	.048	Almost negligible positive
Gender	.106	.295	Almost negligible positive
Influence	-.014	.893	Almost negligible negative

Age. The r value of .174 shows that there is a *direct correlation* between the age of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of convenience. Therefore, older consumers perceive that utilization of these products is convenient to them. The demographic profile variable is *not significantly related* to the consumers' perception in the utilization of products as shown by p-value greater than 0.05.

Educational Attainment. The r value of -.149 shows that there is an *inverse correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of convenience. Therefore, consumers with higher educational attainment do not perceive that utilization of these products is convenient to them. The demographic profile variable is *not significantly related* to the consumers' perception in the utilization of products as shown by p-value greater than 0.05.

Economic Status/Monthly Salary. The r value of .198 shows that there is a *direct correlation* between the monthly salary of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of convenience. Therefore, consumers with higher monthly salary perceive that utilization of these products is convenient to them. The demographic profile variable is *significantly related* to the consumers' perception in the utilization of products as shown by p-value 0.048.

Gender. The r value of .106 shows that there is a *direct correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of convenience. Therefore, female consumers perceive that utilization of these products is convenient to them. The demographic profile variable is *not significantly related* to the consumers' perception in the utilization of products as shown by p-value greater than 0.05.

Influences. The r value of -.014 shows that there is an *inverse correlation* between the influences of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of convenience. Therefore, consumers with family/relatives as their influence do not perceive that utilization of these products is convenient to them. The demographic profile variable is *not significantly* related to the consumers perception in the utilization of products as shown by p-value greater than 0.05.

Table 14. Correlation between Demographic Profiles of the Consumers and Perception in the Utilization of Products Labeled with "No Approved Therapeutic Claim" in terms of Affordability

Demographic Profiles	Pearson Correlation	Sig. (2-tailed)	Interpretation
Age	-.022	.831	Almost negligible negative
Educational Attainment	.144	.154	Almost negligible positive
Monthly Salary	.057	.574	Almost negligible positive
Gender	-.061	.548	Almost negligible negative
Influence	.233*	.020	Slight positive correlation

Age. The r value of -.022 shows that there is an *inverse correlation* between the age of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of affordability. Therefore, younger consumers perceive that these products are affordable. The demographic profile variable is *not significantly related* to the consumers' perception in the utilization of products as shown by p-value greater than 0.05.

Educational Attainment. The r value of .144 shows that there is a *direct correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of affordability. Therefore, consumers with higher educational attainment perceive that these products are affordable. The demographic profile variable is *not significantly related* to the consumers perception in the utilization of products as shown by p-value greater than 0.05.

Economic Status/Monthly Salary. The r value of .057 shows that there is a *direct correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of affordability. Therefore, consumers with higher monthly salary perceive that these products are affordable. The demographic profile variable is *not significantly related* to the consumers' perception in the utilization of products as shown by p-value greater than 0.05.

Gender. The r value of -.061 shows that there is an *inverse correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of affordability. Therefore, male consumers perceive that these products are affordable than female consumers. The demographic profile variable is *not*

significantly related to the consumers perception in the utilization of products as shown by p-value greater than 0.05.

Influences. The r value of .233 shows that there is a *direct correlation* between the educational attainment of the consumers and their perception in the utilization of products labeled with "No approved therapeutic claim" in terms of affordability. Therefore, consumers with family/relatives as their influence perceive that these products are affordable. The demographic profile variable is *significantly related* to the consumers' perception in the utilization of products as shown by p-value 0.020.

In Part III of the questionnaire, 36 (36%) out of 100 respondents answered the perceived meaning of the label "No approved therapeutic claim".

Thirteen out of thirty six (36%) consumers responded that "No approved therapeutic claim" means that these products were not proven by the Bureau of Food and Drugs Administration (BFAD). Also, thirteen out of thirty six (36%) respondents answered that these products had no guarantee in curing illness or preventing it.

Four (11%) out of thirty six consumers wrote that "No approved therapeutic claim" means that these products have no side effects. Two out of thirty six (6%) respondents wrote that it is safe and another two (6%) says that it is effective. One out of thirty six (3%) consumers said that it is for symptom management only and lastly, one (3%) said that it can be bought without any prescription.

