

A behavioral study of consumers of Gujarat towards Ayurvedic Products

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Abstract:

India is a country of around continuous civilisation where seem civilisation is running since it started. In abroad spectrum if we analyse post covid pandemic conditions, this age is known as era of information and awareness because of excessive usage of media and advertisement etc. During this pandemic timings Ayurvedic medicines and healthcare products has played a vital role in supporting medicinal care. This research is to evaluate awareness of respondent along with their preferences and reasons for the purchase of Ayurvedic products in Gujarat region.

Introduction

Incredible India is having tremendous potential which can be explored in many directions. The India is having glorious past in terms of health sector, agriculture, customs, art, culture and what not. But if we restrict our discussion to only health sector then also it is having a magnificent past to be discussed. Indian medical systems are always praised by the history. If we are so rationalist and we are not ready to authenticate the presence of lord Shiva and Ganesh or lord Narsimha or Krishna, then also Indian Medicinal systems are as old as civilization. It is probably accurate to say that almost all life forms are affected with some type of diseases. Diseases continues to be the most basic problem faced by human civilization since the prehistorical periods. Evidence for the existence of a well-organized system of medicine in India can be tracked back to the archeological remains of Harappa and Mohse -jo-Daro.

Ayurveda is the oldest Indian indigenous medicinal system. Its roots probably originate in the Indus Civilization. The term 'Ayush' means duration or span of life and the term Veda means faultless knowledge. So common translation of Ayurveda is the science of Life. Ayurveda is science of life for the reasons like it heals the body and not the diseases. Rather it works for prevention rather than curing the diseases.

These all findings are being verified practically in the timings of Covid-19 pandemic times. The Ayush department of Government of India had done remarkable work in this area. They distributed free medicines for the pandemic which can help in sustaining general health of people. There was a time when allopathic treatment for Covid-19 was in elementary phase of research at that time Ayush department's guidelines for treatment were published.

Philosophy of Ayurveda

According to the philosophical concept on which Ayurveda is based on three basic pillars – material living, conscious and unconscious. The modern medical system confirms the first two. But Ayurveda is having advanced concepts about the third that is unconscious – 'Atman'. The material living is body and conscious is being leaving. Ayurveda separates living instinct and the Atman. The living instinct is 'Man' according to Ayurveda which is more of psychiatry related. The unconscious is 'Atman' which is much bigger than conscious. Atman is the life in body who guides heart to beat, tells mind to function and it also suggests when to stop. Human can create body and organs, but it cannot make them function in absence of Atman. Life is result of equilibrium between all these three. The main aims of Ayurveda are maintenance of this equilibrium and its repair in case of any imbalance and derangements. Ayurveda attempts these maintenance and repair processes by the application of all spiritual and material resources available to man.

The 'Atman' concept is difficult to explain as it cannot be documented. But maximum what a man can do is to maintain balance between remaining two. Ayurveda works for betterment of these two. The disease is disorder in the functioning of human body which may concern or not concern with 'Man' that is mind. Many times, the body does not represent any discrepancy but still the body is representing some disease which is due to 'Man'. The person whose son had just met with

an accident and is hospitalized, he would not like to eat anything, though his body is not having any problem, but he could not eat anything. The reason is Mind which is upset.

Comparison of Ayurveda with modern medicines

Concepts of Ayurveda are totally different than modern medicinal therapy. The modern therapy is having several concepts like it gets control over the disease whereas Ayurveda eradicates the disease from the roots and reinstates the situations of the body. Allopathy science has developed several years back whereas Ayurveda is an age-old proved science. Allopathy medicines are to be prescribed by medical practitioners and are available at huge cost and difficulties and against that Ayurveda medicines are available in the kitchen, next door, or nearby jungle. They are so easily available that it costs null or very little. As per one observation a person spends about 40% of his total income on disease and its medicinal expenditures. Another observation says that allopathic medicines have various side effects and that side effects require more medicines, and this vicious circle keeps on rotating against that home medicines are the things which we consume on a daily basis in regular course and without restriction of quantity. In all Ayurveda is focusing more on a healthy body than irradiation of disease. Ayurveda works 85% for betterment of life and 15% for disease irradiations.

