CONSUMER BEHAVIOR OF SELECT BRANDED AYURVEDIC HEALTHCARE PRODUCTS (SPECIAL REFERENCE TO DHARAPURAM)

1. Author Name : SUGANYA.R (1st author)

Ph.d Research scholar, Department of commerce, L.R.G Government Arts College

for women, Palladam Road, Tirupur, Tamilnadu, India.

2. Guide Name : Dr.HAMSALAKSHMI.R (2nd author)

Assistant Professor, Department of commerce, L.R.G Government Arts College for

women, Palladam Road, Tirupur, Tamilnadu, India.

Abstract

Ayurveda is an ancient system of holistic healing through herbs. It is derived from two words, Ayu [Life] + Veda [Knowledge]. Ayurveda is Knowledge of Life. Life according to Ayurveda is a fusion of body, senses, mind and soul. Hence, the holistic healing is very important for health. Ayurveda identifies three basic types of energy or functional principles that are present in everyone and everything. Since there are no single words in English that convey these concepts, the original Sanskrit words vata, pitta and kapha. These principles can be related to the basic biology of the body. The objective of the research work is to study about the consumer's buying behavior of selected ayurvedic healthcare products and study the brand loyalty of the respondents towards selected ayurvedic healthcare products. Tools used for the analysis are Simple percentage analysis and one way anova, Calculation of mean and standard deviation through t-test applied and rank. It is concluded that most of the respondents are employees and purchase the ayurvedic healthcare products in the place of medical shops with mean score of 9.66 and it rank is first.

Keywords: Ayurveda, brands, buying behavior, Preference, health.

I. INTRODUCTION

In Ayurveda, body, mind and consciousness work together in maintaining balance. They are simply viewed as different facets of one's being. To learn how to balance the body, mind and consciousness requires an understanding of how vata, pitta and kapha work together. According to Ayurvedic philosophy the entire cosmos is interplay of the energies of the five great elements—Space, Air, Fire, Water and Earth. Vata, pitta and kapha are combinations and permutations of these five elements that manifest as patterns present in all creation. In the physical body, vata is the subtle energy of movement, pitta the energy of digestion and metabolism, and kapha the energy that forms the body's structure.

Vata is the subtle energy associated with movement — composed of Space and Air. It governs breathing, blinking, muscle and tissue movement, pulsation of the heart, and all movements in the cytoplasm and cell membranes. In balance, vata promotes creativity and flexibility. Out of balance, vata produces fear and anxiety.

Pitta expresses as the body's metabolic system — made up of Fire and Water. It governs digestion, absorption, assimilation, nutrition, metabolism and body temperature. In balance, pitta promotes understanding and intelligence. Out of balance, pitta arouses anger, hatred and jealousy.

Kapha is the energy that forms the body's structure — bones, muscles, tendons — and provides the "glue" that holds the cells together, formed from Earth and Water. Kapha supplies the water for all bodily parts and systems. It lubricates joints, moisturizes the skin, and maintains immunity. In balance, kapha is expressed as love, calmness and forgiveness. Out of balance, it leads to attachment, greed and envy.

II. STATEMENT OF PROBLEM

The study deals with the Consumer behavior of select branded ayurvedic healthcare products special reference to Dharapuram taluk at Tirupur district. Ayurveda and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis of diseases as well as nomenclature differs. It is quite impossible to make one to one correlations or pick up equivalent terms. Ayurvedic classification of diseases is based on the concepts of pathology that are different from those of the International Classification of Diseases. A comprehensive Ayurvedic classification and nomenclature of diseases has not yet been developed in contemporary academic environments of Ayurveda, albeit attempts have been made to create working lists and even to find the correlation between Ayurvedic disease terminologies and the International Classification of Disease nomenclature. In the present scenario, there is a need to develop a comprehensive classification and nomenclature for diseases from the Ayurvedic perspective. It would make sense to refer to this as the Ayurvedic Classification of Diseases. This is indispensable for effective communication within the community of Ayurveda.

