

AN ANALYSIS OF INDIAN CONSUMERS' ATTITUDE TOWARDS HEALTH DRINKS

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Abstract *The study attempts to determine the Indian consumers' preference for health drinks and the criteria used by consumers to choose health drinks. Systematic random sampling was employed to collect data from 299 respondents. The study analyzed the consumers' preference for six types.... six types of health drinks segregated on the basis of Ayurveda. For testing of hypotheses, ANOVA and paired sample t-test were employed. Brand name was found to be the most important extrinsic cue followed by price and packaging. Palatability was found to be the most important intrinsic cue followed by nutrient composition influencing purchase decision for health drinks. Past experiences were found to be the most important source of personal reference followed by doctor's and co-worker's/ friend's recommendation. In case of non-personal/ promotional cues, health magazines were found to be the most important cue followed by sales promotion measures and store displays. Remove the highlighted lines and include only the following line. The variable of age and income appears to be valid segmentation bases for segmenting the health drink industry.*

Keywords: *Extrinsic Cues, Intrinsic Cues, Personal Information Sources, Non-personal/Promotional Cues, Indian Consumers, Health Drinks*

INTRODUCTION

The Indian food and beverage industry has witnessed drastic changes in recent years. These are in response to changing.... in response to changing market dynamics and consumer trends. While all segments of the beverage market are evolving, the growth seems to be directed more towards healthy, light and low-calorie drinks. The desire for health and concern for ill-health has driven consumers towards these drinks. Healthier product alternatives, including drinks specifically designed to provide energy, nutrition and health to the human body, are among becoming top priority (Sloan 2003b). The consumers for the health drinks are people from the different walks of life but the majority of them come from the younger and older generations. In support of these contemporary..... contemporary developments, is the rich traditional knowledge of Ayurveda, which has since times immemorial been considered as a way of treating ailments and maintaining good health. Even today brands strong in Fast Moving Health Goods (FMHG) in India are, Emami, Dabur, Hamdard, Zandu, Biotique and AUM Himalaya, companies which have a predominantly Ayurvedic base (IMB Market Indicator Report, 2010). More than 70% of India's 1.1 billion populations still uses herbal products (Vaidya & Devasagayam, 2007) Moreover, a prominent number of countries are expressing interest in Ayurvedic plants and the Ayurvedic doctrine of beneficial effects of everyday dietary constituents and drinks (Mukherjee,

Venkatesh, & Gantait, 2010). The motivation Motivation behind this, undoubtedly stems from the aspiration of a substantial percentage of the population to play a more dynamic role in their own health, using resources in their own control (Mitscher, 2007). According to Ayurveda, the drinks which have medicinal properties along with the property of quenching... quenching thirst are called health drinks or "Anupana". In Ayurveda health drinks are generally recommended to prevent diseases, counter the effects of extreme seasonal variations, and combat stress. Due to the trend of health-consciousness of consumers, the Indian non-carbonated beverage segment has become one of the fastest growing businesses word "currently" to be written only once after the comma currently valued at Rs 20,000 crore (FnB news, 2013), it is likely to grow at a healthy CAGR of 35 per cent, and touch 54,000 crore by 2015 (Associated Chambers of Commerce and Industry of India, 2013). Since, India's per capita consumption of beverages is very low compared to other countries, there is huge untapped potential. The proliferation of assorted brands of health drinks in the country has led to the cut-throat competition for increased market share. The marketing strategy of health drinks centers on the basics of marketing, the four Ps—product, price, promotion, and place—as companies attempt to shape their offerings to reach parents and children, their downstream consumers, more effectively. Moreover, the consumer is extremely price sensitive. Since, promotions play a big role in decision making; most of the promos are

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targeted at young consumers and children. The purpose of this study is to determine the Indian customer's preference for health drinks and the criteria used by consumers to choose health drinks.