Literature review

The earliest – recorded knowledge about Ayurveda is found in the Rigveda and the Atharvaveda. This both books are estimated to be written in the second millennium BC. The Atharvaveda is having a list of eight divisions which consists internal division, surgery of head and neck, ophthalmology, toxicology, pediatrics, surgery, psychiatry, geriatrics, and fertility. The Atreya Samhita is perhaps one of the oldest medical books in the world. In about 500 BC, Sushruta, a surgeon developed the operative techniques and written a book named “Sushruta Samhita” and this was being revised by Charaka, a physician and he supplemented the Atreya Samhita by his book ‘Charaka Samhita’ which is a vast work on internal medicine. And after that by passage of time, this text was interpreted by various authors from various parts of India. The remarkable work was

being done by Ayurved University, Jamnagar. The University had established a committee to interpret and translated the Charak Samhita in Hindi.

Shukla C and Rani S, (2012) had conducted a city specific survey on single brand 'Patanjali'. The survey outcome was suggesting reasons and limitation of brand and product distribution.

Mohmad Irshad Ali and Yadav M (2015) had represented their research to know the reasons of using Ayurvedic Products. The outcome of the research was suggesting that customers are afraid of chemical-based products and moving back to Nature and preferring Ayurvedic products.

Kumar Ajeet, Ahuja Anshu (2017) had again conducted a brand specific survey and concluded that people prefer ayurvedic products as they are 'swadeshi' and price factor is also a consideration for many respondents.

Rekha M and Gokila K (2015) had conducted research of cosmetics and concluded that gradually people are switching to ayurvedic products in cosmetic range also.

Research Methodology

For confirming any theories, we must validate theories, we must check practical application of the same in the world. For confirming this the concepts confirms that we must undertake a practical study. Most simple way is to take primary data and confirm the facts after analyzing the available data.

Objectives of studies

The study which should be undertaken should progress for predefined objectives. The study which we undertake should either to the objective like:

- To know the awareness about Ayurveda products in Gujarat region
- To know the various purposes of Ayurveda products and its available brands for major areas and its effectiveness in the mind of its users.

Research Design

Research design is the pathway which helps us to progress for the research. Research which was undertaken was of descriptive nature. For observing the effect of Ayurveda on society, primary

research for awareness was undertaken. The research undertaken was done by using closed ended questionnaire having 10 questions. Research was undertaken using internet - data collection was done by sending the questionnaires on respondents' email address or a link was sent. They filled the questionnaire and sent back through internet. The data collected is from various cities of Gujarat. No of respondents across the Gujrat are 71. The question selected in questionnaire are of yes-no type or selection of applicable answers. The data analysis would be done using methods like chi-Square, Cross -tabulation, percentage etc.

Hypothesis setting

For research, the setting of hypothesis is the pathway which decides progress of research.

Ho: There is no awareness about Ayurveda products in Gujarat

H1: There is an awareness about Ayurveda products in Gujarat

Data Representation and analysis

Research undertaken had 71 responses across Gujarat. Out of that majority questions were being replied by all the participants. First question was regarding the usage of Ayurveda products in that total 71 persons responded out of that 63 responded affirmatively that is 88.73% which primarily confirms that people do know about Ayurveda. The second question was about preferences of brands in Ayurveda products. In response to this 53 responded affirmatively that is 75.73%, which also validates the fact that not only people do buy the products, but they also prefer to buy the branded products of Ayurveda.

And when further analyzed the data on demographic evolution we could generate following cross tabulation for the hypothesis

Ho: There is no significant difference in preference in usage of Ayurvedic products with Gender

H1: There is significant difference in preference in usage of Ayurvedic products

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Summary.