CONCLUSION

Based on the findings and results, it is concluded that majority of the respondents were in the age bracket of 18-23 years of age, has a highest educational attainment of tertiary level, earning Php 16,000 and above, female and were influenced by their family or relatives in the perception in utilization of products labeled with "No approved therapeutic claim".

In terms of the consumers' perceptions on the utilization of the products labeled with "No approved therapeutic claim" in terms of quality, convenience and affordability, below are the conclusions:

With a composite mean of 2.97, the respondents were using the quality as indicator when utilizing product labeled with "No approved therapeutic claim". Moreover, majority of the respondents (59% of the respondent's

population with weighted mean of 3.13) agreed that products labeled with "No approved therapeutic claim" in terms of quality are safe because they are made from natural ingredients.

With a composite mean of 3.00, the respondents were using the convenience as indicator when utilizing product labeled with "No approved therapeutic claim". Moreover, majority of the respondents (47% of the respondent's population with weighted mean of 3.26) agreed that products labeled with "No approved therapeutic claim" in terms of convenience can be bought without any prescription.

With a composite mean of 2.63, the respondents were using the affordability as indicator when utilizing product labeled with "No approved therapeutic claim". Moreover, majority of the respondents (56% of the respondent's population with weighted mean of 2.80) agreed that products labeled with "No approved therapeutic claim" in terms of affordability are cheaper than those products without the tag "No Approved Therapeutic Claim".

Based on the gathered data, the label "No approved therapeutic claim" was understood. They knew that the label tells the consumers that the product with this label is not yet proven by the Bureau of Food and Drugs Administration (BFAD) and was not yet proven to whiten and slim oneself, cure or prevent illness.

In terms of the perceived level of effectiveness of products labeled with "No approved therapeutic claim", with a composite mean of 2.74, respondents perceived that the whitening supplements labeled with "No approved therapeutic claim" are effective as supported by the findings that the majority of the respondents (73.1% of the total respondent population with weighted mean of 3.12) agreed that these supplements do not make consumers sick.

With a composite mean of 2.68, the respondents perceived that the slimming supplements labeled with "No approved therapeutic claim" are effective as supported by the findings that the majority of the respondents (50% of the total respondent population with weighted mean of 3.13) agreed that these supplements lessen consumers' appetite.

With a composite mean of 2.98, the respondents perceived that the vitamins and minerals labeled with "No approved therapeutic claim" are effective as supported by the findings that the majority of the respondents (47.3 % of the total respondent population with weighted mean of 3.26) agreed that these vitamins and minerals labeled with do not make consumers sick.

In terms of quality, the demographic profile profiles of the respondents were not significantly related to their perceptions in the utilization of products.

In terms of convenience, there is no significant relationship between all demographic variables of the respondents and their perceptions in the utilization of products labeled with "No approved therapeutic claim" except for economic status/ monthly salary which is significantly related as shown by p-value less than 0.05.

In terms of affordability, there is no significant relationship between the demographic profiles of the respondents and their perceptions in the utilization of products labeled with "No approved therapeutic claim" except for influence which is significantly related as shown by p-value less than 0.05.

RECOMMENDATIONS

The researchers would like to recommend the following:

1. Verify information about utilization of products labeled with "No approved therapeutic claim" to improve knowledge particularly in the quality and safety of natural ingredients, convenience and prescription of the products and affordability and prizes of products.
2. Evaluate the products labeled with "No approved therapeutic claim" in terms of quality before using, to determine the different side effects so that it can prevent further harm and hinder the achievement of optimum health.
3. Regarding the perception of the definition of the statement "No approved therapeutic claim", carefully read included instructions and labels to obtain clear interpretation to prevent confusion.
4. Be responsible in using whitening supplements and vitamins and minerals to rule out complications and seek medical advice if misconception about the perception that such product does not make one sick causes related side effects such as its effect to irritate and produce rashes on skin, its effect to easily burn the skin when exposed to sunlight and stomach aches.
5. Consider the possibility to reassess the study to see how results can change about the perception of consumers in utilization of products labeled with "No approved therapeutic claim" in the future.

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