FACTORS THAT INFLUENCE MOTHERS' SELECTION OF VITAMIN SUPPLEMENT BRANDS IN NAIROBI

BY

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UNITED STATES INTERNATIONAL UNIVERSITY
SPRING SEMESTER, 2004
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A Research Project Submitted to the School of Business in Partial Fulfilment of the Requirement for the Degree of Masters in Business Administration.

UNITED STATES INTERNATIONAL UNIVERSITY
SPRING SEMESTER, 2004
Students Declaration

I, the undersigned declare that this is my original work and has not been submitted to any college, institution of University other than the United States International University in Nairobi for academic credit.

Signed ___________________________ Date ___________________________
Maureen W. Miringu (ID No. 225070)

This project has been submitted for examination with my approval as the appointed supervisor

Signed ___________________________ Date ___________________________
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Dean, School of Business

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Deputy Vice Chancellor, Academic Affairs
ABSTRACT

The purpose of the study was to determine the factors that influence the mothers' selection of vitamin supplement brands. The objectives of the study were:
- To identify the vitamin supplement brands frequently purchased by the mothers
- To determine the product forms of the vitamin supplement brands most preferred by mothers
- To identify the factors that influence the mothers' purchase of vitamin supplement brands

The research was descriptive in nature. The sample of the study consisted of mothers with young children aged between one and ten years. Primary data was collected from the target population using questionnaires. Data was analysed using SPSS to generate frequency distribution tables.

The research findings indicated that the vitamin supplement brands that were frequently purchased by the mothers were Scott's Emulsion and Seven Seas. The most preferred product form of the vitamin supplement brands was liquid/syrup with chewable tablets ranking second. Powders were least preferred.

While purchasing the vitamin supplement brands, the mothers selected one with both cod liver oil and vitamins. The factors that mothers considered critical when purchasing vitamin supplement brands were a doctor's recommendation of a brand, its price, availability, satisfaction from use and ease of administration. In-store promotions, a price decrease or coupon offer, advertising, product packaging and the reputation of the manufacturer were considered less important. The personal factors that had a major influence on the mothers' selection of the vitamin supplements were the age and number of the children and the child/children's acceptance of the brand. The psychological factors that carried weight with regard to their selection of vitamin supplement brands were their previous experience with the brand, perception of a brand's safety and
the credibility of its health claims. A common belief that the product was good was a social/cultural factor that also influenced their purchase decision.

It was concluded that while in general a majority of the mothers purchased the vitamin supplement brands, they did so to varying extents and the importance attributed to each influencing factor also differed.

It was recommended that the pharmaceutical companies consider the preferred product forms when planning for new product launches and that they actively solicit doctors’ endorsement of their products since this appeared to sway mothers. It was also proposed that companies consult healthcare professionals when developing advertising material so as to drive brand messages more effectively. It was suggested too that these companies invest in unearthing insights from mothers so as to better design in-store promotional tools intended to persuade mothers to purchase vitamin brands.

A recommendation was also made to mothers to consider factors such as doctors’ advice, advertising messages, commonly held views about the brand and satisfaction from previous use in their selection of brands and not allow price to be the sole determinant. Retailers currently not stocking vitamin brands were advised to consider the immense business opportunity this presented with regard to mothers with young children.

Further research should be conducted on the buying behaviour of mothers with regard to other pharmaceutical products and the results compared with those of this study. The purchasing behaviour of vitamin supplement brands amongst other groups, for example the elderly, should also be studied.
ACKNOWLEDGEMENT

I thank my supervisor Ms. Margaret Ombok for her patience and guidance throughout my research project. I thank my research assistants for the administration and collection of the questionnaires from the respective respondents.

I thank the respondents from the targeted hospitals for their co-operation in availing their time to complete the questionnaires.
DEDICATION

I dedicate this project report to my family members. Your prayers, love and encouragement over the years are much appreciated.
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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

The sages of old advised that a book should not be judged by its cover. The same holds true for consumers in the market place. Managers who understand their customers often develop better products, services and promotional strategies and are often able to foster sustainable competitive advantages in the market place. Understanding consumer needs and wants is a continuing challenge for managers in the 21st century. Focusing on the customer is the key contribution of marketing to business practice (Rice, 1997).

The study of consumer behaviour is important for a number of reasons. From a marketing perspective the study of consumer behaviour is important in helping to forecast and understand consumer demand for products as well as brand preferences. With regard to consumer policy, it is important to inform consumers about the alternatives open to them and to avoid deceiving them. Consumers also need to gain insight into their own behaviour if they are to spend their income optimally. The concept of 'consumer' is only a century old. In an economy of scarcity, the challenge is to 'survive' and to fulfil basic needs. Only if a household earns more income than is necessary for their basic needs do they become free to make choices about how they spend and save (Antonides, 1998). In such cases we speak of 'discretionary income'. Originally, discretionary income only applied to the higher classes of nobility, the clergy and other wealthy citizens. It was only after the Second World War that most people acquired discretionary income. Consumers held more power because they were able to make choices about their purchases. This increasing freedom of choice makes it important to gain insight into consumer behaviour to help explain preferences for products and brands.

With the development of new interactive media, consumers have acquired even more power. By using the Internet and intelligent search agents, consumers can obtain considerable information on the various prices and qualities of products. Marketers become more transparent to them. With new interactive media, consumers can take the
initiative to communicate, retrieve the information they want and where they want it, and then, if they choose, order various products and services.

Research International retail audit figures previously estimated the Kenyan vitamin market size at Kshs. 60million (Anon, 1998). This had dropped from Kshs. 70million the previous year. Key players in this category at the time included firms such as SmithKline Beecham (56% share), Seven Seas (11% share) and Glaxo Wellcome (7% share) the manufacturers of such products as Scotts Emulsion, Seven Seas and Haliborange respectively. It is important to note however, that the retail audit figures do not include a new group of vitamin entrants classified as phytomedicines (GNLD, Swiss Garde, Vital etc). Traditionally these products are sold in shops, supermarkets and pharmacies over-the-counter i.e they do not require a doctor's prescription. However new entrants such as Golden Neo-Life Dynamite (GNLD) and Swiss Garde employ a different selling strategy called direct marketing. This involves product education through in-home gatherings (direct marketing) so that their products are not available in traditional outlets nor do they advertise. Marketing is therefore largely by word of mouth. While it is difficult to establish the exact market size of these new players there are indications that their number of users is growing.

It is interesting to note that vitamin supplementation is more prevalent amongst the paediatric population as opposed to adults in Kenya. Vitamin use is not only perceived as important for guaranteeing good health but also for ensuring the proper growth and development of young children. Mothers therefore become an important focus or target group for pharmaceutical companies selling vitamin supplements owing to the tremendous influence they have over their children's lives and therefore health (Hoorweg and Niemeijer, 1991). To tap into the above opportunity, many pharmaceutical companies have over the years introduced vitamin supplements as a means of complementing the insufficient vitamin intake of the Kenyan population. Vitamin consumption has been demonstrated as a major factor in keeping at bay frequently encountered diseases. It is also well known that the major sources of vitamins are fruits.
and vegetables. However, for most part the quantities in which these are consumed are lower than the recommended levels creating a gap for supplementation.

Vitamin and mineral supplements are relatively inexpensive and available without prescription. They are therefore used by a substantial proportion of the United States population. Growing public awareness of the role of vitamins and minerals in human nutrition is fostered by a combination of advertising pressure and concern about dietary adequacy. Many people regard vitamin and mineral supplementation as a reliable method of ensuring dietary shortcomings are corrected (Curtis, 1990).

