

# INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE & MANAGEMENT

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**STAGES IN CONSUMPTION AND ACCEPTANCE OF DIETARY SUPPLEMENTS IN PUNE**

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**ABSTRACT**

*With changing lifestyles and increasingly busy daily schedules, it is becoming difficult to maintain a healthy diet. Although, there is a tremendous increase in diet-health relationship awareness among people the instances of lifestyle diseases are also on the rise. With traditional pharmaceutical companies now turning their attention towards dietary supplements, the need to study the market in terms of consumer psychology is necessitated. Individuals today are highly opinionated and well equipped to make decisions and justify their actions. They are proactively looking for preventive healthcare. Thus they constitute a major target for dietary supplement sellers. This paper aims to identify the stages in acceptance of dietary supplements. The outcome of this paper is better understanding of the entire process of acceptance of dietary supplements and hence identifying the major stages where influencers play a role to facilitate acceptance.*

**KEYWORDS**

dietary supplements, young adults, stages of acceptance.

**INTRODUCTION**

As defined by Food and Drug Administration (FDA) a Dietary Supplement is a product taken by mouth that contains a "dietary ingredient", which can be vitamin, mineral, herb, amino acid, enzyme or metabolite. It therefore lies on the border of medicines and food ingredients. A 2011 report by Frost and Sullivan revealed that dietary supplements are the largest category accounting for 64% of the \$ 149.5 billion nutraceuticals market, driven primarily by vitamin and mineral supplements.

The government is also chipping in by funding vitamin fortification initiatives due to increasing food security concerns in India and need for additional nutrition. The Indian nutraceutical market is dominated by Pharmaceutical companies like Novartis, GlaxoSmithKline and Cadila healthcare which have diversified into the production of nutraceuticals (like dietary supplements and vitamin supplements) and FMCG companies like Cadbury's India and Dabur who have their presence in the market with supplements and additives. Also included in this spectrum of players are ayurvedic care/ herbal care companies like Himalaya Drug company and pure-play nutraceutical companies like Amway and Herbalife. Almost all of these food supplements are available OTC. Also with growth in retail and the establishment of mall culture, these dietary supplements are now visible and within reach of every shopper.

With changing lifestyle there has been a growth in lifestyle diseases. On the other hand increased awareness due to proliferation of media via internet is making people more accepting of preventive healthcare. People have begun to self diagnose and self medicate. Dietary supplements are generally offered both to prevent and to support people with lifestyle diseases. A study in US revealed that of the dietary supplement purchase transactions almost 40% transactions were online. Thus, the role of e-shopping in the same cannot be neglected. However, such self medication when not done under observation and guidance of a medical practitioner can also be harmful to health. Therefore, there is a need to study the process of an individual's acceptance and consumption of dietary supplements. .

**LITERATURE REVIEW**

A lot of research has been done in the field of dietary supplements with relation to consumer research in U.S. AND Europe. Some of the highlights of these can be traced through the following literature review.

The idea that food habits have a direct influence on one's health is certainly not new, yet, as a result of two factors (ongoing research yielding new insights and increased attention to health-diet interaction as a result of unhealthy food and lifestyle habits), the attention paid to this relation is increasing. (Meijboom, 2007). In future, as the awareness of diet-health relationship increases further, dieting for weight loss will be replaced by dieting for health. Until the present era, special diets were restricted to several clearly defined categories. The medical categories were for such conditions as high blood pressure, diabetes, allergy and food intolerance. Personal dieting was confined to body building or weight loss. Now, we have special diets that restrict proteins or fats, keep categories of food separate, or allocate "points" for each meal. (Ford, 2000)

Personalized nutrition advice is getting delivered today through several channels, the most notable being specific dietary advice through the medical and paramedical professions (dietitians) and through a range of "weight loss clinics" that provide individual dietary advice with a varying degree of underpinning science and clinical analysis. These channels tend to focus on balance of macronutrient type and quantity, and energy intake, supported by limited health data. Increasing attention is being paid to nutraceuticals in this regard. (Boland, 2008). Humans don't have an internal value meter that tells us how much things are worth. Rather, we focus on the relative advantage of one thing over another, and estimate value accordingly. Again, although initial psychological perceptions (e.g. prices) are 'arbitrary,' once those perceptions are established in our minds they will shape not only present perceptions but also future perceptions (this makes them 'coherent'). (Ariely, 2010). This is very true in terms of belief in the health benefits claimed by supplements and advocates of supplements (physicians/dietitians). We compare these benefits with the risk of living and unhealthy life and base the decision to accept supplements in our diet.