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	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
	71	98.6%	1	1.4%	72	100.0%

consu * gen [count, row %, column %, total %].

consu	gen		Total
	Female	Male	
No	3.00	5.00	8.00
	37.50%	62.50%	100.00%
	14.29%	10.00%	11.27%
	4.23%	7.04%	11.27%
Yes	18.00	45.00	63.00
	28.57%	71.43%	100.00%
	85.71%	90.00%	88.73%
	25.35%	63.38%	88.73%
Total	21.00	50.00	71.00
	29.58%	70.42%	100.00%
	100.00%	100.00%	100.00%
	29.58%	70.42%	100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
Pearson Chi-Square	.27	1	.602		
Likelihood Ratio	.26	1	.609		
Fisher's Exact Test				.686	.439
Continuity Correction	.01	1	.912		
Linear-by-Linear Association	.27	1	.605		
N of Valid Cases	71				

This calculation of cross tabulation suggests clearly that the null hypothesis is rejected as the Chi-square value, i.e., 0.602 of this tabulation goes high above the significant value of 0.05. further data study confirms that 63% male of total respondents are using ayurvedic products.

And when analyzed further the data brand preference, we could generate following cross tabulation for the hypothesis

Ho: There is no significant difference of preference in brand selection in Ayurvedic products

H1: There is significant difference of preference in brand selection in Ayurvedic products

Summary.

Vbra * gen	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
	70	97.2%	2	2.8%	72	100.0%

Vbra * gen [count, row %, column %, total %].

Vbra	gen		Total
	Female	Male	
no	5.00	12.00	17.00
	29.41%	70.59%	100.00%
	23.81%	24.49%	24.29%
	7.14%	17.14%	24.29%
Yes	16.00	37.00	53.00
	30.19%	69.81%	100.00%
	76.19%	75.51%	75.71%
	22.86%	52.86%	75.71%
Total	21.00	49.00	70.00
	30.00%	70.00%	100.00%
	100.00%	100.00%	100.00%
	30.00%	70.00%	100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
Pearson Chi-Square	.00	1	.951		
Likelihood Ratio	.00	1	.951		
Fisher's Exact Test				1.000	.604
Continuity Correction	.00	1	1.000		
Linear-by-Linear Association	.00	1	.952		
N of Valid Cases	70				

This calculation of cross tabulation suggests clearly that the null hypothesis is rejected as the Chi-square value, i.e., 0.951 of this tabulation goes high above the significant value of 0.05. Further it can be derived from the data that 53% male respondents were ready to buy only branded products.

Next question was regarding the objectives of buying Ayurveda products. In this several options were being given that majority people who consumes Ayurveda products are for medicinal purpose that is 43% (61), second purpose for which people do consume Ayurveda product is cosmetics and healthcare which is around 33% (46). Remaining 11 % (17) people do buy the grocery, 6 % (9) people do buy the confectionary and 7 % (10) are for other products.

Another question was about the frequency of buying of Ayurveda products. Out of five options about consumption frequency majority respondents i. e 38 had voted monthly buying of Ayurveda products and remaining had opted several other options.

Another question was supplementing the above question that is regarding consumption frequency. Out of options given, maximum i.e 40 responded that they daily use Ayurveda products. And next 10 respondents were using weekly.

Next question was regarding reasons why people do purchase the product. Majority respondents replied in confirmation of effectiveness of the products and second opinion was about ethnicity which was very near to affordability. When data was further analyzed in the light of demographic factor of gender, following outcomes were derived with following hypothesis:

Ho: There is no significant difference in satisfaction level for ayurvedic products with refence to gender.

H1: There is significant difference in satisfaction level for ayurvedic products with refence to gender.

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Summary.

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Vreseff * Vgen01	71	98.6%	1	1.4%	72	100.0%

Vreseff * Vgen01 [count, row %, column %, total %].

Vreseff	Vgen01		Total
	female	male	
No	2.00 33.33%	4.00 66.67%	6.00 100.00%
yes	9.52% 2.82%	8.00% 5.63%	8.45% 8.45%
	19.00 29.23%	46.00 70.77%	65.00 100.00%
	90.48% 26.76%	92.00% 64.79%	91.55% 91.55%
Total	21.00 29.58%	50.00 70.42%	71.00 100.00%
	100.00% 29.58%	100.00% 70.42%	100.00% 100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
Pearson Chi-Square	.04	1	.833		
Likelihood Ratio	.04	1	.835		
Fisher's Exact Test				1.000	.578
Continuity Correction	.00	1	1.000		
Linear-by-Linear Association	.04	1	.834		
N of Valid Cases	71				

This calculation of cross tabulation suggests clearly that the null hypothesis is rejected as the Chi-square value, i.e., 0.833 of this tabulation goes high above the significant value of 0.05. As Null hypothesis is rejects it implies that satisfaction level towards ayurvedic products is free from gender bias and people are satisfied with the ayurvedic products affirmatively.