REVIEW OF LITERATURE

A world-wide study by I N G Barings (2001) surmised that there has been significant growth in the sales of non-carbonated soft drinks, fruit-based beverages, bottled water and functional beverages in the world. Currently, wellness and functional beverages, account for almost 30 percent of the total beverages consumption in the US (Beverage Marketing Corporation, 2001). According to an American survey (2002), 40 percent of consumers are willing to pay a premium for products like flavoured milk, which contain added nutritional benefits (Chapman *et al.*, 1998; Hough and Sanchez 1998; Yanes *et al.*, 2002). An increasing trend towards juices and juice drinks enriched with herbs, botanicals, nutraceuticals, juice/ soy combinations, juice/ fruit/ dairy smoothies, fortified juices/ drinks and organic drinks has been noted (Weisberg, 2001; Sloan 2003b).

According to the McKinsey Global Institute (2012), India is one of the largest economies in the world in terms of purchasing power. With total household consumption expected to increase four-folds between 2005 to 2025, India is poised to emerge as the world's largest consumer market by 2030, with an aggregate spending of USD 13 trillion (Deloitte, 2013). More than 50% of India's current population is below the age of 25 and over 65% is below the age of 35 (Datamonitor survey, 2010). The rise in health-consciousness is also reflected in the growth of health care spending, which is growing at a CAGR of 14 percent, from 5.5 percent of the GDP in 2009 to 8 percent in 2012. The figure is expected to grow to US\$ 280 billion by 2020. Concomitantly, the market for health drinks is beginning to pick up speed and volume. The consumption of carbonated drinks like Pepsi and Coca-Cola has decelerated by 15-20 percent over the last three years, while the market for non-carbonated drinks is expected to increase by 35% annually, besides 75% of all metropolitan consumers prefer non-carbonated drinks (ASSOCHAM, 2013). Researchers in the Indian beverage sector are beginning to perceive an increasing level of awareness of lifestyle related issues and consumption of health drinks. Ayurveda divides the classification of diet in two basic categories, *dravadravya vijñani-ya* ('knowledge of liquids') and *annasvaru-pa vijñani-ya* ('knowledge of food'). According to a WHO report (2003) a large section of India's population is more inclined towards natural products due to the benefits accorded by them. To cite a few examples, drinks with curds (*Dadhi*) are high in beneficial bacteria and promote digestion. Ayurveda recommends that both tea and coffee be consumed in minimal quantities, due

to its stimulating properties. This traditional therapy also promotes the consumption in small quantities, of juices of vegetables, and fruits like cane, accompanied by roots such as ginger (Caldecott, 2006). Many of the health drinks available in the Indian market have their origins in traditional Ayurveda. Hence this traditional base has been taken as the basis of segregating health drinks. The present research study considers the various factors that affect consumer behaviour in choosing health drinks. From a theoretical point of view, products can be conceived as an collection of product-related cues. Cue utilisation in product perception involves a process of making inferences about products. Intrinsic cues are characteristics of the physical product, which cannot be changed without also changing the physical product itself (Olson & Jacoby, 1972). Intrinsic quality cues are related to technical specifications, physiological characteristics. Characteristics that are related to the product, but are not physically part of it such as price, brand name, place of origin, type of outlet, presentation, influence of store personnel, promotion, packaging, advertising are determined by marketing efforts (Steenkamp, 1989) are termed as extrinsic cues. Along with the product related cues, two kinds of information sources, namely personal references and non-personal/ promotional also play an important role in decision making. Personal references refer to family members, coworkers and friends whereas non-personal/ promotional cues refer to magazine advertisements, television advertisements, store displays and salespersons. For the manufacturers and retailers of the highly competitive beverage industry, information on product attributes, taken from a varied consumer perspective can provide valuable insight. A study of the consumer behaviour of health drink buyers would go a long way in helping the companies identify the optimum mix of ingredients which a customer expects in the product. This can also be of much help to successful product development and enactment of effective advertising campaigns. No research has yet explored these aspects in the Indian market. Moreover, Indian consumers differ from consumers in the other countries in terms of perception and importance attached to product attributes. Thus, it is meaningful to investigate and analyze customers' preference for health drinks.

RESEARCH OBJECTIVES OF THE STUDY

Research objectives for the study are:

1. To assess the role of extrinsic cues and intrinsic cues while selecting health drinks.
2. To measure the importance of personal references and non-personal/ promotional cues used in the purchase decision of health drinks.