III. REVIEW OF LITERATURE

Anil Mathur (2001) in his work explains the "A Study of Changes in Brand Preferences" This paper presents a study of changes in brand preferences. Theory and research is used to propose and test a model based on the proposition that changes in brand preferences and their development are the result of life events that serve as markers of life transitions. Changes are viewed to be the result of adjustments to new life conditions and changes in consumption lifestyles that reflect consumer efforts to cope with stressful life changes. The data support these notions and suggest implications for consumer research.

Kerri-Ann L. et al., (2008) study pointed out that "An application of Keller's brand equity Model in a B2B context", this paper aims to discuss the suitability and limitations of Keller's customer based brand

equity model and tests its applicability in a B2B market. Findings suggest that amongst organizational buyers there is a much greater emphasis on the selling organization, including its corporate brand, credibility and staff, than on individual brands and their associated dimensions. The study investigates real brands with real potential buyers, so there is a risk that the results may represent industry-specific factors that are not representative of all B2B markets. Future research that validates the importance of the Keller elements in other industrial marketing contexts would be beneficial.

Maria Teresa Cuomo et al., (2009) contributed a research paper on "Building brand equity: the genetic coding of Mediterranean brands". The objective of the study is to stimulate reflection on the concept of Mediterranean brands, to map and qualify their specific genetic makeup and their influence on brand equity. This paper shows how the properties of Mediterranean elements are reconciled with branding models and more in general, with sustainable business. The paper highlights the generating drivers of value from a Mediterranean marketing perspective. Management has to govern these strategically in order to retain lasting competitive advantage.

Huang Yufang, Wang Bin, Gong Qiaoyi (2013) made an empirical research on "Brand personality of smart phone". The main purpose of this study is to explore and compare brand personality preference is different in the different segments of smart phone. Qualitative research method has been used with sample size of 50 respondents. The study concluded that different brand personality preferences of segments can help brands entry into niche markets. The study found that different segments of smart phone prefer different brand personality.

Amrita Pani and Biswajit Das (2014) in their study "Role of Hotels and Resorts to Promote Ancient Ayurveda through Health Tourism: A Special Reference to Odisha". The main purpose of the paper is to focus on recent developmental trends in health tourism in India for promoting holistic therapy-Ayurveda in global context. The study highlights the implementation of ancient therapies in various hotels and resorts of Odisha as an ancillary service to provide the guest utmost satisfaction. The scope of the study only focuses on promoting Ayurvedic remedies as a significant element of health tourism in hotels and resorts of Odisha. Based on the data collected through secondary sources, this paper makes an assessment of the extent of social awareness, innovativeness and responsiveness of tourism sector for marketing Ayurveda. In the concluding section, limitations of the study have been discussed and recommendations provided for undertaking more detailed investigations in the area.

IV. NEED FOR THE STUDY

Regardless of age or gender, many of us have one thing in common: peoples want to be healthy. And for some people, that means constantly being on the lookout for ways to improve and maintain overall health. The number of ayurvedic product suppliers is growing as well. Consumers are rapidly turning to ayurvedic products for their health needs, but that doesn't mean they know what they need or the potential

side effects that may come from taking certain herbs. Ayurveda has no side effect which makes it very safe for human bodies. Diseases like obesity, diabetes, blood pressure, back ache, migraine to name few are efficaciously treated by Ayurveda by incredibly enhancing your resistance power by detoxifying and purifying the entire body. Ayurvedic treatments are the holistic way to getting rid of afflictions. Ayurveda retreats are the one-stop destination for people who are trying to ameliorate body, mind and soul.

V. OBJECTIVES

- 1. To study the factors influencing the preferences on purchase of select branded ayurvedic healthcare products.
- 2. To study the brand loyalty of the respondents towards select ayurvedic healthcare products.

VI. HYPOTHESIS

H₀: There is no significance relationship between occupational status and respondent's preference of selected ayurvedic healthcare products.

VII. METHODOLOGY

The study has been conducted in Dharapuram from Tirupur district. Sample Size: The study was conducted towards ayurvedic healthcare product users. The size of the respondents is 50. Sampling Technique: Convenient sampling method has been adopted. Data collection tool: Interview schedule. Period of Study: The data has been collected through structured interview schedule of ayurvedic products users from May 2018 to July 2018. Tools used for analysis: The following are the tools applied.