In a large scale study done in India in 1996, two groups of children aged one to four years received twice yearly vitamin A supplements; one group was also given de-worming tablets. At the end of the trial, the children in the group given worm treatment were on average 1 kg heavier than the children who were not treated. The study shows not only that mass de-worming can improve the weights of young children in areas where worms are common but it also opens up the practical possibility of combining worm treatment with vitamin A supplementation in areas at risk (Webb, 1995).

1.2 Problem Statement
Doyle (1994) stipulates the study of consumer behaviour is vital for an organization since organizations stay in business by attracting and retaining customers. Doyle stated that consumers in different parts of the world lead very different lives. However, they share many patterns of consumption, including brand and service loyalties, using and enjoying gifts, rituals, making choices and purchasing products to name a few. Thus consumer behaviour research is useful in any job where the mission includes satisfaction of human needs and wants. For organizations to develop effective marketing strategies, a thorough understanding of customer needs is essential. Since customers have a choice, they will choose what they like best. Organizations need to develop products and services that conform to customer requirements and lead to customer satisfaction. Through the study of buyer behaviour, the firm can establish how buyers make use of the goods and the evaluation of such goods. One of the most significant issues facing the pharmaceutical
industry is that today's consumers are increasingly looking at the specific attributes and benefits of a particular product. These benefits are typically delivered in the form of features. These features, in turn, form the functionality of a product. Consumers are placing increasing demands on this functionality, such as health, taste, nutrition, effectiveness, safety, convenience and many others. In the end, a product that meets real consumer needs will be the winner.

In a world where consumers are increasingly tired of brands constantly "screaming" at them out of billboards, newspapers and other advertising medium, companies are facing increasing challenges to market themselves (Jessop, 2003). It is not a time for shrinking violets and playing it safe by relying on traditional brand development, corporate executives and marketing gurus say, but a time when companies need to reach out to customers by tapping into their emotions. "Particularly in the United States, we're seeing what happened when all that matters in an organization is profit and how it can destroy a brand. Consumers are now longing for brands of substance, brands they can respect and they can trust," Bedbury told United Press International in an interview at the Global Brand Forum Singapore 2003. Most brands have become invisible because they've stopped communicating or are doing a bad job at it because they're lacking substance, pointed Bedbury.

"A good brand needs to tap into the deeper emotions and feelings of its customers," he said, adding "great brands are protagonists for something much more powerful and timeless than they can ever be." For example, Nike's marketing strategy and success has been based on the belief that sports or physical activity brings emotional benefits.

Previous studies have been conducted in the field of consumer behaviour (Nganga, 2000 and Kinoti, 2001 and Wandungi, 1994). These studies however focused on different industries hence the findings may not be applicable to the choice of vitamin supplement brands. The current study therefore was conducted to fill this gap, that is, to determine the factors that influence mothers' choice of the various vitamin supplement brands.
Previous studies have shown that 50% of children less than two years of age in the United States receive multivitamins and 25% of children aged 11 to 19 years receive periodic supplementation. PARENTS magazine advises parents that it is reasonable to give children a vitamin and mineral supplement three or four times weekly, particularly if they are finicky eaters (Anon, 1995).

There are quite a number of vitamin supplement brands for children in the Kenyan market. The study identified why mothers preferred certain brands in comparison to others. Understanding consumer information is vital for multinational firms to develop a competitive edge in international markets by developing marketing strategies that are driven by insights obtained from consumers.

1.3 Objectives
The general objective of the study was to establish the factors that influence the selection of vitamin supplement brands by mothers in Nairobi city. This was done by first identifying the core factors that affect the choice of a product and exploring how each affects the mothers' choice.

Specific Objectives
1.3.1 To identify the vitamin supplement brands most frequently purchased by the mothers
1.3.2 To determine the product forms of the vitamin supplements preferred by the mothers
1.3.3 To identify the factors that influence the mothers' purchase of the vitamin supplement brands

1.4 Justification
The study will be of importance to:

1) Pharmaceutical firms intent on understanding how best to satisfy the needs and wants of their target market: mothers and their children.
2) Retail outlets such as pharmacies and supermarkets that stock vitamin supplements and are interested in understanding consumer preferences to enhance their sales.

3) Students, medical researchers and other academicians looking for referral material for related studies.

4) Consumers desiring to gain insight into their purchasing behaviour.

5) Policy makers in the health industry seeking to influence marketing practices and consumer behaviour.

1.5 Scope of the Study

The study targeted respondents (mothers) from five major hospitals in Nairobi. The hospitals targeted were Nairobi, Aga Khan, Gertrude’s Garden Children’s, M.P. Shah and Mater. While it would have been ideal to obtain the opinions of every mother in Nairobi on the research subject, financial and time constraints did not allow this. A small, representative sample of the population was therefore selected. Some respondents were unwilling to co-operate, as they perceived being interviewed as an invasion of their privacy. As the sampling was done in a hospital setting some mothers were distracted by their sick children, which required good moderation skills on the part of the interviewer. Hospital regulations required the interviewer to spend as little time as possible with the respondents.

1.6 Definition of Terms

1.6.1 Attitudes

A learned orientation or disposition toward an object or situation, which provides a tendency to respond favourably/unfavourably to the object or situation (Engel, Blackwell and Miniard 1994).

1.6.2 Brand loyalty

The propensity or otherwise of consumers to continue to purchase a particular brand (Horner, 1999).

1.6.3 Consumer

The person who actually uses or consumes a product/service (Elvy, 1995).
1.6.4 Consumer behaviour
Consumer behaviour can be defined as behaviour that consumers exhibit in searching for, purchasing, using, evaluating and disposing of products, services and ideas, which they expect will satisfy their needs (Antonides, 1998).

1.6.5 Supplement
An addition designed to complete or make up for a deficiency (Hoorweg, 1991).

1.6.6 Vitamin
Any group of substances that are essential in small quantities for the normal functioning of metabolism in the body (Hoorweg, 1991).

1.7 Chapter Summary
The chapter has given background information on the study. It has highlighted the purpose of the study, the research objectives and the importance of the study. The purpose of the study was to determine the factors that influence mothers' selection of vitamin supplement brands. The research was guided by the research objectives, specifically, to identify the vitamin supplement brands most frequently purchased by mothers, the vitamin supplement product forms they most prefer and the factors that influence the mothers' purchase of the various vitamin brands. The study focused on mothers from five major hospitals in Nairobi, namely Mater, Nairobi, M.P. Shah, Aga Khan and Getrude's Garden Children's Hospitals. The literature review that follows examined the factors that influence the mothers' selection of vitamin supplements.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction
The chapter is structured based on the research objectives. It addresses the vitamin supplements brands most frequently purchased, the preferred product forms of the vitamin supplements and the factors that influence the purchase of the vitamin supplement brands.

2.2 Vitamin supplement brands purchased/ used
Researchers have found that adding antioxidant vitamins to the diets of children with high cholesterol improves their cardiovascular health. Because drugs that lower cholesterol levels in adults are usually not recommended for children, this study suggests an alternative way to improve the health of children with inherited disorders that cause high cholesterol and cardiovascular disease. Fifteen children participated in the study, appearing in the journal Circulation (Clarke & Collins, 1998). While on a low-fat, low-cholesterol diet, they were given either 500 mg of vitamin C and 400 IU of vitamin E per day or placebos for six weeks, and then the opposite treatment after another six weeks of no treatment. The diet decreased the children's "bad" cholesterol by 8 percent, and the vitamin supplements improved the functioning of the blood vessels. When they don't work properly, plaque can build up in the blood vessels and lead to cardiovascular disease. "These results are encouraging, and if confirmed in further studies, we may be able to improve the cardiovascular health of children with inherited lipid disorders using vitamin supplements," said Marguerite Engler, professor of physiological nursing at the University of California, San Francisco.

