INDIAN WOMEN AND THEIR BEHAVIOUR TOWARDS HEALTH AND HYGIENE PRODUCTS

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ABSTRACT

Purpose: The purpose of this paper is to study the Indian women and their behaviour towards “Health & Hygiene” products.

Design/Methodology: Research design is based on exploratory and descriptive research from India on the basis of convenience sampling; with the sample size of 50 women’s (20-45 age group) & data is analysed using simple tools like averages, percentages and measurement scales.

Findings: As per the report we could find that women buying behaviour towards health and hygiene products is very positive, we know that health and hygiene plays a very dominant role in today’s world due to the hectic and busy schedule, due to the unhealthy lifestyle and chemical based products consumption which leads to deadly diseases deep rooted in the environment, we are under risk. There is a huge demand for health and hygiene products hence majority of the women practice it regularly. The awareness level is too high but due to low economic status and poor dietary patterns most of them are not able to inculcate it, women give importance to quality, brand, benefits, usage not for aesthetic looks of the product and so on.

Research limitations/implications: The study is restricted to Indian women.

Originality/value: In this research paper we could find the awareness levels of women with respect to health and hygiene product purchase, her requirements, her buying patterns, and how economic status is affecting their hygiene practices and buying activities, what are the influencing factors, importance of health and hygiene practice, how important is regular medical check up etc.

Keywords: India, Women, Health and Fitness industry, Hygienic products, Buying behaviour.

1.1 INTRODUCTION

Once women identify the need of a value, their first step towards buying is information search. They want a product that meets their demands and is easy and reliable. While men will load themselves with sufficient information of a product or service through internet, advertising, reviews; women would try to get benefit from others’ experience by asking the people around them. They prefer doing a front end research. Women would want detailed information from the staff, friends, reference group, other people and attributes like opinion of her mates, the reputation of a company, environment of the store, price of a product/service would matter more.

There is a lot of comparison between various products, brands and offers before the final purchase. Once a woman is sure that she has gathered enough information and evaluated all possible alternatives, she would arrive at a final decision. But this buying behaviour of a woman does not end with purchase it is followed by word of mouth for the value plays a significant part in post purchase behaviour. She would share her experience with the offering with her initial advisors, friends and other people in her circle. Another important aspect is loyalty. A brand or a product/service that has served her well will result in repurchase decision even though there may be an alternate that is less priced or exceeds in features to some extent. Though women are price sensitive but loyalty and health consciousness, status overtakes this sensitivity. For example, a salesperson of health and hygiene outlet has served a woman for a couple of times. Even if a new store emerges in the vicinity of her home or offers at lower price, she will continue to repurchase from the former who has served her well and has a deeper connect.

1.2 STATEMENT OF THE PROBLEM

Purchase behaviour of women towards health and hygiene products.

1.3 OBJECTIVE OF THE STUDY

To identify, understand and analyze women’s buying behaviour towards health and hygiene products in India.
1.4 RESEARCH METHODOLOGY
The researcher has applied exploratory and descriptive research design by constructing the questionnaire and subjected the questionnaire to 50 women consumers (Age group 20-45) who are health & hygiene freaks in India. Using convenience sampling for data collection. The collected data has been analysed using simple tools such as averages, percentages and measurement scales were used to arrive at desired results.

1.5 LITERATURE REVIEW

Peter Kriwy and Rebecca Ariane Mecking, published a paper on 26th may 2016 “HEALTH AND ENVIRONMENTAL CONSCIOUSNESS, COSTS OF BEHAVIOUR AND THE PURCHASE OF ORGANIC FOOD BY WOMEN”, according to them consumption of organic food is regarded as an investment in individual health. The low cost hypothesis takes environmental attitudes and behavioural costs into account and is applied to organic food consumption. The survey conducted in 3 German cities in the year 2006 using administered questionnaire does not investigate willingness to pay but rather self reported behaviour, it regression also show that income does not affect the regularity of organic food consumption but it influence women expenditure on organic food.