- 1. Simple percentage and One way Anovo
- 2. Mean and standard deviation
- 3. Rank analysis

VIII. ANALYSIS AND INTERPRETATION

- 1. Simple percentage and One way Anovo
- 2. Mean and standard deviation
- 3. Rank analysis

Objective 1: To study the factors influencing the preferences on purchase of select branded ayurvedic healthcare products.

8.1. Simple percentage

A percentage frequency distribution is a display of data that specifies the percentage of observations that exist for each data point or grouping of data points. It is a particularly useful method of expressing the

relative frequency of survey responses and other data. Many times, percentage frequency distributions are displayed as tables or as bar graphs or pie charts. The process of creating a percentage frequency distribution involves first identifying the total number of observations to be represented; then counting the total number of observations within each data point or grouping of data points; and then dividing the number of observations within each data point or grouping of data points by the total number of observations. The sum of all the percentages corresponding to each data

Table No: 8.1

S.No.	Occupational status	Respondents	Percentage
1.	Employee	17	34
2.	Self-employed	11	22
3.	Housewife	9	18
4.	Businessman	7	14
5.	Professionalist	6	12
6.	Agriculturalist	0	0
	Total	50	100

Source: Primary Data

From the above data infers that occupational status of the Ayurvedic consumers. It has been inferred that 34 per cent of sample respondents have said that they were employees. Further it has been inferred that 22 per cent of sample respondents are self-employed, 18 per cent of sample respondents were housewife, and 14 per cent of sample populations are businessman respectively. Similarly, 12 per cent of sample respondents are Professionalist of the Ayurvedic healthcare products consumers.

Thus it has been concluded that 34 per cent of sample consumers are employees of the Ayurvedic healthcare product consumers.

8.2. One way Anovo

The one-way analysis of variance (ANOVA) is used to determine whether there are any statistically significant differences between the means of three or more independent (unrelated) groups. The one-way ANOVA compares the means between the groups you are interested in and determines whether any of those means are statistically significantly different from each other. Specifically, it tests the null hypothesis:

$$H_0$$
: $\mu_1 = \mu_2 = \mu_3 = \cdots = \mu_k$

where μ = group mean and k = number of groups. If, however, the one-way ANOVA returns a statistically significant result, we accept the alternative hypothesis (H_A), which is that there are at least two group means that are statistically significantly different from each other.

Table No: 8.2

SUMMARY							
Groups	Count	Sum	Average	Variance			
Patanjali	6	1	0.166667	0.166667			
Himalaya	6	14	2.333333	3.066667			
Dabur	6	30	5	9.2			
Baidhyanath	6	4	0.666667	2.666667			
Hamdard	6	1	0.166667	0.166667			

Anova Table No: 8.3

Source of Variation	SS	Df	MS	$oldsymbol{F}$	P-value
Between Groups	102.3333	4	25.58333	8.378821	0.000197
Within Groups	76.33333	25	3.053333		
Total	178.6667	29			

The ANOVA result shows that the table value of F for $v_1 = 4$ and $v_2 = 25$ at 5% level of significance 2.758 and the calculated value is 8.378. Since the calculated value is higher than the table value. Hence the Hypothesis is rejected. There is no significance relationship between occupational status and respondent's preference of selected ayurvedic healthcare products.

8.4 Summary statistical measures

Mean and standard deviation

Mean can be defined as the average of the data points. Standard deviation (SD) is a measure of imprecision. It indicates the variability or dispersion around the mean. Standard deviation is the measure of dispersion of a set of data from its mean. It measures the absolute variability of a distribution; the higher the dispersion or variability, the greater is the standard deviation and greater will be the magnitude of the deviation of the value from their mean. Standard Deviation is also known as root-mean square deviation as it is the square root of means of the squared deviations from the arithmetic mean. Together, mean and SD determines acceptable ranges for a lot of control material. New control values must be calculated and acceptable ranges established for each new lot of control materials. Ideally, at least 20 samples should be tested over time for good statistical data.