3. To examine the relationship between socio demographic variables (segmentation variables) and the extrinsic and intrinsic cues used in the information gathering phase of the purchase decision process.
4. To examine the relationship between socio demographic variables (segmentation variables) and the personal references and non-personal/ promotional cues used in the information gathering phase of the purchase decision process.

HYPOTHESIS OF THE STUDY

1. Respondents give more weightage to extrinsic cues than to intrinsic cues while purchasing health drinks.
2. Respondents give more weightage to personal references than to non-personal/ promotional cues while purchasing health drinks.
3. There is no significant relationship between socio demographic variables (segmentation variables) and the extrinsic and intrinsic cues used in the information gathering step of the purchase decision process.
4. There is no significant difference between socio demographic variables (segmentation variables) and the personal and promotional Cues used in the information gathering step of the purchase decision process.

RESEARCH METHODOLOGY

A structured questionnaire was used to collect data from a 299 respondents from selected cities of Northern India. The sampling technique employed for the research purpose was systematic random sampling. Data were collected over a period of two months. Data were collected from customers visiting the sampling locations (departmental stores) during week days as well as on weekends, so as to get a representative sample. The sample used six types of health drinks segregated on the basis of Ayurveda. They are briefly described below:

- i. **Expressed Juices (Svarasa):** Juices extracted by a mechanical processes are called *svarasa*. This is the pure essence of the material. For example: amla, orange, pomegranate and vegetable juices/ soups.
- ii. **Medicated Milk preparation (Ksirapaka):** Fragmented milk like *ilaichi* (cardamom), *badam* (almond), soya milk.
- iii. **Drinks prepared with curd (Dadhi):** Curd products like buttermilk and lassi.
- iv. **Beverages/squashes (Panaka/ sharbat):** Fruits like

mango, pomegranate, cranberry and other are crushed and juice is expressed out of them.

- v. **Warm infusion (Phanta Kalpana):** Tea, organic tea, green tea, tea with different flavours.
- vi. **Health Food Drinks and Nutrition drinks (others):** Malt Based drinks, Smoothies, energy drinks.

MAJOR FINDINGS AND DISCUSSION

Profile of Sample for Final Study in this Section the Profile of the Total Sample and the Consumption Percentage of Various Brands are Described

Table 1: Sample Characteristics

	all(n=299)	
	N	P (%)
Age (years)		
<20 years	95	31.8
21 -40 yrs	78	26.1
41-60 yrs	65	21.7
61yrs and above	61	20.4
Gender		
Male	152	50.8
Female	147	49.2
Education		
High school level	86	28.8
Undergraduates	86	28.8
Post-graduates	85	28.4
Others	42	14.0
Monthly Income (Rs)		
<Rs 10,000	28	9.4
Rs 10,001-20,000	60	20.1
Rs 20,001-40,000	146	48.4
>Rs 40,000	65	21.7
Brands		
Expressed juices(Svarasa)	85	28.4
Medicated Milk preparation (Ksirapaka)	45	15.1
Drinks prepared with curd	45	15.1
Beverages/ squashes (Panaka/ sharbat)	33	11.0
Warm infusion (Phanta Kalpana)	60	20.1
Health food / Nutrition drinks	31	10.4
Total	299	100

Results relating to socio economic profile of the respondents are illustrated in Table 1. The majority of the participating consumers were in the age group of less than 20 (31.8%);

Table 2: Consumer Awareness and Usage of Health Drinks

		Statements	n	P (%)
1	What comes to mind when you hear the word "Health Drink"	Nutritious food supplement	150	50.2
		Alternative to FOOD	89	29.8
		Just Flavoured/Tasty Drink	60	20.1
2	Category of Health Drink	Expressed juices(Svarasa)	85	28.4
		Medicated Milk preparation (Ksirapaka)	45	15.1
		Drinks prepared with curd	45	15.1
		Beverages/squashes (Panaka/sharbat)	33	11.0
		Warm infusion (Phanta Kalpana)	60	20.1
		Health food / Nutrition drinks	31	10.4
3	Frequency of purchase	More than once a week	99	33.1 %
		Once in week	41	13.7%
		Once in month	22	7.4 %
		More than once in month	30	10.0%
		Purchase more than once in a week , no fixed interval	107	35.7%
4	Most Frequent used Channel for Purchase	Discount store	19	6.4%
		Specialty store	54	18.1%
		Departmental store	137	45.8%
		Others	89	29.9%
5	Reasons for using health drinks	To feel "energetic"	45	15.1
		To boost performance while reading/studying	44	14.7
		To boost performance during exercise	40	13.4
		To remain healthy	65	21.7
		To have a balanced diet everyday	80	26.8
		No specific reason	25	8.3
6	Relation to regular meals	Drink with meals	70	23.4
		Do not drink with meals	64	21.4
		With or without meals	165	55.2