A factor that can help explain why people do things, which again runs counter to our preferred view of ourselves as independent-thinking entities, is our striking propensity for copying what other people do. When people see others doing something, at the very least they tend to form a view about it, and in many cases will go ahead and copy it. An intriguing aspect of our willingness to follow the flock is that we don't actually need to see the flock ourselves: it is enough for someone to tell us what the flock is doing. It is no surprise then that consumer fads are so commonplace. Products come along and seem almost essential, so compelling is our desire to buy them, and yet within a matter of months the excitement passes. (Graves, 2009). Healthcare fads like fad-diets, weight management therapies, socializing in gyms etc can be studied to check their role in shaping consumer opinions. The new patient has changed from being a patient to being a consumer and advocate. With the advent of the internet, this new advocate is knowledgeable and is demanding control in terms of early diagnostics and high quality personalized medicines. The consumers demands are making both, the pharmaceutical industry and the healthcare services reassess their strategies. (Loffler, 2002)

For centuries man has self-medicated for common ailments, and continues to use them alongside modern medicines. The use of nutraceuticals is believed as a cure for various medical conditions. (Khan, 2011). People are creatures of habit. Perhaps because of natural cycles of life on an orbiting planet, our lives are divided into neat sections of hours within days within seasons, within years, compounded by the semi-fixed physiological requirements for food and sleep. Our days become routine filled, and most people can, for any point in the near future predict with reasonable accuracy where they will be and what broadly they will be doing. (Graves, 2009). Therefore using supplements just as a habit can also be studied in this regard.

Trust in food and health products is often based upon a long history of clear patterns and routines. (Meijboom, 2007). Most of the times, we base our decisions on just trust. When we make new decisions – real decisions with consequences – we experience anxiety. Our unconscious mind makes us aware of the potential risks of whatever we're considering. Once the new decision is made and repeated, and no bad benefits befall us because of it, we develop a sense of faith about our choice. (Graves, 2009). Trust is relational; it is often focused on specific agents and is indexed to certain situations or to a certain object of trust. We do not trust everybody with everything. Normally we entrust something to others when we consider it valuable and important but beyond our control. (Meijboom, 2007) With regard to health humans have a very long tradition of relying on experts like physicians and pharmacists. We value food and health highly. (Meijboom, 2007). The most trusted sources of advice on nutrition and diet-health relationships are doctors, dieticians, educational institutions and family members. The most of individual's basic knowledge on diet and healthy eating comes from their mothers and from school. (Bhaskaran, Hardley, 2002). Mass media may be effective in creating awareness, knowledge gain, belief change, attitude change and sometimes behavioural intentions with regard to health-related issues. The potential of mass media to directly modify actual behavior is modest. The chances of effectively changing complex health behaviours like lifestyle are slim. (Fennis, 2002) This too can be attributed to the trust placed in mass media. On the other hand, consumers who faithfully defend vitamin supplements generally believe in the scientific information widely disseminated by mass media. (Kimey, 1997) In congruence with this notion is a research that, people with no health problems depend on newspapers and television as their primary sources of knowledge on health and well-being. (Bhaskaran, Hardley, 2002). Consumers do not trust manufacturer's claims (health claim's). Their purchase decision for foods with therapeutic claims is based on the hope that the product has a therapeutic attribute but they did not necessarily believe that it would help with an existing health problem. (Bhaskaran, Hardley, 2002). Consumer attitude towards OTC drug advertising is unfavourable. (DeLorme, 2010).

In future, the use of food related technologies such as biotech and irradiation will come down to a matter of need. If these methods successfully fulfill a need for the consumer, they will be utilized and accepted. (Wolf, 1994). People tend to be more accepting of emerging technologies that are applied in the pharmacology and medical sectors than in the food sector. Majority of the people in Malaysia, believe that nutraceuticals are safe to use for general well being. (Khan, 2011). This is another evidence to believe that people will trust dietary supplements more than functional foods.

Thus the major outcomes from the literature review are as follows:

- a) Individuals will accept dietary supplements if it promises to solve a situation or make their health relatively better.
- b) Individuals look for opinion and acceptability by other individuals before they can accept D.S. themselves.
- c) When assured by a person who an individual trusts e.g. a doctor, the acceptability comes more readily.