V.Inglis, D Crawford published a paper in the year 2005 on “WHY DO WOMEN OF LOW SOCIO-ECONOMIC STATUS HAVE POORER DIETARY BEHAVIOUR THAN WOMEN OF HIGHER SOCIO-ECONOMIC STATUS” according to them developed countries; persons of low socio-economic status (SES) are generally less likely to consume diets consistently with dietary guidelines. Reasons are it included food-related values such as health consciousness, lack of time due to family commitments, as well as perceived high cost of healthy eating and lack of time due to work commitments. It also reported that availability and access of quality healthy food did not suffer across SES group and public health strategies aimed at reducing SES inequalities with respect to low cost and promoted time efficient food preparation strategies for all women.

Jane M. Wilson, Glenys N, Chandler studied on “SUSTAINED IMPROVEMENTS IN HYGIENE BEHAVIOR AMONGST VILLAGE WOMEN IN LOMBOK, INDONESIA” they say 57 mothers in Indonesia were involved in a face-to-face health education programme which encouraged hand washing with soap. The intervention spanned 4 months and fortnightly visits by 2 community organizers and supplied free soaps. After 2 years they could found 79% of mothers were still using soaps and the fact is they had purchased it by themselves. So it has benefitted in sustained reduction of diarrhoea due to improved hygiene practice.

Valerie A. Curtis, isa O. Danquah, Robert V. Aunger carried out a health education research in the year 2009 on “PLANNED, MOTIVATED AND HABITUAL HYGIENE BEHAVIOUR: AN ELEVEN COUNTRY REVIEW” according to them hand washing with soap may be one of the most cost-effective means of preventing infection in developing countries. They also say that as per the study done in 11 countries on average only 17% child caretakers hand wash with soap after the toilet, hand wash was not inculcated in early age and motivation and nurturing was nil. Eventually dividing the factors that determine health related behaviour into planned, motivated and habitual behaviours require further study.

CH Denny J Tssai, RL FLOYD, PP Green- Morbidity and Mortality study was carried out in 2009 on “ALCOHOL USE AMONG PREGNANT WOMEN AND NON PREGNANT WOMEN OF CHILDBEARING AGE-UNITED STATED 1991-2005” they thought to examine the prevalence of any alcohol use and binge drinking among women and to characterize the women with these alcohol use behaviours, CDC analysed 1991-2005 data from behavioural risk factor surveillance system surveys. The report summarises that prevalence of any alcohol use and binge drinking among women did not change substantially from 1991-2005. During 2001 highest % of pregnant women reporting alcohol use were aged 20-29(16.7%), college graduates (14.4%), employed (13.7%). Hence health care provider should inform them of the risks from drinking alcohol while pregnant and advice them not to drink.

Shyan Fam, David S.Waller, B-Zafer Erdogan,(2004), they worked on “THE INFLUENCE OF RELIGION ON ATTITUDES TOWARDS THE ADVERTISING OF CONTROVERSIAL PRODUCTS” according to them in a constantly changing and increasingly globalized world, religion still plays a significant role in influencing social and consumer behaviour of women. The result indicates that some statistically significant differences between the groups, which can have important implications for global marketers.

Brain Salsberg, worked on a paper “THE NEW JAPANESE WOMEN CONSUMER: BEING HEALTH AND ENVIRONMENT CONSCIOUS” in 2010, according to them Japan has always been perceived as one of the world’s healthiest societies, thanks to a contribution of lifestyle, diet, genetics and Japanese consumers are increasingly conscious of their health. One effect of the greater interest of the Japanese in directing their own health care has been growing popularity of drugstores, which have been borns fastest growing retail channel since 2000: store numbers are increasing by 4% and sales by 8%

Debra Trampe, Diederik A.Stapel, Farns W.Siero, has worked on “ADS FEATURING BEAUTY PRODUCTS ACTUALLY LOWERS FEMALE CONSUMERS SELF ESTEEM” in 2011, as per this study they could find that consumers compare themselves to the product images in advertisements even though advertisements does not include human model. Exposure to beauty enhancing products in advertisements lowered consumers self evaluations, in the same way as exposure to thin and attractive models in advertisements.