followed by consumers in the age group of 21-40 years (26.1 %). The percentage of participants in the age group of 41-60 years and participants above 60 years were 21.7 and 20.4 percent respectively. Of the total, 50.8% of respondents were male and 49.2% were female. The respondent's education level was as follows; high school students (28.8 %), under graduates (28.8 %), post-graduates (28.4%), and others (14.0%). About 48.4 percent of respondents had household monthly income less than Rs. 40,000 and 48.4% had income between Rs.20,000 - Rs.40, 000. The consumers were asked to indicate their preference for health drinks. 28.40% prefer expressed juices (Svarasa) followed by infusion (Phanta Kalpana) (20.1%), medicated milk preparation (Ksirapaka) (15.1 %), drinks prepared with curd (15.1 %), health food drinks/ nutrition drinks (10.4 %) , beverages/squashes (Panaka/ sharbat) (11.0 %).

Chi-square test of the n values of all the six type of health drinks for the category age, demonstrated that no significant

difference existed ($\chi^2 = 9.428$, $df = 3$, $p > .01$). When Table 1 was analyzed by using the n values of all the six type of health drinks for the category gender, it was found that no difference was there in the sample of the type of health drinks. The statistical tool chi-square was used for the analysis ($\chi^2 = 0.084$, $df = 1$, $p > .01$). Similarly, when Table 1 was analyzed by using the n values of all the six type of health drinks for the category education , it was found that no difference was there in the sample of the six type of health drinks .The statistical tool chi-square was used for the analysis ($\chi^2 = 11.9$, $df = 3$, $p > .01$). Similarly, when Table 1 was analyzed by using the n values of all the six type of health drinks for the category monthly income , it was found that no difference was there in the sample of the six type of health drinks. The statistical tool chi-square was used for the analysis ($\chi^2 = 2.39$, $df = 18$, $p > .01$). Hence, it can be concluded that the difference in results is not because of the difference in the demographic profile of the respondents.

RESULTS AND DISCUSSION

According to empirical findings of the study, 50.2 % of the respondents considered health drinks as nutrient supplement whereas 29.8% treat it as alternative to food. The study also inquired about the frequency of purchase of health drinks. 35.7% of the respondents indicated that they purchase health drinks after more than a week but no fixed intervals. 35.1% respondents indicated that they purchase once in week. Respondents were asked to reveal the place of purchase of health drink so as to investigate the level of preference for shopping at stores of different distribution channels. Table 2 reflects that nearly 45.8 % of the respondents prefer to buy health drinks from departmental stores followed by specialty stores (18.1%) and discount stores (6.4%). The remaining purchase it from other places (29.9%). Overall, it can be concluded that departmental stores are the most favourite spots for buying health drinks. 26.8% of the respondents feel that they consume health drinks to create balance of nutrients in diet whereas 21.8% consume to remain healthy. More than 50% would like to consume health drinks with or without meals.

Role of Extrinsic Cues and Intrinsic Cues in Selecting the Health Drinks

The first hypothesis of the study examined the importance of extrinsic cues and intrinsic cues while making a purchase decision (H1). The section describes the results of the hypothesis H1.