Vitamin and mineral supplements currently available in the United States for infants and children less than four years old must meet the Food and Drug Administration (FDA) regulations for content. Preparations for older children and adults are not subject to FDA regulations. The Food and Nutrition Board of the National Academy of Sciences, National Research Council periodically publishes Recommended Dietary Allowances (RDAs) for vitamins and minerals. Using these values, the FDA establishes reference
figures for the labeling of foods and supplements in the United States. RDAs are established for three groups: infants, children one to four years old and adults and children four or more years old. The latter category is further divided according to gender (Grove, 1985). The contents of vitamin and mineral supplements range from the lower limits (considered sufficient to minimize the risk of deficiency) to the upper limits (estimated to fully meet nutritional needs without excess) of the RDA guidelines. In most preparations, the lower limits for individual nutrients are 25 to 50% of the RDA and the upper limits are 100 to 150% of the RDA values.

2.2.1 Products Available

Multiple vitamin supplements contain a variable number of essential and/or non-essential nutrients. Their primary purpose is to provide a convenient way to take a variety of supplemental nutrients from a single product, in order to prevent vitamin or mineral deficiencies, as well as to achieve higher intakes of nutrients believed to be of benefit above typical dietary levels (Czeizel and Dudas, 1992).

Combination products dominate this therapeutic class; individual vitamins are rarely used. Exceptions include the administration of vitamin K and vitamin E in infants. Iron is the only mineral supplement commonly used. It may be administered alone or in combination with vitamin supplements (Filer, 1990). The products on the market for infants and children can be categorized as either liquids or chewable tablets. For infants, the most commonly used liquid formulations are those containing vitamins A, D, and C with or without iron (e.g. Tri-Vi-Solâ). Combinations are also available which include additional thiamin, riboflavin, niacin, and pyridoxine (e.g. Poly-Vi-Solâ). Folic acid is omitted from these products due to its instability in the liquid form. For older children, chewable tablets are often preferred. These products typically contain vitamins A, D, and C as well as the B vitamins and minerals. Folic acid is routinely included in these products (Udall and Greene, 1992). The foregoing combination products are available with fluoride for infants and children residing in areas where the water is not fluorinated.
Supplements containing 0.25, 0.5, or 1.0 mg fluoride per dose are available by prescription.

2.2.2 Guidelines for Supplementation

1) Newborn Infants

The administration of vitamin K minimizes the postnatal decline of the vitamin K-dependent coagulation factors (II, VII, IX, and X) and is therefore an effective prophylaxis against hemorrhagic disease of the newborn. Vitamin K should be given as a single, intramuscular dose of 0.5 to 1.0 mg. Vitamin K prophylaxis for newborn infants is mandated by law in Virginia (Udall and Greene, 1992).

2) Breast-fed Infants

The maternal diet strongly influences the concentration of certain water-soluble vitamins in human milk. Vitamin B₁₂ deficiency has been reported in breast-fed infants of strict vegetarian mothers. The healthy, breast-fed, term infant of the well-nourished mother has not been shown conclusively to require any vitamin or mineral supplementation, provided the infant has adequate exposure to sunlight. The benefit of fluoride supplementation in the breast-fed infant is controversial. Research shows that un-erupted teeth are mineralised in early infancy. The Committee on Nutrition favours initiating fluoride supplements shortly after birth in breast-fed infants but acknowledges that fluoride supplementation could be initiated at six months of age (Udall and Greene, 1992).

3) Formula-fed Infants

Infants who consume appropriate amounts of commercial infant formulas which are within the recommendations of the Committee on Nutrition do not need vitamin and mineral supplementation in the first six months of life. Furthermore, they do not need supplements during the second six months of life if formula continues to be used in appropriate combination with solid foods. After four months of age, iron-fortified formula and/or cereal are convenient sources of iron and are preferable to the use of iron supplements. If powdered or concentrated formula is used, fluoride supplements should
be administered only if the community water contains less than 0.3 ppm of fluoride. Ready-to-use formulas are manufactured with water low in fluoride, and recommendations for fluoride supplementation should be comparable to those for breastfed infants (Udall and Greene, 1992).

4) Preterm Infants

The needs of pre-term infants for vitamins and minerals are proportionately greater than those of term infants because of the increased demands of a more rapid growth rate and less complete intestinal absorption. During the first weeks of life (prior to consumption of about 300 kcal per day or reaching a body weight of 2.5 kg), a multivitamin supplement that contains the equivalent of the RDAs for term infants should be supplied. Recommended products include Poly-Vi-Solâ and Tri-Vi-Solâ or their generic equivalents. Iron supplementation is best delayed until after the first few weeks of life because extra iron may predispose to anaemia when there is insufficient absorption of vitamin E. Neonatal stores of iron are sufficient for erythropoiesis during this time (Grove, 1985). After the infant is consuming greater than 300 kcal per day or when the body weight exceeds 2.5 kg, a multivitamin supplement is no longer needed. However, supplementation may be a convenient method to provide the few specific nutrients, such as vitamin D and iron, which still may be required.

5) Older Infants

During the second six months of life, the healthy infant, on a diet of formula, iron-fortified cereal and increasing amounts of table food, does not require additional supplements of vitamins and minerals. It is important, however, that the diet includes an adequate source of vitamin C. Infants at special nutritional risk as a result of lifestyle, economic disadvantage, or illness may benefit from vitamin and mineral supplementation ((Udall and Greene, 1992).
6) Children and Adolescents

There is little evidence to support routine vitamin and mineral supplementation in healthy children and adolescents maintained on a well-balanced, varied diet (Borowitz, Wegman and Harris, 1994). However, when supplements are indicated, the contents should provide these nutrients at RDA levels. Groups at particular nutritional risk include:

1. children and adolescents from deprived families due to an insufficiency of food,
2. children and adolescents who have poor appetites or who consume fad diets,
3. children and adolescents consuming vegetarian diets without adequate dairy products may need vitamin B₁₂ and vitamin D supplementation,
4. children and adolescents with chronic illness, such as cystic fibrosis.

2.3 Product Forms of the Vitamin Supplement Brands

2.3.1 Chewable forms of vitamin supplements

Some examples of chewable vitamin supplements available in the US market for children are:

* **Children's Chewable Multi-Vitamin**

Children's Chewable by Solaray is an easily digestible children's multi vitamin and mineral supplement. This natural, black cherry flavored multi-vitamin and mineral supplement, is designed specifically to meet a child's nutritional needs. Children's Chewable contains no sucrose, no yeast, no artificial flavors, no artificial colors (http://www.nutraceutical.com)

* **Green SuperFood Chewable Supplement Enhanced with all Natural Grape / Lemon-Lime Flavor**

HTN's SuperFood product provides full spectrum nutrients for children with active lifestyles. It may help overcome stress related fatigæ, supplement vitamin & mineral deficient foods, reduce high acids, provide energy for competition, create mental, physical & emotional harmony, maintain proper cholesterol levels, reduce undesirable fat oxidation and control hyperactivity (http://www.gohtn.net).
Children's Rhino Chewy Vites - Multi-Vitamin & Minerals 60 chewable tablets

Rhino Chewy Vites are all-natural, fruity-flavored chews in gummy bear shapes. Kids love the great-tasting flavors and fun bear shapes. Parents appreciate the important vitamins and minerals Rhino Chewy Vites provide their growing children (http://www.sightamins.com).