E Szwajcer, G J Hiddink, L Mass, M Koelen, C van, April 2010, “NUTRITION AWARENESS BEFORE AND THROUGHOUT DIFFERENT TRIMESTERS IN PREGNANCY: A QUANTITATIVE STUDY AMONG DUTCH WOMEN” as per their study the measurement tool on our conceptualisation of nutrition awareness resulted in a cronbach’s alpha of 0.84 pregnant women are more aware of their nutrition than women who are trying to conceive. The scores on nutrition awareness do not differ between the 3 trimester groups of pregnant women. Our conceptualisation of nutrition awareness has shown to be fruitful in obtaining a better understanding of behaviour changes in health.
Zul Ariff Bin, Abdul Latiff, “FOOD LABELS IMPACT ASSESSMENT ON WOMEN CONSUMER PURCHASING BEHAVIOUR IN MALAYSIA”, 2016, the study assessed the direct and indirect effect of food labelling or consumer intention to purchase or otherwise the food products of interest. The study contributes to and extends the understanding of food labelling and purchase behaviour, identifying the rationales for purchasing of food products with labels that contains information such as halal logo, ingredients, and nutritional value.

Natalie Badowaski, researched on “UNDERSTANDING HOUSEHOLD BEHAVIOURAL RISK FACTORS FOR DIARRHEAL DISEASE IN DAR ES SALAAM: A PHOTOVOICE COMMUNITY ASSESSMENT”, 2011, it has been contributed that photographs and interviews revealed insufficient handwashing processes, unsafe disposal of based water, uncovered household drinking water containers, a lack of water treatment prior to consumption, and inappropriate toilets used by children caused disease. The interview revealed that mothers were aware and knowledgeable of the risks of certain household practices and understood safer alternatives, they were restricted by practicality and financial constraints to make changes. The result draw attention to the real economic and behavioural challenges faced in reducing the spread of disease.

1.6 INDIAN HEALTH AND HYGIENE PRODUCTS SECTOR: AN OVERVIEW

Hygiene products:
The personal care products market comprises hair care, skin care, toiletries, fragrances convenience products and others. Among all these segments toiletries and skin care comprises the major segments for the market, constituting with high market value with favorable perspective in the near future. Tissue and hygiene is the sub-segment of toiletries segment. Tissue and hygiene products help consumers to maintain healthy and hygienic lifestyle in day to day schedule. Tissue and hygiene products are further categorized as disposable razor or blades, sanitary pads, nappies, cleansers, sprays, cotton wool and others.

Tissue and hygiene Market Segmentation

Tissue and hygiene market can be segmented on the basis of distribution channel which includes health and beauty stores, chemist/pharmacies/drugstores, supermarkets, convenient stores, e-retailing and others. Among all these distribution channel segments, sell out of tissue and hygiene products through supermarkets account for the highest market share in 2014 followed by convenience stores. Growing retail industry is fuelling the demand for sell out of tissue and hygiene products through supermarkets across the globe. Moreover, chemist/pharmacies/drugstores segment is also expected to show a potential growth in terms of sales of tissue and hygiene products during the forecast period. In addition, sell out through internet is expected to show a sustainable growth in the forecasted period. The growth of online purchasing is supported by the increasing penetration of internet and rising concern for convenience among the consumers across the globe.

The tissue and hygiene market can also be segmented on the basis of product type. The segmentation includes cotton wool/buds, incontinence products, nappies/diapers, sanitary protection, wipes and others. Among all these segments sanitary protection and nappies/diapers are collectively expected to account for the highest growth in terms of revenue followed by wipes. Increasing concern of women for healthy and hygienic lifestyle is expected to support the growth of sanitary protection product market across the globe. Moreover, wipes are also expected to show a tremendous growth in the forecast period due to continuous and aggressive promotion of the product.