Table 3: Comparison of Ranking of Various Extrinsic Cues and Intrinsic Cues

Extrinsic Factors	Mean Rank	Rank
Price	4.39	III
Country of Manufacturing	3.09	V
Brand Name	6.25	I
Packaging	4.67	II
Shelf Presence/availability	3.59	IV
Intrinsic Factors	Mean Rank	Rank
Nourishment	7.10	I
Palatability /Taste	7.17	II
Colour	3.32	IV
Size	5.43	III

To determine the significance consumers attach to different extrinsic cues and intrinsic cues (considered separately), respondents were asked to rank the cues in terms of importance. Table 3 displays the mean ranks of extrinsic cues and intrinsic cues (the lower the assigned rank the higher the importance placed on the factor). With respect

to extrinsic cues, brand name was found to be the most important extrinsic cue followed by price and packaging. Shelf-presence/ availability and country of manufacturing were of less importance to the majority of those surveyed. With respect to intrinsic cues, palatability/ taste was found to be the most important intrinsic cue followed by nourishment/ nutrient composition. Size and colour of health drink was found to be of less importance to the majority of those surveyed.

Therefore, it cannot be concluded that respondents give more weightage to extrinsic cues than to intrinsic cues. Hence, the hypothesis is rejected.

In the next step the relationship between extrinsic cues, intrinsic cues and segmentation variables was analyzed. First, two separate ANOVA tests were used to assess (1) differences in the mean use of extrinsic cues across the segmentation variables of interest (2) differences in the mean use of intrinsic cues across the segmentation variables of interest. The second stage of the analysis examined the difference in the mean use of extrinsic cues and intrinsic cues for each category of the segmentation variables of the interest. The results of these two stage analysis processes are presented in the following sections and are summarized in Table 4.

The first analysis of variance model specified extrinsic cues as the dependent variable and the variables of age, gender, education, and income as independent variables. Upon closer examination of the individual contribution of each of the segmentation variables, it was observed that age alone emerged as a significant influencing factor in the overall model ($F=7.471$, $df=3$, $p<0.05$). Examination of the category means presented in Table 4 revealed the trend that as the consumer age, they tend to use extrinsic cues more as compared to the younger consumers. The second ANOVA model specified intrinsic cues as the dependent variable and the variables of age, gender, education, and income as independent variables. Upon closer examination of the individual contribution of each of the segmentation variable, it was observed that both age ($F=8.218$, $df=3$, $p<0.05$) and Income ($F=4.305$, $df=3$, $P<0.001$) make a statistically significant contribution to the model. Examination of the category means presented in Table 4 revealed the trend that as the consumer age, they use intrinsic cues more frequently as compared to the younger consumers. Moreover, consumers in high income bracket select the health food drink brand carefully and use intrinsic cues more frequently.

Comparison of Category Means

As indicated earlier, the second stage of analysis focused on identifying differences in the frequency with which consumers use extrinsic cues and intrinsic cues in the purchase of health drinks. A paired sample t-test was

Table 4: Mean Response by Demographic Segmentation Variable

Segmentation variable	Segmentation variable	Extrinsic Cues	Intrinsic Cues	Mean Difference	Paired t-test	df	Sig. (2-tailed)
Age (years)							
	<20 years	2.8316	3.5974	-.766	-11.688	94	.000*
	21 -40 yrs	2.9508	3.5861	-.635	-9.139	60	.000*
	41-60 yrs	3.1231	3.7231	-.600	-6.216	64	.000*
	61yrs and above	3.1498	3.3429	-.642	-6.631	77	.000*
		F=7.471,df=3,p<.05*	F=8.218,df=3,p<.05*				
Gender							
	Male	2.8342	3.5559	-.721	-11.889	151	.000*
	Female	2.9374	3.5561	-.618	-11.058	146	.000*
		F=2.443,df=3,p>.05	F=3.001,df=3,p>.05				
Education							
	High school level	2.8951	3.4970	-.608	-7.684	85	.0008*
	Undergraduates	2.9186	3.5930	-.6744	-8.299	85	.000*
	Post-graduates	2.8439	3.5762	-.708	-9.666	84	.000*
	Others	2.8776	3.5561	-.716	-6.724	41	.000*
		F=.142,df=3,p>.05	F=.842,df=3,p>.05				
Monthly Income							
	<Rs 10,000	3.0000	3.4196	-.419	-2.929	27	.007*
	Rs 10,001-20,000	2.9600	3.3958	-.436	-4.671	59	.000*
	Rs 20,001-40,000	2.8753	3.6353	-.759	-13.489	145	.000*
	>Rs 40,000	2.7877	3.7846	-.796	-9.121	64	.000*
		F=1.366,df=3,p<.05	F=4.305,df=3,p<.05*				

Differences detected between Extrinsic cues and Intrinsic cues for each pair of means listed

Difference in means of categories detected at 0.05 level for extrinsic cues

Difference in means of categories detected at 0.05 level for Intrinsic cues

used to assess these differences for each category of each segmentation variable. Results of the analysis indicated that, for each segmentation category a statistically significant difference existed. As indicated in Table 4, consumers use intrinsic cues more frequently than extrinsic cues in every category of age, gender, income, and education.