Another analysis from the question of cost that whether people are thinking about cost when they buy ayurvedic product? In response to this question majority respondents were negatively responded that cost is not the factor which influence their buying decision. Following cross tabulation gives more clear view on this with following hypothesis testing

H0: There is no significant influence of cost on buying decision for ayurvedic products.

H1: There is no significant influence of cost on buying decision for ayurvedic products.


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Summary.

vrescost * Vgen01	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
	71	98.6%	1	1.4%	72	100.0%

vrescost * Vgen01 [count, row %, column %, total %].

vrescost	Vgen01		Total
	female	male	
no	19.00 29.23% 90.48% 26.76%	46.00 70.77% 92.00% 64.79%	65.00 100.00% 91.55% 91.55%
Yes	2.00 33.33% 9.52% 2.82%	4.00 66.67% 8.00% 5.63%	6.00 100.00% 8.45% 8.45%
Total	21.00 29.58% 100.00% 29.58%	50.00 70.42% 100.00% 70.42%	71.00 100.00% 100.00% 100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)
Pearson Chi-Square	.04	1	.833		
Likelihood Ratio	.04	1	.835		
Fisher's Exact Test				1.000	.578
Continuity Correction	.00	1	1.000		
Linear-by-Linear Association	.04	1	.834		
N of Valid Cases	71				

This calculation of cross tabulation suggests clearly that the null hypothesis is rejected as the Chi-square value, i.e., 0.833 of this tabulation goes high above the significant value of 0.05. As Null hypothesis is rejected it implies the above fact validation. Furthermore, analysis suggest that most respondents irrespective of gender were indifferent toward cost.

For further analysis next question to respondents was regarding satisfaction of results which they would receive from the ayurvedic medicines specifically. The hypothesis for this data was as

H0: There is no significant difference in perception of results of respondents' gender towards Ayurvedic Medicines

H1: There is significant difference in perception of results of respondents' gender towards Ayurvedic Medicines

The cross tabulation of these data is as:

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/CELLS=COUNT ROW COLUMN TOTAL.

Summary.

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Vsatmad * Vgen01	70	97.2%	2	2.8%	72	100.0%

Vsatmad * Vgen01 [count, row %, column %, total %].

Vsatmad	Vgen01		Total
	female	male	
no	.00	1.00	1.00
	.00%	100.00%	100.00%
	.00%	2.04%	1.43%
	.00%	1.43%	1.43%
Yes	14.00	47.00	61.00
	22.95%	77.05%	100.00%
	66.67%	95.92%	87.14%
	20.00%	67.14%	87.14%
may be	7.00	1.00	8.00
	87.50%	12.50%	100.00%
	33.33%	2.04%	11.43%
	10.00%	1.43%	11.43%
Total	21.00	49.00	70.00
	30.00%	70.00%	100.00%
	100.00%	100.00%	100.00%
	30.00%	70.00%	100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)
Pearson Chi-Square	14.47	2	.001
Likelihood Ratio	13.77	2	.001
Linear-by-Linear Association	13.58	1	.000
N of Valid Cases	70		

Above cross tabulation shows Chi-Square value of 0.001, which is far less than the degree of freedom of 0.05 that means Null Hypothesis is accepted. Which implies that there is no perceptual difference in gender regarding affirmative results of Ayurvedic medicinal product. Whereas satisfaction from the product usage other than ayurvedic medicine was little different from above. And the cross tabulation for that analysis with hypothesis is as follows:

H0: There is no significant difference in perception of results of respondent's gender towards Ayurvedic Products other than Medicines

H1: There is significant difference in perception of results of respondents' gender towards Ayurvedic Products other than Medicines

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Summary.

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Vsatoth = Vgen01	71	98.6%	1	1.4%	72	100.0%

Vsatoth = Vgen01 [count, row %, column %, total %].