2.3.2 Liquid forms of vitamin supplements

Liquid vitamins and mineral supplements are a must have for optimum nutritional supplementation. In today's fast food environment most of us do not eat the proper balance of food for the necessary vitamin and mineral intake for optimal health. The advantages of the liquid form of the vitamin supplements are that they are easy to swallow for children and seniors, prepared from fresh organic ingredients and assimilate immediately into the blood stream for immediate effect (Donoghue and Langenberg, 1996). Absorption of nutrients is 95% - 98% and is typically 3-5 times more concentrated for higher bio-activity, ensuring the consumer greater therapeutic benefits. Ingredients are not powdered and require no fillers, binders or added excipients. Also, liquid nutrients are not compressed, which requires additional digestion to break down the ingredients or to break down the capsules that have additives.

Examples of liquid vitamins available in various markets include:

- Seven Seas

As one of the leading and most trusted names in UK healthcare, Seven Seas offers a comprehensive range of vitamins and minerals especially formulated to safeguard the family's good health (http://www.seven-seas.ltd.uk). The company quickly attained the number one position in the UK and Irish vitamin and mineral supplements markets, and further afield, Seven Seas brands are also exported to over 100 countries worldwide. This enviable position has been achieved through Seven Seas' reputation for quality products and innovation. This was recognised when the company won the Chartered Institute Of Marketing's National Marketing Award in 1990. In 1994, the company strengthened its market lead through the acquisition of Haliborange, one of the original
vitamin brands with an established heritage in the vitamin and mineral supplements market. The Seven Seas brand has become a respected and trusted icon that is steeped in family values, which are summed up clearly in the words “Healthy Families Always Have The Most Fun”. Seven Seas is fully committed to building healthy families so that they can live life to its fullest.

Seven Seas places a high emphasis on clear and consistent advertising to reinforce its brand image and enhance awareness amongst consumers. In Malaysia for instance, in the years 1997 and 1998, advertising spend increased dramatically: by more than two thousand-fold (http://www.seven-seas.ltd.uk). This was supported by public relations, pack-side promotions and sponsorships. Television and print advertising remain the primary medium of communication for Seven Seas and these have been key in building the brand’s recall amongst consumers.

- **Haliborange**

Haliborange has developed a delicious range of specially formulated vitamin and mineral supplements to suit all the family’s needs, with the Haliborange guarantee of quality (http://www.haliborange.com). Vitamin products developed for children include:

**Haliborange Infant Drops**: Provide vitamins A, C and D which are important for the first years of a baby’s life.

**Haliborange Multivitamin Liquid**: An orange flavoured sugar-free liquid for children from 1 month. Provides vitamins A, C, D, E and B.

**Haliborange Halibonbons**: Specially formulated to provide children with a delicious source of vitamin C in an orange flavoured chewable tablet.

- **Scott’s Emulsion**

Research international retail audit figures in 1998 indicated that Scotts Emulsion, manufactured by SmithKline Beecham, had a 56% market share and was therefore the
leading vitamin supplement brand in the Kenyan market (Anon, 1998). This brand was introduced into the global market over 110 years ago and is an emulsion of cod liver oil providing a source of vitamins A and D to supplement the diet. It exists in the original and orange flavour variants.

- **Children's Multi-Vitamin Liquid**

Natrabio Children's Naturals are formulated to be safe and gentle for the health needs of children. Each product has been specifically designed to provide the proper nutritional support to help children stay healthy and active. Each formula is manufactured according to strict Good Manufacturing Practices. This multivitamin liquid contains no artificial colours, flavours or gluten (http://botlab.com).

- **Vitamin C Liquid for Children – Childlife**

Available as a vitamin C liquid formulation for children. Vitamin C is well-known for enhancing and stimulating natural defenses, immune system strength and energy production. It is also known as a principal anti-oxidant, the need for which is greatly increased in children due to today's elevated environmental stresses and pollution (http://www.childlife.net).

- **GNLD Liqui-Vite**

GNLD International is a privately-owned company that has been in operation for over 45 years (founded in 1958) and now markets its products in over 50 countries around the world. GNLD is an abbreviation of Golden Neo-Life Diamite - so called as it was formed by the coming together of three separate companies, Golden Products, Neo-Life, and Diamite, all of which shared common values and ideals, reflected today in their stated purpose: To Make a Positive Difference in People's Lives. Liqui-Vite is their multivitamin liquid for children (http://www.gnld.com).
- Others

Research International retail audit data (Anon, 1998) also indicated that other liquid vitamin supplement brands available within the Kenyan market include Calcimax, and Multivite.

2.3.3 Powder forms of vitamin supplements

While capsules eliminate the need for most of these non-nutritive ingredients, they pose a few problems of their own. Most recently with the outbreak of mad cow disease the source of gelatin has largely been in question. The gelatin capsules also pose a substantial moral obstacle for vegans and vegetarians (Donoghue and Langenberg, 1996). Capsules can be difficult to swallow and some consumers are concerned about the possibility of tampering. Two-piece hard-shell capsules have been known to be tampered with because they can be opened and closed easily, although incidences of tampering have been extremely rare. Then there is the option of softgel capsules. Because they are hermetically sealed they are considered safer. They are also easier to swallow than hardshells and require no excipients, but their contents must be in an oil base and if one capsule breaks then the rest of the bottle is spoiled. The primary difficulty with tablets or capsules is that they are difficult to take, digest and absorb. There have even been antedotal stories about x-rays showing an abundance of undigested pills in patient's stomach. To what extent this is true cannot be confirmed but many people cannot digest pills, resulting in expensive stomach-aches and faeces. The benefits of powder is that there are no fillers, binders or additives, they are easy to swallow and easy to digest. Powders are great for kids, eliminating the need for the often sugar filled chewable vitamins. Economics also make powdered supplements more appealing than their tablet and capsule rivals (Donoghue and Langenberg, 1996). Encapsulating or forming tablets can increase the cost of most supplements as much as 70%.

Some examples of vitamin supplements in powder form are:
• **NuTriVene-D Complete Program (Powder Form)**

A study conducted on Nutrivene-D in children with Down syndrome noted a reduction of infections, improved growth, and improvements in laboratory parameters (Vitamins A, E, Selenium, etc.). Parents and therapists involved in the study reported considerable improvements in behavior, cooperation, and development of the children administered Nutrivene (6). Nutrivene Products have been featured on ABC News Nightline with Ted Koppel, CBS, 48 Hours and The 700 Club on the positive impact of nutrition therapy in Down syndrome. Nutrivene products are manufactured in licensed U.S. pharmaceutical facilities in compliance with current Good Manufacturing Processes. Nutrivene products contain only the highest quality nutrients and are free of artificial colors, sweeteners, and preservatives. The Nutrivene-D Daily Supplement in Powder form mixes with infant formulas, baby foods, yoghurts, drinks, etc. Nutrivene-D Daily Supplement Powder contains 150 grams (http://nutrivene.com).

• **Colostrum Plus Probiotics for Children, 50g, Powder, Childlife**

This product supports healthy digestion & the immune system. Colostrum is nature’s first food for the immune system. ChildLife uses the finest bovine colostrum that has been naturally harvested and especially prepared with Probiotics to enhance the health and vitality of your child’s immune and digestive system (http://childlife.net).