Role of Personal References and Non-Personal/ Promotional Cues in Selecting the Health Drinks

The second hypothesis of the study examines the importance of personal references and non-personal/ promotional cues while making a purchase decision (H2). The section describes the results of the hypothesis H2.

In order to identify how consumers' purchase decision is influenced by personal references and non-personal/ promotional cues, respondents were asked to rank cues in terms of importance to them. Table 5 displays the mean rank of personal references and non-personal/ promotional

cues (the higher the assigned rank the higher the importance placed on the cue). With respect to personal references, past experiences were found to be the most important followed by doctor's and co-worker's/ friend's recommendation. Family and buyer's impulsiveness were observed to be of less importance to the majority of those surveyed. With respect to non-personal/ promotional cues, health magazines were found to be the most important cue followed by sales promotion measures and store displays. Retailer and television advertisements /celebrity endorsement was found to be of less importance to the majority of those surveyed. Therefore, it can be concluded that respondents give more weight age to personal references than to non-personal/ promotional cues while making a purchase for health drinks. Hence, the hypothesis H2 is accepted.

Analysis of the relationship was between personal information sources, promotional cues and segmentation variables were also undertaken. Firstly, two separate ANOVA tests were used to assess (1) differences in the mean use of personal information sources across the segmentation variables of interest (2) differences in the mean use of promotional cues

Table 5: Comparison of Ranking of Various Personal References and Non-Personal/ Promotional Cues

Personal references	Mean Rank	Rank
Co-worker's/Friend's Recommendation	6.89	III
Doctor's Recommendation	7.02	II
Family	6.73	IV
Past experience	7.48	I
Buyer's Impulsiveness	2.64	V
Non- personal / promotional cues	Mean Rank	Rank
Television Advertisements /Celebrity Endorsement	2.95	V
Health Magazines	6.59	I
Retailer	3.91	IV
Store Displays	5.25	III
Sales promotion measures	5.55	II

Table 6: Mean Response by Segmentation Category

Segmentation variable	Segmentation variable	Personal information sources	Promotional cues	Mean Difference	Paired t-test	df	Sig. (2-tailed)
Age (years)							
	<20 years	3.0590	2.821	.61474	11.531	94	.000*
	21 -40 yrs	3.1368	2.587	1.07541	16.020	60	.000*
	41-60 yrs	3.1723	2.522	.35077	4.989	64	.000*
	61yrs and above	3.5934	2.215	.47179	8.398	77	.000*
		F=15.490,p<.05*	F=8.474,p<.05*				
Gender							
	Male	3.1697	2.5974	.57237	12.272	151	.000*
	Female	3.2667	2.6095	.65714	13.615	146	.000*
		F=2.526,p>.05	F=1.062, p>.05				
Education							
	High school	3.2930	2.6465	.64651	10.421	85	.000*
	College graduate level	3.2209	2.5581	.66279	9.021	85	.000*
	Completed college	3.1694	2.6165	.55294	10.135	84	.000*
	others	3.1524	2.5810	.57143	7.174	41	.000*
		F=1.034,p>.05	F=0.698, p>.05				
Monthly Income							
	<Rs 10,000	3.2857	2.6286	.65714	4.519	27	.000*
	Rs 10,001-20,000	3.1267	2.6533	.47333	7.224	59	.000*
	Rs 20,001-40,000	3.1890	2.6151	.57397	12.895	145	.000*
	>Rs 40,000	3.3354	2.5200	.81538	10.913	64	.000*
		F=1.985,p>.05	F=3.354,p>.05				

Differences detected between personal information sources and promotional cues for each pair of means listed

Difference in means of categories detected at 0.05 level for personal information sources

Difference in means of categories detected at 0.05 level for promotional cues

or informational sources across the segmentation variables of interest. The second stage of the analysis examined the difference in the mean use of personal information sources and promotional cues for each category of the segmentation variables of the interest. The results of this two stage analysis process are presented in the following sections and are summarized in Table 6.