## NEED FOR STUDY

Every individual is unique and has different dietary requirements. Consumers want control of healthcare. As society moves toward more self-administered healthcare and alternative medicine, the door is open wide for health quackery and the sale of dietary supplements that may be useless, at best, and dangerous, at worst. Also with the proliferation of companies using multi-level marketing strategies, the risk of consumers falling prey to attractive incentive systems is high. This misdirects consumers from making a right choice. The current research will help consumers identify their own purchase behavior and motivate them to make an informed decision and not an emotional one.

As consumers are becoming increasingly aware of the benefits of nutraceuticals in preventative healthcare, the number of people doing active research to make an informed decision will increase. Multi-national companies that already have a strong base in the international market are slowly entering the Indian Market recognizing its high potential. Another factor boosting this phenomenon is the ease of reaching out geographically distant markets with the help of e-commerce and high technology, faster logistics. Therefore, companies will need to make offerings that are relevant and a timely solution for consumers. This research will help companies to understand at what stage the companies need to influence the consumers.

## RESEARCH METHODOLOGY

The following research has been undertaken as a mini-study to understand the process through which an individual consumer passes before becoming a consumer of a dietary supplement.

### RESEARCH PROBLEM

To identify the major stages through which an individual becomes a dietary supplement consumer.

**Test time:** August to October 2014.

**Sample size :** 20 respondents

**Sample composition:** consumers, non-consumers and Doctors

**Sampling Technique:** Convenience sampling

**Place:** Pune City

### RESEARCH TOOL

In-depth interviews – this method was chosen as the thought process behind the respondents opinions were to be mapped. The respondents were met at a place convenient to them to stimulate unbiased and open discussions.

## OBSERVATIONS

### OBSERVATIONS FROM NON-CONSUMERS

- i. Most non-consumers are aware but misinformed about D.S.
- ii. Non-consumers who are weak in accepting D.S. have come across instances of wrong usage and problems arising thereof.
- iii. Most people have no opinion formed on the positive or negative effects of D.S. usage.
- iv. Most non consumers have other non consumers in their close circle and within the family.
- v. Non-consumers have low to no instances of lifestyle disease occurrence in the family.

### OBSERVATIONS FROM CONSUMERS

- i. Almost all consumers have had instances of lifestyle disease occurrence in self or within the family.
- ii. Consumers proactively search for information related to health and diet.
- iii. Consumers are almost all recommended the use of D.S. by a trusted physician or have started using the same after encountering a certain health problem (like diabetes, skin or hair problem, etc.)
- iv. Consumers are relatively more rightly informed about D.S. than non-consumers.
- v. Most consumers remember or have a before and after story to tell regarding the effects of their D.S. usage.
- vi. Consumers do not necessarily see D.S. usage as a lifelong solution, rather as a temporary solution to be replaced later by healthy diet consumption.
- vii. Consumers are positively inclined to acceptance of dietary supplements.

### OBSERVATIONS FROM DOCTORS

- i. Most patients are now-a-days aware of D.S. especially due to increased promotion of functional foods.
- ii. Patients proactively ask for D.S. for quick results in treatment as they believe D.S. to be more effective due to ingestion mode of consumption.

- iii. Some patients who are hesitant to use D.S. get definitely converted after counselling by doctor as they place high trust in doctor's opinion.
- iv. Very rarely do people ask for food options instead of dietary supplements.
- v. In case of D.S. with non-vegetarian extracts to be consumed by vegetarian patients almost 50% patients ask for replacement with vegetarian supplements.

## ANALYSIS AND INTERPRETATION

From the observations a rough chart can be chalked out of the stages in acceptance and usage of D.S.

### STAGE 1: IGNORANCE

In this stage the individual is unaware of D.S. and almost unaware of health and diet relations and the problems arising out of dietary deficiencies. All D.S. in this stage individuals are treated as medicines.

### STAGE 2: CONSCIOUSNESS

In this stage the individual due to instances in environment becomes conscious of the existence of D.S. as separate entity from medicines. These environmental encounters include but are not exclusive to advertisements, interactions with users, discussions on social level, information on internet or magazines regarding health-diet relation and role of D.S. However, it needs to be noted that at this stage individual may also be misinformed of D.S. also the level of trust on the sources of information is low and hence individual's acceptance is also low to moderate.