### 2.4 Factors Influencing the Consumer Buying Decision Process

The study of consumer behaviour is at the heart of successful marketing. Successful marketing begins with understanding why and how consumers behave as they do. Since the world is a collective noun used to describe the organization’s potential customer base, if we are to understand the market, we need to understand the customers who make it up (Doyle, 1994). High competition bordering on cut-throat competition is faced by virtually every kind of business and pharmaceutical firms are no exception. This has been exacerbated by the health awareness campaign in this decade.
It seems evident to ask, "What is behaviour?" and more particularly, "What is consumer behaviour?". One answer could be that behaviour is what people do and what can be observed. However, behaviour that is not observable exists, such as thinking and feeling. Behaviour is more complex than it might at first seem. In psychology, more attention is usually given to the explanation of behaviour than to the behaviour itself. Studies concerning attitudes, intentions and decision processes can try to explain and predict behaviour. The consequences of behaviour such as satisfaction receive the attention they deserve (Maklan and Knox, 1998).

Buying behaviour is the decision process and acts of people involved in buying and using products (Doyle, 1994). There is a need to understand why consumers make the purchase decisions that they make, what factors influence consumer purchases and the changing factors in our society. Doyle points out that consumer buying behaviour refers to the buying behaviour of the ultimate consumer. A firm needs to analyse buying behaviour because buyers' reaction to a firm's marketing strategy has a great impact on the firm's success. The marketing concept stresses that a firm should create a Marketing Mix (MM) that satisfies (gives utility) to customers, therefore the need to analyse the what, where, when and how consumers buy. Marketers can then better predict how consumers will respond to marketing strategies. According to Samli (1995) the study of consumers helps firms and organizations improve their marketing strategies by understanding issues such as:

- How consumers think, feel, reason and select between different alternatives (e.g. brands, products)
- How the consumer is influenced by his or her environment (e.g. culture, family, signs, media)
- The behaviour of consumers while shopping or making other marketing decisions
- How limitations in consumer knowledge or information processing abilities influence decisions and marketing outcome
- How consumer motivation and decision strategies differ between products that differ in the level of importance or interest that they entail for the consumer
- How marketers can adapt and improve their marketing campaigns and marketing strategies to more effectively reach the consumer

According to Solomon (1994) understanding these issues helps marketers adopt strategies by taking the consumer into consideration. For example by understanding that a number of different messages compete for the potential customer's attention, the firm learns that to be effective, advertisements must usually be repeated extensively. In addition, consumers will sometimes be persuaded more by logical arguments, but at other times will be persuaded more by emotional or symbolic appeals. By understanding the consumer, the firm will be able to make a more informed decision as to which strategy to employ.

De Chernatony and McDonald (1998) note that leading brands have lower costs than followers. A leading brand will avoid decline as predicted by the life-cycle model. High market share brands enjoy greater levels of behavioural brand loyalty, measured by more frequent repeat patronage or consumption. The more distinctive a brand position is, the less likelihood that the consumer will accept a substitute. This discloses the role of the perceived risk in the consumers' buying process when considering substitute retail brands.

According to Antonides (1998) intelligent health consumers have the following characteristics:

- They seek reliable sources of information. They are appropriately sceptical about advertising claims, statements made by talk-show guests, and "breakthroughs" reported in the news media. New information, even when accurate, may be difficult to place in perspective without expert guidance.

- They maintain a healthy lifestyle. This reduces the odds of becoming seriously ill and lowers the cost of health care. Prudent consumers avoid tobacco products, eat a balanced diet, exercise appropriately, maintain a reasonable weight, use alcohol
moderately or not at all, and take appropriate safety precautions (such as wearing a seat belt when driving).

- They select practitioners with great care. It has been said that primary-care physicians typically know a little about a lot and specialists typically know a lot about a little. The majority of people would do best to begin with a generalist and consult a specialist if a problem needs more complex management.

- They undergo appropriate screening tests and, when illness strikes, use self-care and professional care as needed. Excellent guidebooks are available to help decide when professional care is needed.

- They communicate effectively. They present their problems in an organized way, ask appropriate questions, and tactfully assert themselves when necessary.

- When a health problem arises, they take an active role in its management. This entails understanding the nature of the problem and how to do their part in dealing with it. People with chronic illnesses, such as diabetes or high blood pressure, should strive to become “experts” in their own care and use their physicians as “consultants”.

- They understand the logic of science and why scientific testing is needed to test and to determine which theories and practices are valid.

- They are wary of treatments that lack scientific support and a plausible rationale. Most treatments described as “alternative” fit this description.

- They are familiar with the economic aspects of health care. They obtain appropriate insurance coverage, inquire in advance about professional fees and shop comparatively for medications and other products.
- They report frauds, quackery and other wrongdoing to appropriate agencies and law
  enforcement officials. Consumer vigilance is an essential ingredient of a healthy
  society.

2.4.1 Types of consumer buying behaviour

According to Merenski (1999) the types of consumer buying behaviour are determined by:

a) The level of involvement in purchase decision: the importance and intensity of
  interest in a product in a particular situation.

b) The buyer’s level of involvement determines why he/she is motivated to seek
  information about a certain product and brands but virtually ignores others.

There are four types of consumer purchase processes based on the level of involvement
and decision making: complex decision-making, brand loyalty, limited decision making
and inertia (Merenski, 1999). High involvement processes are characterized by complex
decision-making and brand loyalty. Complex decision-making is processed by cognitive
learning; simply, “think before act”. This process requires the consumer’s development
of brand attitudes before purchase decision. Brand loyalty means that consumers make
the purchase decision with little elaboration, because of a strong commitment to the brand
through past experience. Brand loyalty is obtained by instrumental conditioning, which
is positive reinforcement based on satisfaction with the brand. Both high involvement
processes are composed of a "belief – attitude – behaviour" hierarchy, even though belief
and evaluation are not a necessary part of the process of brand loyalty.

Low involvement processes are characterized by limited decision making and inertia. In
the process of limited decision-making, the consumer forms a belief about the brand,
purchases the brand, and then evaluates it (Wagner, 1997). Although limited decision-
making involves cognitive processes, it is very passive information seeking and brand
evaluation. One form of limited decision making is variety seeking. Consumers often try
a variety of brands simply to escape boredom. They make purchase decisions without
brand evaluation or changes in brand attitudes. The evaluation will be conducted after the purchase.

**Inertia** is a repetitive buying process of the same brand to avoid making a decision. The consumer is passively involved in the buying process with little information, and then evaluates after the purchase (Merenski, 1999). The learning theory for inertia is described by classical conditioning, in which the consumer's need, which results from a stimulus-and-response function, is generated through repetitive advertising. In this case consumers simply select the brand they knew best, even if it was low in quality.

The purchase of the same product does not always elicit the same buying behaviour. Products can shift from one category to the next. For example, going out for dinner for one person may be extensive decision making (for someone that does not go out often) but limited decision making for someone else (Merenski, 1999). The reason for the dinner, whether it is an anniversary celebration or a meal with a couple of friends will also determine the extent of the decision making.

According to Statt (1997) a consumer making a purchase decision will be affected by the following factors:
1. Personal
2. Psychological
3. Social
4. Culture
The marketer must be aware of these factors in order to develop an appropriate marketing mix for the target market.

**1. Personal Factors**

This is unique to a particular person. This includes demographic factors such as sex, age, race etc. For instance, who in the family is responsible for the decision-making? Young people are known to purchase things for different reasons than older people. Male and female consumers shop differently in the market and their choice to consume certain
brands thus differs (Statt, 1997). Buying decisions are influenced by individual factors, namely:

- **Gender:** Certain products and services appear to be aimed at specific sexes, for example, clothes or specialist healthcare products. However in reality, there are very few products or services, which are not bought by both sexes.