Step 1: The first analysis of variance model specified personal informational sources as the dependent variable and the segmentation variables of age, gender, education, and income as independent variables. Upon closer examination of each of the segmentation variables, it was found that age alone was responsible for the significance of the overall model ($F=15.490, p<.05$). The results revealed the trend that as the consumers age, they tend to use personal references more frequently than the young consumers.

The second analysis of variance model specified promotional cues or information sources as the dependent variable and the segmentation variables of age, gender, education, and income as independent variables. Upon closer examination of the individual contribution of each of the segmentation variables, it was determined that age ($F=8.474, p<.05$) was found to make statistically significant contribution to the model. Examination of the category means presented in Table 6 revealed the trend that young consumers use promotional cues more frequently than the older consumers. Young consumers actively engage in information searching behaviour to a greater extent than do older consumers.

Step 2: Comparison of Category Means A paired sample t-test was used to identify differences in the frequency with which consumers use personal references and non-personal/promotional cues for each category of each segmentation variable. Results of the analysis indicated that for each segmentation category a statistically significant difference existed. As indicated in Table 6, consumers use personal information sources more frequently than promotional cues in every category of age, gender, education, and income.

CONCLUSION

The results of this research provide advancement in the knowledge of consumer preferences of health drinks. The results of the study indicate that respondents give more weightage to intrinsic cues and personal references while purchasing health drinks. The variable of age and income appears to be valid segmentation bases for segmenting the health drink industry. Compared use intrinsic attributes and personal information sources more frequently than in every category of age, gender, education and income. Brand loyalties are not very strong as the consumers are always looking for a change. Comparable to most developed countries today, chronic lifestyle diseases represent the

bulk of India's disease burden. With rapid economic growth and westernization of lifestyle in the last few decades, pervasiveness of lifestyle diseases like hypertension, diabetes mellitus, dyslipidaemia and overweight/obesity has reached alarming proportions among Indians. Occurrence of obesity is increasing while undernutrition continues to be an important public health issue. Physical activity and dietary reforms are the keystones of management of lifestyle diseases (Pappachan, 2011; Rukmini, 2013). A busy professional life leaves little for exercise, a drink which is low in calorific value such as a health drink, can serve as a healthy alternative. According to a Euromonitor report (2012), Indian consumers are spending more and more on nutritional supplements to combat the effects of health problems. Vitamins and dietary supplements have shown a growth of 13% in 2012, reaching the figure of Rs 45.2 billion. This definitely indicates that people are concerned about their health. For kids health drinks are supplements with added calcium, minerals and vitamins. Consumers want access to novel and interesting foods that are healthy and tasty. The non-carbonated beverage industry has tremendous potential for future developments in India. Flavoured milk, energy beverages, liquid-meal replacements, weight-directed products, ready-to drink meals and functional beverages could act as substitute of carbonated drinks in Indian market.

The main objective of this study was to identify the optimal extrinsic and intrinsic attributes and the information sources consumers' use in making a purchase decision. There is hardly any research conducted in India inspite of enormous untapped potential of health drinks. Additional research should address the level of involvement used to select health drinks. More information needs to be collected from consumers. For example, how much they spend on health drinks? What specific promotional cues do they use This would help the marketers to develop effective marketing Strategies for the Indian market.

REFERENCES

- Armitstead, A. (1998). The national health survey- consumer attitudes to health and food. *Nutrition and Food Science*, 98(2), 95-98.
- Barings, I. N. G. (2001). The global soft drinks market. *Beverage World International*, 19(2), 8-10.
- Barnard, M. & Forsyth, A. J. M. (1998). Alcopops and underage drinking: Changing trends in drink preference. *Health Education*, 98(6), 208-212.
- Bowman, S. A. (2002). Beverage choices of young females: Changes and impact on nutrient intakes. *Journal of the American Dietetic Association*, 102(9), 1234-1239.
- Caldecott, T. (2006). *Food and Drink* (1sted). Ayurveda, (pp. 79-91).