On the basis of geography, North America contributes to the largest in terms of revenue in tissue and hygiene market followed by Europe. In North America United States is the major contributor in tissue and hygiene market followed by Canada. In Europe, countries such as Germany and France accounts for the largest market share followed by United Kingdom. Whereas, Asia pacific is concerned it is expected to register a double digit CAGR growth by 2020. In Asia pacific region China is expected to be the most dominant market for tissue and hygiene followed by Japan. Rising awareness through various corporate advertisements and government educational campaigns coupled with increasing concern of women to be hygienic in their day to day life has fueled the growth of tissue and hygiene market in China. Moreover, women in China prefer for premium feminine hygiene product categories, which is expected to bolster the growth of feminine hygiene products in terms of revenue. In addition, India is also expected to witness a robust growth in tissue and hygiene market. Increasing number of working women in urban areas, rising awareness among the consumer for healthy and hygienic lifestyle has supported the growth of tissue and hygiene market in India. Furthermore, government educating and awareness campaigns in rural areas and in schools are expected to support the growth of tissue and hygiene market particularly in India.

Tissue and hygiene Market Drivers

Rising disposable income coupled with increasing consumer expenditure for health care products is driving the growth of tissue and hygiene market across the globe. In addition, consumer awareness through aggressive corporate advertisement and various government campaign programs in rural and urban areas especially in school and colleges is also fueling the tissue and hygiene market growth of tissue and hygiene market in the forecast period. In addition continuous launching of new product variant is expected to fuel the growth of tissue and hygiene market in the near future.

Tissue and hygiene Market: Key Players

The major international players operating in tissue and hygiene market includes Sterling Hygiene Tissue Procter & Gamble, Gulf Manufacturing EST, Kimberly-Clark Corporation, Johnson & Johnson Limited, Unilever and Hengan International Group Company Limited. among others.
HEALTHCARE PRODUCTS:
Introduction
Healthcare has become one of India’s largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

Indian healthcare delivery system is categorised into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities.

India's competitive advantage also lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

Market Size
The healthcare market can increase three fold to Rs 8.6 trillion (US$ 133.44 billion) by 2022. India is experiencing 22-25 per cent growth in medical tourism and the industry is expected to double its size from present (April 2017) US$ 3 billion to US$ 6 billion by 2018. Medical tourist arrivals in India increased to 1.07 million in January 2018 from 0.98 million in January 2017.

There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) is rising. Rural India, which accounts for over 70 per cent of the population, is set to emerge as a potential demand source.

In 2017, the Government of India has provided grant-in-aid for setting up of AYUSH educational institutions in States and Union Territories.

Road Ahead
India is a land full of opportunities for players in the medical devices industry. India’s healthcare industry is one of the fastest growing sectors and in the coming 10 years it is expected to reach $275 billion. The country has also become one of the leading destinations for high-end diagnostic services with tremendous capital investment for advanced diagnostic facilities, thus catering to a greater proportion of population. Besides, Indian medical service consumers have become more conscious towards their healthcare upkeep.

Indian healthcare sector is much diversified and is full of opportunities in every segment which includes providers, payers and medical technology. With the increase in the competition, businesses are looking to explore for the latest dynamics and trends which will have positive impact on their business.

India's competitive advantage also lies in the increased success rate of Indian companies in getting Abbreviated New Drug Application (ANDA) approvals. India also offers vast opportunities in R&D as well as medical tourism. To sum up, there are vast opportunities for investment in healthcare infrastructure in both urban and rural India.