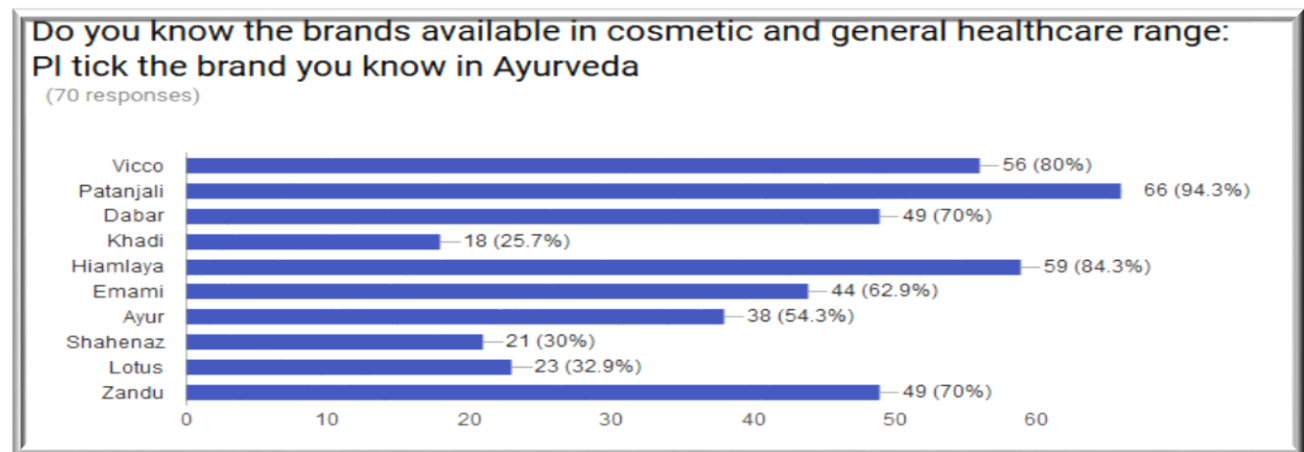
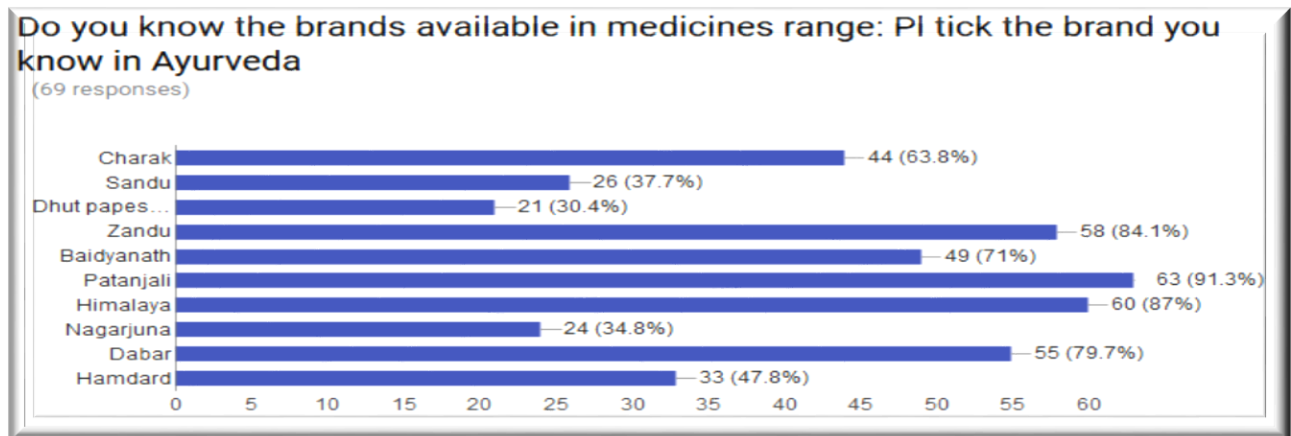
Vsatoth	Vgen01		Total
	female	male	
no	.00	2.00	2.00
	.00%	100.00%	100.00%
	.00%	4.00%	2.82%
	.00%	2.82%	2.82%
Yes	12.00	40.00	52.00
	23.08%	76.92%	100.00%
	57.14%	80.00%	73.24%
	16.90%	56.34%	73.24%
may be	9.00	8.00	17.00
	52.94%	47.06%	100.00%
	42.86%	16.00%	23.94%
	12.68%	11.27%	23.94%
Total	21.00	50.00	71.00
	29.58%	70.42%	100.00%
	100.00%	100.00%	100.00%
	29.58%	70.42%	100.00%

Chi-square tests.