- Childers, T. L. & Rao, A. R. (1992). The influence of familial and peer-based reference groups on consumer decisions. *Journal of Consumer Research*, 19(2), 198-211.
- Deshpande, R. P., Chinnan, M. S. & Watters, K. H. (2005). Nutritional, physical and sensory characteristics of various chocolate-flavored peanut-soy beverage formulations. *Journal of Sensory Studies*, 20(2), 130-146.
- Deloitte. (2013). *Indian Consumer Market likely to be World's Largest by 2030*. The Economic Times.
- Dixon, H., Scully, M., Wakefield, M., Kelly, B., Chapman, K. & Donovan, R. (2011). Parent's responses to nutrient claims and sports celebrity endorsements on energy-dense and nutrient-poor foods: An experimental study. *Public Health Nutrition*, 14(6), 1071-1079.
- Duffey, K. J. & Popkin, B. M. (2006). Adults with healthier dietary patterns have healthier beverage patterns. *The Journal of Nutrition*, 136(11), 2901-2907.
- Hough, G. & Sanchez, R. (1998). Descriptive analysis and external preference mapping of powdered chocolate milk. *Food Quality Preference*, 9(4), 197-204.
- http://articles.economictimes.indiatimes.com/2010-09-21/news/27600066_1_indian-consumer-health-products-food-intake.
- <http://www.foodnavigator-asia.com/Markets/Indian-non-carbonated-beverage-market-to-boom-says-report>
- <http://www.fnbnews.com/article/detnews.asp?articleid=33156§ionid=32>
- Johnson, B. (2002). Has the energy drinks market lost its fizz? *Marketing Week*, 29, 18-19.
- Leatherhead Food Research Association. (2002). *The Market for Performance Foods and Drinks, A Global Analysis*. Surrey: Leatherhead International.
- MacKintosh, A. M., Hastings, G., Hughes, K., Wheele, C., Watson, J. & Inglis, J. (1997). Adolescent drinking -the role of designer drinks. *Health Education*, 97(6), 213-224.
- Mitscher, L. A. (2007). Traditional medicines. *Comprehensive Medicinal Chemistry II*, 1, 405-430.
- Mukherjee, P. K., Venkatesh, M. & Gantait, A. (2010). Ayurveda in modern medicine: Development and modification of bioactivity. *Comprehensive Natural Products II*, 3, 479-507.
- Olson, J. C. & Jacoby, J. (1972). Cue utilization in the quality Perception Process. *Advances in Consumer Research*, 3, 56-67.
- Ohr, L. M. (2003). The latest scoop on soy. *Food Technology*, 57(8), 87-91.
- Pappachan, M. J. (2011). Increasing prevalence of lifestyle diseases: High time for action. *Indian Journal of Medicinal Research*, 134(2), 143-145.
- Rukmini, S. (2013). Lifestyle Diseases more Common among Poor than Rich in India. *The Hindu*. Retrieved from <http://www.thehindu.com/sci-tech/health/lifestyle-diseases-more-common-among-poor-than-rich-in-india/article4924978.ece> (accessed on August 26, 2013).
- Sloan, A. E. (2003b). What, when, and where Americans eat. *Food Technology*, 57(8), 48-66.
- Vaidya, A. D. B. & Devasagayam, T. P. A. (2007). Current status of herbal drugs in India: An overview. *Journal of Clinical Biochemical Nutrition*, 41(1), 1-11.
- Weisberg, K. (2001). More than a pick-me-up: Functional beverages. *Food Service Directory*, 14(1), 84-85.
- Well, A. (2000). Drinks for young children: The dental and nutritional benefits of milk". *Nutrition and Food Science*, 30(2), 76-79.
- Wierenga, B. (1983). Model and measurement methodology for the analysis of consumer choice of food products. *Journal of Food Quality*, 6(2), 119-137.
- Yanes, M., Duran, L. & Costell, E. (2002). Rheological and optical properties of commercial chocolate milk beverages. *Journal of Food Engineering*, 51(3), 229-234.