- **Age:** A consumer’s age may provide some clues to their lifestyle and their interests.

- **Marital status:** It is a significant factor when it is combined with factors such as children and income. Certain products or services may be aimed at people of specific marital status, for example, small cars aimed at prosperous single people.

- **Kids:** Their presence in a household can have a significant effect on the disposable income of the household, its lifestyle, attitudes and consumption patterns. For example, there is a vast difference in disposable income between single-income families with kids and two-income families without kids. The age of the kids also affects the disposable income.

- **Occupation:** It is often too complex to help us discern its values as a factor in buying behaviour.

- **Personal Management:** A consumer’s use of credit and their approach to money can be useful factors in evaluating buying behaviour. Ownership of credit cards and the type of bank accounts are not just indicators of financial well-being but may also have a bearing on the willingness or ability of the consumer to purchase certain types of product/service.

- **Home ownership:** This results in certain needs and responsibilities which correlate directly with purchasing patterns.

- **Location:** Where a consumer lives may have an important bearing on buying behaviour. Certain products or services may be linked to specific locations. Rural and urban consumers differ and there are also significant differences between intercity council estate and sub-urban consumers.

Statt (1997) stated the understanding of buyer behaviour could be enhanced by combining several factors together. For example, the effect of children on disposable income, combining income with home ownership, location, partner’s status and number
and ages of children can help to identify the propensity and ability to buy certain products or services. By using different types of information in combination, we can create more sophisticated descriptions of consumers and their buying potential.

2. Psychological factors

Psychological factors have a major influence on the perceptual process. A person’s buying choices are influenced by four major psychological factors: motivation, perception, learning and beliefs and attitudes.

i) Motives

A motive is an internal energizing force that orients a person’s activities toward satisfying a need or achieving a goal. Actions are affected by a set of motives, not just one. If marketers can identify motives then they can better develop a marketing mix (Statt, 1997). Adam Maslow identified a hierarchy of needs, which suggest that needs are felt at different levels by everyone:

a) Basic psychological need for survival
b) Need for protection and security
c) Social needs such as love, belonging
d) Esteem needs such as status or self-esteem
e) Self-actualization needs which involve self development

There’s a need to determine what level of the hierarchy the consumers are at to determine what motivates their purchases.

According to Callebaut (1994) a person has many needs at any given time. Some needs are biogenic; they arise from psychological states of tension such as hunger, thirst or discomfort. Other needs are psychogenic; they arise from psychological states of tension such as the need for recognition, esteem or belonging. A need becomes a motive when it is aroused to a sufficient level of intensity. A motive is a need that is sufficiently pressing to drive the person to act.
Nutriment, a product marketed by Bristol-Myers Squibb originally was targeted at consumers that needed to receive additional energy from their drinks after exercise, a fitness drink. It was therefore targeted at consumers whose needs were for either love or belongings or esteem. The product was not selling well and was almost terminated. Upon extensive research it was determined that the product did sell well in inner-city convenience stores. It was determined that the consumers for the product were actually drug addicts who could not digest a regular meal. They would purchase Nutriment as a substitute for a meal. Their motivation to purchase was completely different to the motivation that B-MS had originally thought. These consumers were at the physiological level of the hierarchy. B-MS therefore had to redesign its marketing mix to better meet the needs of this target market. Motives often operate at a subconscious level and therefore are difficult to measure (French, 2001).

ii) Perception
What do you see? Perception is the process of selecting, organizing and interpreting information inputs to produce meaning: we chose what information we pay attention to, organize it and interpret it. Information inputs are the sensations received through sight, taste, hearing, smell and touch (Horner, 1999).

Selective Exposure: Selecting inputs to be exposed to our awareness. More likely if it is linked to an event and satisfies current needs i.e the intensity of input changes e.g sharp price drop.

Selective Distortion: Changing/twisting current received information that’s inconsistent with beliefs. Advertisers that use comparative advertisements (pitching one product against another) have to be very careful that consumers do not distort the facts and perceive that the advertisement was for the competitor.

Selective Retention: Remembers inputs that support beliefs, forgets those that don’t. An average supermarket shopper is exposed to 17,000 products in a shopping visit lasting 30 minutes, makes 60% unplanned purchases and is exposed to many advertisements per day. The shopper cannot be expected to be aware of all these inputs and certainly will not retain many. Interpreting information is based on what is already familiar, on knowledge that is stored in the memory.
According to Heilman, Bowman and Wright (2000) a motivated person is ready to act. How the motivated person actually acts is influenced by his or her perception of the situation. Perception is the process by which an individual selects, organizes and interprets information inputs to create a meaningful picture of the world. Perception depends not only on the physical stimuli, but also on the stimuli’s reaction to the surrounding field and on conditions within the individual. The key point is that perceptions can vary widely among individuals exposed to the same reality. One person might perceive a fast talking sales person as aggressive and insincere; another as intelligent and helpful. Each will respond differently to the salesperson. In marketing, people’s perceptions are more important than reality.

Several authors have demonstrated that the price of products may have a positive role in determining the perception of quality (Erickson and Johansson, 1996; Lichtenstein, Bloch and Black, 1988; Tellis and Gaeth, 1990). These studies revealed that consumers often used the price cue as evidence for judging quality when choosing between different brands. In practice, a higher price would infer a higher level of quality. In addition, research which suggested that consumers who perceived price as a proxy for quality also perceived high prices as a positive indicator suggesting a certain degree of prestige. Thus consumers would use a price cue as a surrogate indicator of prestige. In practice, high prices may even make certain products or services more desirable (Groth and McDaniel, 1993, p. 10) because people perceive higher prices as evidence of greater quality (Rao and Monroe, 1989).

Some American manufacturers were concerned about low sales of their products in Japan. Observing Japanese consumers, it was found that many of these Japanese consumers scrutinized packages looking for a name of a major manufacturer. The product specific brands that are common in the US e.g. Tide, were not impressive to the Japanese, who wanted a name of a major firm like Mitsubishi or Proctor & Gamble. Research reveals that a perceived limited supply of products enhances the consumers’ value and preference for a brand (Verhallen and Robben, 1994; Lynn, 1991; Pantzalis, 1995). “Items that are in limited supply have high value while those readily available are less
desirable. Rare items command respect and prestige" (Solomon, 1994). In addition Verhallen and Robben (1994) state that scarcity of products has even greater effect on demand if people also perceive the products as unique, popular and expensive.

These arguments are consistent with psychologists who observe situations through which individuals express a "need for uniqueness" (Synder and Fromkin, 1977). This need is the outcome of a social comparison process where an individual's desire is to be perceived as different from other individuals. This hypothesis would support the idea that the inherent scarcity and exclusivity of prestige goods would satisfy a need of uniqueness.

iii) Ability and Knowledge

There is need to understand individuals' capacity to learn. A change in a person's behaviour is caused by information and experience. Therefore for the firm to change consumers' behaviour about its product, it needs to give them new information, product free samples etc. When making buying decisions, buyers must process information. Knowledge increases with familiarity with the product and expertise. Inexperienced buyers often use prices as an indicator of quality more than those who have knowledge of a product. Take non-alcoholic beer for example, consumers chose the most expensive six-pack because they assume that the greater price indicates greater quality. Learning is the process through which a relatively permanent change in behaviour results from the consequences of past behaviour (Statt, 1997).