The mean is calculated by adding all of the values, and dividing by the number of values. The formula is

$$\overline{x} = \frac{1}{n} \sum_{i=1}^{n} x_i$$

Table No: 8.4

Respondents purchase place of ayurvedic healthcare products

S.No	Purchase places	Respondents	Mean	Rank
1.	Ayurvedic shops	14	5.66667	3
2.	Medical shops	18	9.66667	1
3	Departmental stores	15	6.66667	2
4.	Super market	3	-5.3333	4
5.	Medical practioners	0	-8.3333	5
6.	Other places	0	-8.3333	5
	Total	50	0	

Source: Primary Data

Table No: 8.5

S.No	Mean			8	.33333
1.	Variance			3	3.7333
2.	Standard Deviation			5	.80804
3.	Standard Deviation f	unction	. 1	8	.21381

Source: Primary Data

From the above table stated that the respondents purchase place of ayurvedic healthcare products. Majority of the respondents purchase the ayurvedic healthcare products in the place of medical shops with mean score of 9.66 and it rank is first. Second majority place is departmental stores with the mean score of 6.66 and it rank is second. Third place is Ayurvedic shops with the mean score of 5.66 and it rank is third. Super market is get fourth place with mean score of -5.33 and it rank is fourth. Finally, Medical practioners and other place goes to last fifth place with mean score of both -8.33 and its rank is fifth.

Majority of the respondents purchase the ayurvedic healthcare products in the place of medical shops with mean score of 9.66 and it rank is first.

8.6. Mean and standard deviation

Respondent's details with percentage analysis and rank

Table No: 8.6

Primary reasons for consume the ayurvedic healthcare products.

S.No	Reasons	Respondents	Percentage	Rank
1.	To get cure from sudden health	1	2	6
	issues			
2.	To get cure for chronic diseases	2	4	5
3.	To prevent future health disorder	1	2	6
4.	To prevent from deadly diseases	8	16	4

5.	To stay healthy	10	20	2
6.	Consumed as health supplements	19	38	1
7.	To gain nutritional and mineral	9	18	3
	values			
	Total	50	100	

Source: Primary Data

From the above table described that the respondents opinion on primary reasons for consume the ayurvedic healthcare products. First primary reason is consumed as health supplements with the percentage of 38. Second reason is to stay healthy with the percentage of 20. Third and fourth reasons are to gain nutritional and mineral values and to prevent from deadly diseases with the percentage of 18 and 16. Fifth reason is to get cure for chronic diseases with the percentage of 4. Finally, to get cure from sudden health issues and prevent future health disorder are goes to sixth place with the percentage of 2.

Majority of the respondents are purchase the ayurvedic healthcare products for consumed as health supplements with the percentage of 38.

Table No: 8.7

Calculation of mean and standard deviation

		(X-7)	
S.No	X	D	d^2
1.	1	-6	36
2.	2	 -5	25
3.	1	-6	36
4.	8	+1	1
5.	10	+3	9
6.	19	+12	144
7.	9	+2	4
	$\Sigma X=50$	\sum d=1	255

Formula for Mean = $\sum X / N$

Mean value = 7.14

Standard deviation =
$$\frac{\sqrt{\sum d^2 - n(d)^2}}{n-1}$$

Standard deviation = 5.891

Objective 2:

To study the brand loyalty of the respondents towards selected ayurvedic healthcare products.

8.8 Rank analysis

Ranking method is one of the simplest performance evaluation methods. In this method, employees are ranked from best to worst in a group. The simplicity of this method is overshadowed by the negative impact of assigning a 'worst' and a 'best' rating to an employee. Such discriminations lead to negativity within a group and have a negative impact on performance.

Table No: 8.8

Brand loyalty of the respondents

Variables	Very True	True	True to certain Extent	False	Very False	Total	Mean	Rank
Long-usage of Brands prevent me	32	18	0	0	0	50	4.64	1
from shifting to other brands	(160)	(72)	(0)	(0)	(0)	(232)	4.04	1
I am most likely to use the same brand of ayurvedic healthcare products for my future needs.	29 (145)	21 (84)	0 (0)	0 (0)	0 (0)	50 (229)	4.58	2
I feel proud to associate with a	17	17	6	0	0	50	3.42	7
specific brand	(85)	(68)	(18)	(0)	(0)	(171)	3.12	,
I feel good about the product	16	30	4	0	0	50	4.24	4
Treer good dood! the product	(80)	(120)	(12)	(0)	(0)	(212)		-
The size of product suits my need	12	13	+20	5	0	50	3.64	6
The size of product saits my need	(60)	(52)	(60)	(10)	(0)	(182)	3.04	· ·
Brand name and image attract me	21	29	0	0	0	50	4.42	3
to purchase	(105)	(116)	(0)	(0)	(0)	(221)	4.42	3
Adds and promotional measures	16	24	10	0	0	50	4.12	5
of the brands are attractive	(80)	(96)	(30)	(0)	(0)	(206)	4.12	3