Source: Indian Brand Equity Foundation, Indian Health Care Industry Report. 2018

1.7 DATA ANALYSIS AND INTERPRETATION
- Majority of women agree to it that it is a necessity to practice hygiene in our daily routine; especially they are between the age group of 19-30.
- 99.9% women agreed that personal hygiene helps them to feel good about themselves.
- It is been found that 75-100% of women their own gender to practice proper hygiene at different points.
- As per the study it is been found that 80% of the women are willing to help other women with chronic illnesses to take care of their personal hygiene which is a positive signal.
- Awareness levels of women towards malnutrition and its consequences are high hence 75-100% of women agree that it will definitely affect purchase behavior of young women.
- 50% of the women agree that they buy medicines from sophisticated and branded outlets like Apollo but 50% women disagree to it as they buy it from local stores.
- It’s quite surprising and serious issue that 75% of women in India do not visit doctor for regular check up and only 25% of women visit doctor for regular checkups quarterly.
- Every individual woman agree that bad hygiene practices with affect their health but few women due to their low income, unawareness and low lifestyle are not in a position to follow it seriously.
- 75% of women agree that low economic status is followed by poor dietary practice which will affect their purchase behavior, whereas 25% say it might moderately affect.
- We could also find that 50% of rural women spend on health and hygiene products but other 50% are unaware about the health & hygiene practices.
- As per the survey done we could understand that women buy health and hygiene products based on their past experiences.
- Advertisements shown regarding hygiene products are influencing 90% of the women in their purchase behavior but 10% says that it is not really a influencing factor.
- 75% of the women buy health and hygiene related products through word of mouth.
75% of women agreed to it that they get influenced even by package and design of hygiene and health products, 15% say that it doesn’t really matter rest 5% are neutral about this.
30% of women say they are not really price sensitive when it comes to the purchase of healthy products but 70% say that though they purchase healthy products but they are price sensitive in nature.
50-75% of women agree that economic status is directly related to the purchase behavior of women.
80% of the women prefer prescriptions for the health and hygiene products when they go for purchase where as 20% of the women disagree to it.
50% women expect varieties in health and hygiene related products.
Educated women moderately stress more on hygienic purchases.
70% of women say that the superstitious beliefs and religious aspect influences purchase behavior of women to certain extent, 10% say its affect is high and 10% say it will not have any affect.
It is been found that only 50% women research about a health related product before they purchase it, other 50% may or may not research and it’s based on a type of product.
The consumption and usage of health and hygiene products is more in adult women when compared to young women.
75% of women have agreed that they have habituated to the health and hygiene product buying process and 25% are yet to practice it.
50-75% of women feels that hygiene practices improves quality of life and they agree that it influences their purchase behavior.
As per the study promotional campaigns of hygienic and health based products is improving the purchase activity in 50% of women aggressively and 40% women say it influences to some extent.
Finally it’s been found that majority of women buy health and hygiene products frequently.

1.8 FINDINGS
The women between the age group of 19-30 100% agree that personal hygiene practice is a necessity.
99.9% women feel that personal hygiene helps them to feel good about themselves hence they try to encourage each other.
The awareness levels of women with respect to malnutrition are high so women say that it will definitely affect their purchase behavior.
It’s been found that majority of the women are not practicing regular medical checkups and only a small segment of women are regularly undergoing medical checkup so creating awareness with respect to medical checkup is needed.
One good thing is that each and every individual woman is aware that bad hygiene practices will affect their health.
The study also revealed that low socio-economic status is followed by poor dietary practices in women and in return it is affecting their purchase behavior. Though they know the importance of hygiene practice their economic status is not supporting them to practice.
It’s identified that our India is developing from all prospective and one incident is that 50% of the rural women are also purchasing & practicing health and hygiene products, it tells us that they are on par with urban women’s.
Women’s purchase behavior or recommending health and hygiene products purely depend on their past experience.
It’s been found that advertisement and word of mouth plays a major role in women’s purchase activities.
Majority of women are price sensitive. So based on the income levels and economic status their perception towards brands and product type differ.
80% of the women demand for prescription when they purchase health and hygiene products.
Women are looking for quality, benefits, price, brand usage 1st and varieties later.
It is also found that well educated women stresses more on hygienic and exclusive brands.
Promotional campaigns are moderately high in women purchase.
The frequency of women purchasing health and hygiene products is very high.

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