Statistic	Value	df	Asymp. Sig. (2-tailed)
Pearson Chi-Square	6.35	2	.042
Likelihood Ratio	6.54	2	.038
Linear-by-Linear Association	6.23	1	.013
N of Valid Cases	71		

Above cross tabulation shows Chi-Square value of 0.042, which is less than the degree of freedom of 0.05 that means Null Hypothesis is accepted. Which implies that there is no perceptual difference in gender regarding affirmative results of Ayurvedic Products other than medicinal product.

Next two questions were regarding brands available in the market in both the ranges. This question was just to check the awareness of brands in the Ayurveda products. The responses to this question were clear that even people were familiar to less known or advertised brands. This fact also validated the fact that Ayurveda has perfectly secured the presence in the mind of responded public. Two separate response charts for 10 different variety of brands in both segmented are plotted below confirms the above fact. In medicinal range some lesser known and less advertised brands were mentioned like Dhut papeshwara and Nagarjuna were being kept but they also secured response above 20% and in cosmetic and healthcare range brands like Khadi and Ayur also good familiarizes in respondents.



From the above entire discussion, we could confirm that there is good awareness about Ayurveda in the minds of respondents.

Findings of the study

From data analysis we could briefly shortlist following findings:

- 88.73 % respondent affirmative reply about usage of Ayurvedic products
- 53 respondents were brand preferent toward Ayurvedic products

- 64 respondents confirm the reasons for purchasing Ayurvedic product is effectiveness of its results and around 22 respondents considered ethnicity of Ayurvedic as they important reason for purchase of Ayurvedic product
- Around 92% respondents replied that while buying the Ayurvedic product they do not consider cost 87% respondents were happy and satisfied with the Ayurvedic medicines whereas eight respondents are not clear about the satisfaction level.
- 87% respondents for happy and satisfied with the medicines result where is 8% response are not noticeably clear about satisfaction level.
- 52 responses affirmatively replied that they are happy with the Ayurvedic products other than medicine
- Regarding brand awareness majority respondents were aware of majority brands like Patanjali, Himalaya, Dabur and Zandu.
- Brand awareness in addition to Ayurvedic medicinal segments generally People prefer cosmetics and General Healthcare products, and in this segment also they were very much aware about brand regarding Patanjali - Himalaya but in cosmetic segment the known brands apart from known brands there was a huge share of awareness in the less advertised brands like Khadi, Emami, Vicco, Ayur, Shahnaz and Lotus.

Limitations of the study

The study undertaken for this research was for writing a research paper which carries limitations, and this research was also not free from those limitations. So, if these limitations can be removed then better results can be explored from the same study.

- **Time:** The most factor which constrained was time. After preparing questionnaire and floated on internet for responses was very short. If the time would have been permitted more the reminders for responses would have been done, then no of responses would have been increased. Apart from that a pilot study would have been conducted to overcome limitation of non-coverage of some more questions which could more validated the facts.
- **Reach:** The limitation was Reach. We incurred no expenditure for collecting the data except internet. But the serious limitation of usage of few no. of respondents was also a

limitation of this study. Those who are using internet would be literate and may be knowing about all this, but the study does not cover various other untapped respondents.

Conclusion

Ayurveda is securing gradually a good presence in the minds of public with the spread of knowledge, failure of modern medicinal treatments, efforts of Government Departments specially AYUS and medical tourism developing in India. Growing awareness of Ayurveda provides very wide scope to the Indian manufacturers to go for Ayurveda products. At even global level the Ayurveda is acquiring good prestige. European countries are focusing and admiring strength about Indian Ayurveda System and inviting Indian Experts to clear the Ideas of this to them. The current Buzzword Ayurveda will the future in medical and cosmetic and healthcare sector at least.

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