When people act, they learn. Learning involves changes in an individual's behaviour arising from experience. Most human behavior is learned. Learning theorists believe that learning is produced through the interplay of drives, stimuli, cues, responses and reinforcement. A drive is a strong internal stimuli impelling action. Cues are minor stimuli that determine when and where and how a person responds (Kotler, 2003). For instance when one buys an IBM computer and the experience is rewarding, the response to computers and IBM will be positively reinforced. Later on when one wants to buy a
printer, he/she may assume because IBM makes good computers, IBM also makes good printers. In other words, the person generalises the response to similar stimuli.

Research demonstrates that consumers often use television to learn about affluent lifestyles (O’Guinn and Shrum, 1997) and then try to imitate stereotypes of affluence by consuming similar prestige products (Dittmar, 1994). O’Guinn and Shrum (1997) examined the consumer’s use of television to construct social reality. Their study identified that the prevalence of products and activities associated with an affluent lifestyle were positively related to the level of exposure to television. In addition Hirschman (1988) analyzed the impact of television shows such as “Dallas” and “Dynasty” on consumers’ orientation and ideology. The results revealed that viewers used the information on affluent lifestyles portrayed in these programs to project their own ideology and orientation.

iv) Attitudes and Beliefs

An attitude is a learned orientation or disposition toward an object or situation, which provides a tendency to respond favourably/unfavourably to the object or situation. Individuals learn attitudes through experience and interaction with other people. Consumer attitudes toward a firm and its products greatly influence the success or failure of the firm’s marketing strategy (Antonides, 1998). Antonides states that the characteristics of attitudes are:

a) They can be held about any object, person or activity.
b) May be strongly or weakly held. It is an assessment based on continuous evaluation.
c) They are learned or acquired.
d) They are dynamic as they are based on our experience as we encounter new attitude objects.
e) Some are more fundamental than others and more resistant to change.

Marketers concern themselves with understanding attitudes, modifying them and turning positive attitudes towards an object into action, usually involving the purchase of the item in question. Through doing and learning, people acquire beliefs and attitudes. These in turn influence buying behavior. A belief is a descriptive thought that a person holds about
something. People's beliefs about a product or brand influence their buying decisions. A study of the influence of brand beliefs found that consumers were equally split in their preference for Diet Coke versus Diet Pepsi when tasting both on a blind basis. When tasting the branded versions, consumers preferred Diet Coke by 65% and Diet Pepsi by only 23% (with the remainder seeing no difference). This example highlights the role brand beliefs play in product choice (Knox and Cherratony, 2000).

The relationship between attitudes and behaviour

Marketers want to be able to predict and alter the behavioural component of attitudes. They want people to like their products, buy them, remain loyal to them and recommend them to others. All these involve action of some sort. In this simple model positive cognitive and affective perceptions of an object lead to positive behaviour and vice versa.

![Diagram](image)


However, in practice, there can be a huge gap between what consumers say they will/would do and what they actually do. Attitudes are therefore only one factor in behaviour. The following therefore more accurately represents the relationship that exists between attitudes and behaviour.

![Diagram](image)

Intervening factors influencing the behaviour component of attitudes:

a) Unforeseen events which may lead to a change in behaviour

b) Elapsed time

Since attitudes are dynamic, the longer the elapsed time between the measurement of the attitude and the behaviour being predicted, the less likely there is to be a link.

c) Situational factors

A consumer’s situation may preclude an action; for example, a consumer may wish to buy a given product but not have enough money on hand.

d) Stability

A particular attitude may be unstable in that one keeps changing one’s mind.

e) Conflict of attitudes

If more than one attitude is applicable to a certain situation, the resultant behaviour may inevitably lead to a compromise.

f) Strength

The strength with which an attitude is held can determine behaviour.

g) Specificity

The accuracy with which attitudes are measured also affects the degree to which they are able to predict behaviour.

Sources of attitudes

a) Family

They have an early and enormous impact on the formation of an attitude about particular brands and products.

b) Peers

The influence of friends and opinion leaders has an effect particularly with regard to the adoption of new products and innovations.

c) Direct Experience

The influence here is even greater than the above. Attitudes formed this way are held with greater conviction than those based on other sources. Attitudes and attitude change are also influenced by a consumer’s personality and lifestyle. Consumers screen information that conflicts with their attitudes; they distort information to make it
consistent and selectively retain information that reinforces held attitudes. That is brand loyalty.

According to D’Innocenzo and Cullen (1998), ‘customer satisfaction’ may be all the rage, but here’s the stark truth. If your customers say they are ‘satisfied’ with the service you offer then your service isn’t good enough. A satisfied customer isn’t going to tell everyone what a great experience they had with your company. They won’t make sure they don’t do business with anyone else but you ever again. A satisfied customer may not complain and may not quibble about payment but you can bet your bottom dollar they will try and get a better deal at a better price somewhere else next time. So forget about satisfying customers because satisfying them won’t help you make it in the increasingly competitive business world. To do that you need to create ‘Raving Fan Customers’; customers who are so devoted to your products and services that they wouldn’t dream of taking their business elsewhere and will sing from the rooftops about just how good you are.

It’s rather a hackneyed phrase, but this is only possible if you believe genuinely that the customer is “King” and focus on the customer in everything you do, from planning your company vision to developing business strategies and setting goals. Initiating a customer service programme is a doomed exercise if you haven’t already done this. I suspect this is why a recent survey by Customer Management magazine showed that 60% of us think customer service is getting worse, despite the fact there is more media and management attention focussed on this subject than ever before. If organisational culture and vision isn’t intrinsically customer-focussed and if customer service systems work against rather than in favour of the customer, no amount of talk or money put into a one-off customer service initiative is going to change anything. The golden rule is: treat people the way they want to be treated, so they will treat you and others well.

**How beliefs influence the use of drugs**

In Sierra Leone, Bledsoe and Goubaud (1985) found that medicine’s efficacy is linked to colour symbolism. Red medicines, for example, are thought to be good for the blood. In
Uganda, Birungi (1994) describes the popularity of injections. People believe that medicine injected into the bloodstream does not leave the body as quickly as that administered orally. Oral medicine is compared to food, which enters the digestive system and eventually leaves the body through defecation. Senah (1997) describes how people in Ghana consider heat to be the main cause of measles. Heat causes constipation and stomach sores in children. To treat measles people give Seprin (co-trimoxazole) syrup, multivite syrup, calamine lotion, akpeteshie (local gin) and a herbal concoction given as an enema to flush out the heat.

There is global evidence that most people think they need to take medicines to restore health, even for self-limiting disorders such as colds and diarrhoea. This is true regardless of the fact that medicines often only alleviate symptoms and do nothing to cure the underlying condition. Evidence suggests that people have lost trust in the body’s ability to fight disorders without the help of medicines. Studies on drug use by consumers show that people think they should take medicines immediately at the onset of illness to prevent it from becoming worse. According to Rasmussen (1996) statements made by people living in rural villages within the Karakoram Mountains in Pakistan illustrate this belief: “Medicine is needed for every illness. If medicine is not used, the illness will become serious.” “All illnesses need medicine. No illness will be cured without medicine.” “Medicine is to the sick, what water is to the thirsty.” “If we don’t get medicine, how will we get cured?”

Research has demonstrated that people tend to conform with the majority opinion of their membership groups when forming attitudes (Lynn, 1991). Hence a person may use a prestige brand during the week to conform with their professional position and use a modest brand during the weekend to match social standards of his/her neighbourhood. This kind of consumers may use the perceived extended-self value of prestige brands to enhance their self-concept.
3) Social Factors

Reference groups, family, role and status in society also influence attitudes and behaviour. Reference groups are people with whom one interacts. These may be coworkers, friends or professional groups. Most people want to 'fit in', so reference groups create pressures for conformity (Samli, 1995). A group of teenagers will aspire to the same brand of running shoes. Doctors in a practice will tend to prescribe the same medicine. A person's place in a social group is defined in terms of role and status. A job involves a role in the organization together with a status level. People tend to choose products to communicate their status. Such status symbols include cars, clothes and electric gadgetry. For example, often a manager will seek to look different from a frontline employee.