The above data, It has been inferred that long-usage of brands prevents consumers from shifting to other brands is ranked in first place with the mean score of 4.64 per cent. Followed by, use the same brand of healthcare products for consumers future needs, brand name and image attract consumers to purchase, and feel good about the product are ranked in second, third and fourth place with the mean score of 4.58, 534.4236 and 4.24 per cent respectively. Consequently, adds and promotional measures of the brands are attractive and size of product that suits the customer's needs, feel proud to associate with a specific brand and is ranked in fifth, sixth and seventh place with the mean score of 4.12, 3.64 and 3.42 per cent.

Thus it has been concluded that majority of 4.64 per cent of sample consumers are loyal to long-usage of brands prevents consumers from shifting to other brands of Ayurvedic healthcare products.

VIII. FINDINGS

Maximum 34 per cent of sample respondents are employees. Majority of the respondents purchase the ayurvedic healthcare products in the place of medical shops with mean score of 9.66 and it rank is first. Majority of the respondents are purchase the ayurvedic healthcare products for consumed as health supplements with the percentage of 38. Majority of 4.64 per cent of sample consumers are loyal to long-usage of brands prevents consumers from shifting to other brands of Ayurvedic healthcare products.

IX. SUGGESTIONS

Marketing of ayurvedic products and supplements online can be a great way to reach new consumers. Marketing via email was one of the first digital advertising methods, but it's still one of the most effective. It's cheaper, faster, and easier to track than direct mail, and considering that it's only sent to people who have willingly signed up, you can be confident that reaching people who actually want to hear from you. Some users might love to get emails about daily deals, while others may only want a monthly update. Some ayurvedic products are available in particular shops only. So, marketed the all ayurvedic products in all shops.

X. CONCLUSION

The study deals with Consumer behavior of select branded ayurvedic healthcare products special reference to Dharapuram taluk at Tirupur district. Maximum 34 per cent of sample respondents are employees. Majority of the respondents purchase the ayurvedic healthcare products in the place of medical shops with mean score of 9.66 and it rank is first. Majority of the respondents are purchase the ayurvedic healthcare products for consumed as health supplements with the percentage of 38. Majority of 4.64 per cent of sample consumers are loyal to long-usage of brands prevents consumers from shifting to other brands of Ayurvedic healthcare products.

XI. REFERENCES

- 1. Ashley Lye, P. Venkateswarlu & Jo Barrett (2001), "Brand Extensions: Prestige Brand Effects", Australasian Marketing Journal 9 (2), 2001
- 2. Thomas Gunther/Cathsarina Kriegbaum-Kling (2001), "Brand valuation and control: An empirical study", Schmalenbach Business Review, vol.53, October 2001, pp.263-294.
- 3. Ki-Joon Back & Sara C. Parks (2003), "Brand Loyalty Model Involving Cognitive, Affective, and Conative Brand Loyalty and Customer Satisfaction", Journal of Hospitality & Tourism Research, Vol. 27, No. 4, November 2003,419-435
- 4. Dadu V, Purohit H. J. The philosophy of Nyaya, epistemology and Ayurveda. International Journal of Herbal Medicine.2016; 4(1): 58-62.
- 5. Mishra SP, Semwal DK, Chauhan A. Scenario of Ayurveda education in India: Some recommendations for development. University News Association of Indian Universities 2015;53:3-8.
- 6. Saper RB, Phillips RS, Sehgal A, Khouri N, Davis RB, Paquin J, *et al.* Lead, mercury, and arsenic in US- and Indian-manufactured Ayurvedic medicines sold via the internet. JAMA 2008; 300:915-23.
- 7. www.brands.com
- 8. www.ayurvedichealthcare.com
- 9. www.herbalcompanies.com
- 10. www.healthcareproducts.com