### STAGE 3: INFORMATION SEEKING

This is the stage where an individual (self or within family) encounters a health related problem and seeks for a solution. The health problem may be lifestyle diseases like diabetes, skin problems, hair problems, obesity, stress or cosmetic issues like weight gain/loss etc. He looks for information proactively and seeks the opinion of most trusted source of information. For some individuals this source is the elders in the family, for some a physician or specialist, for some a dietician and for others it is the internet.

### STAGE 4: D.S. FOR PROBLEM-SOLVING

At this stage rather than looking at D.S. as a preventive healthcare it is considered as a curative. Through recommendation of most trusted source and willingness to overcome health issues, D.S. are consumed along with other treatment modes. Here although individuals may not be fully aware of D.S. they have good acceptance of the same. This is the most important stage in an individual's acceptance of D.S. as his experience with the effects of D.S. consumed will define his acceptance of the same in the future.

### STAGE 5: D.S. FOR PREVENTIVE HEALTHCARE

A positive experience with D.S. consumption in previous stage brings individuals to this last and final stage where individual accepts D.S. as a preventive healthcare system and uses the same with vigilance and under rightful guidance. In case the experience was bad this individual moves back to stage 2 of the process where he tends to be misinformed.

The above stages can be explained with the following cases:

#### INDIVIDUAL A

##### STAGE 1: IGNORANCE

Upto the age of 12 this individual had not heard about D.S.

##### STAGE 2: CONSCIOUSNESS

This individual had started noticing her mother to be consuming certain syrups and capsules that were not medicines but available easily.

##### STAGE 3: INFORMATION SEEKING

Individual A started facing problems like lack of energy and dizziness and exertion in around the age of 15.

##### STAGE 4: D.S. FOR PROBLEM-SOLVING

Individual A was counselled and prescribed iron and vitamin supplements by her physician as she showed signs of anaemia

##### STAGE 5: D.S. FOR PREVENTIVE HEALTHCARE

Today, individual A is 22 years old and not suffering from anaemia. Her experience with D.S. has made her a proactive information seeker on the same. Even though she is not a permanent user of D.S. she is aware of the health-diet relationship and is high on acceptance and consumption of D.S. in future.

#### INDIVIDUAL B

##### STAGE 1: IGNORANCE

Upto the age of 16 this individual had not heard about D.S.

##### STAGE 2: CONSCIOUSNESS

At 16 years of age individual B joined a gym for maintaining health. Here, he became aware of others using protein supplements for muscle building.

##### STAGE 3: INFORMATION SEEKING

Although this individual did not face any health issues he started looking towards protein supplements as a way to enhance looks (i.e. cosmetic use). He searched for information on the same through internet. Here he researched and became aware of the good and bad effects of the use of the same.

##### STAGE 4: D.S. FOR PROBLEM-SOLVING

Individual B was counselled by his gym instructor to use supplements in moderate quantities for fitness and energy reasons.

##### STAGE 5: D.S. FOR PREVENTIVE HEALTHCARE

Today, individual B is 27 years old and is a moderate user of D.S. (protein supplements). He however uses the same under the guidance of his gym trainer and is high on acceptance of D.S.

#### INDIVIDUAL C

##### STAGE 1: IGNORANCE

Upto the age of 15 this individual had not heard about D.S.

##### STAGE 2: CONSCIOUSNESS

He slowly became aware of supplements in the form of protein supplements used by people for building muscles.

##### STAGE 3: INFORMATION SEEKING

Although this individual never proactively searched for information he has vaguely heard about his parents and grandparents using calcium supplements to keep bones supple.

Today, this individual is 28 years old has not encountered D.S. for problem solving. His acceptance of the same is very low. He believes that D.S. have no benefits in prevention as well as cure.

## CONCLUSION

Every individual passes through the above stages in acceptance of D.S. There are exceptions to the above too. However, it must be noted that this is a general sketch of stages in D.S. acceptance. The important outcome of the above research is as follows:

- i. Experience plays a major role in acceptance of D.S.
- ii. The level of trust placed on the source of information is also a major factor bringing about positive acceptance of D.S.
- iii. Individuals who have not encountered diet related health problems are the least prone to accept D.S.

This research builds the basis and gives further scope for studying the factors that influence acceptance of dietary supplements.

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