Consumers' wants, learning, motives etc are influenced by opinion leaders, family, reference groups, social class and culture.

i) Opinion leaders

These are, for instance, spokes people. Marketers try to attract opinion leaders, they actually use (pay) spokespeople to market their products e.g. Michael Jordan (Nike, et al).

ii) Roles and Family influences

Roles are things that you should do based on the expectations of you from your position within a group. People have many roles, for instance, a husband, father, employer or employee. Individuals' roles are continuing to change and therefore marketers must continue to update information (Statt, 1997). The family is the most basic group a person belongs to. Marketers must understand that:

a) Many family decisions are made by the family unit.
b) Consumer behaviour starts in the family unit.
c) Family roles and preferences are the model for children's future family (can reject/alter/etc).
d) Family buying decisions are a mixture of family interactions and individual decision making.

e) Family acts as an interpreter of social and cultural values for the individual.

In the family life cycle families go through stages and each stage creates different consumer demands, for instance, married couples, bachelors, single parents etc. The most comprehensive model on this (Statt, 1997) assumes that children grow up in a two parent family structure. In reality family structures today include not only married couples with children but also a variety of alternative family structures, including female and male headed single families. Family purchasing decisions can either be made autonomously or jointly, on one’s own behalf, on behalf of one or more of the other family members or for the family as a unit.

Engel, Blackwell and Miniard (1994) stated that a consumer’s behaviour is influenced by social factors such as reference groups, family and social roles and status. A person’s reference groups consist of all the groups that have a direct (face-to-face) or indirect influence on the person’s attitudes or behaviour. Groups having a direct influence on a person are called membership groups. Some membership groups are primary groups such as family, friends, neighbours and co-workers with whom the person interacts fairly continuously and informally. People also belong to secondary groups such as religious, professional and trade union groups, which tend to be more formal and require less continuous interaction. People are significantly influenced by their reference groups in at least three ways. Reference groups expose an individual to new behaviours and lifestyles and influence attitudes and self-concept; they create pressures for conformity that may affect actual product and brand choices. People are also influenced by groups to which they do not belong. Aspirational groups are those a person hopes to join; dissociative groups are those whose values or behaviour an individual rejects.

4) Culture

The products that people buy and how people respond to communications are heavily influenced by their culture, nationality, religion, race, location and social class. Asians
still have different aspirations to Europeans. Upper-class people, not surprisingly, have innate values, preferences and behaviour that are significantly different from those of the rural working class (Statt, 1997).

Culture is part of the external influences that impact the consumer. It represents influences that are imposed on the consumer by other individuals. Culture as a "complex whole" is a system of interdependent components (Statt, 1997). Knowledge and beliefs are important parts. In the US it is known and believed that a person who is skilled and works hard will get ahead. In other countries, it may be believed that differences in outcome result more from luck. "Chinking", the name for China in Chinese, literally means "The Middle Kingdom". The belief among ancient Chinese that they were in the center of the universe greatly influenced their thinking. Other issues are relevant. Art for example, may be reflected in the rather arbitrary practice of wearing ties in some countries and wearing turbans in others. Morality may be exhibited in the view in the United States that one should not be naked in public. In Japan on the other hand, groups of men and women may take steam baths together without it being perceived as improper. On the other extreme, women in some Arab countries are not even allowed to reveal their faces. What some countries view as moral may in fact be highly immoral by the standards of another country.

Culture has several important characteristics.

1) Culture is comprehensive. This means that all parts must fit together in some logical fashion. For example, bowing and a strong desire to avoid the loss of face are unified in their manifestation of the importance of respect.

2) Culture is learned rather than being something we are born with.

3) Culture is manifested within boundaries of acceptable behaviour. For example, in American society, one cannot show up in class naked, but wearing anything from a suit and tie to shorts and a T-shirt would usually be acceptable. Failure to behave within the prescribed norms may lead to sanctions, ranging from being hauled off by the police for indecent exposure to being laughed at by others for wearing a suit at the beach.
4) Conscious awareness of cultural standards is limited. The Germans intercepted one American spy during World War II simply because of the way he held his knife and fork while eating.

5) Cultures fall somewhere on a continuum between static and dynamic depending on how quickly they accept change. For example, American culture has changed a great deal since the 1950s while the culture of Saudi Arabia has changed much less.

In the Philippines (Harden, 1991) mothers decide whether or not they should buy and give medicines to their children. Men are usually not involved in decision-making on the treatment of common childhood illnesses. Instead, women consult with neighbours and relatives on treatment options. Mothers and wives in this country manage household expenses and the family’s income. They don’t have to consult their husbands about costs. Husbands take a more active role only when a health problem becomes severe.

According to Rasmussen, Dawiesah, Habicht and Dibley (1996), in Pakistan women are constrained in their efforts to treat children’s health problems. They cannot go to the bazaar or hospital in town to obtain drugs, as local cultural norms forbid such mobility for women. For this reason, husbands, sons or other family members must buy medicines. As a consequence of these gender roles, men in this country are involved in decisions about children’s treatment. They often receive information on a medicine’s use at the bazaar or health facility and tell this information to their wives who actually administer the drugs.

2.4.2 Stages In The Consumer Buying Process

According to (Merenski, 1999) the stages of the consumer buying process are:

2.4.2.1 Problem Recognition (awareness of need)

This is the difference between the desired state and the actual condition. It is the process that occurs whenever the consumer sees a significant difference between his or her current state of affairs and some desired or ideal state. This recognition initiates the decision making process. There is a deficit in the assortment of products, for example, Hunger and Food. Hunger stimulates your need to eat. It can be stimulated by the
marketer through product information. A commercial for a new pair of shoes stimulates your recognition that you need a new pair of shoes.

The buying process starts when the buyer recognizes a problem or need. The need can be triggered by internal or external stimuli. With an internal stimulus, one of the person’s normal needs i.e hunger, thirst or sex, rises to a threshold level and becomes a drive. A need can also be aroused by an external stimulus: a person for instance, passes a bakery and sees freshly baked bread that stimulates her hunger; she admires a neighbor’s new car or sees a television ad for a Hawaiian vacation. Marketers need to identify the circumstances that trigger a particular need. By gathering information from a number of consumers, marketers can identify the most frequent stimuli that spark an interest in a product category. They can then develop marketing strategies that trigger consumer interest. (Kotler, 2003).

2.4.2.2 Information search
It is the process by which a consumer searches for appropriate information to arrive at a reasonable decision. This includes:
a) Internal search memory
b) External search if you need more information. This may come from friends and relatives (word of mouth), marketer-dominated sources, comparison-shopping, public sources etc. A successful information search leaves a buyer with possible alternatives, the evoked set. When you are hungry and you want to go out and eat, the evoked set is, for example:
c) Chinese food
d) Indian food
e) Burger King etc

The customer looks for information either from external sources or memory (Merenkis, 1999). The more complex the area, the more information will be required. The marketer must be able to get their product/service into the consumer's awareness of choice set. Thus, where customers seek information from a wide variety of media sources personal
selling will influence their choice. The decision making may be carried out over an extended time period.

Aaker (1997) stated that an aroused consumer will be inclined to search for more information. There are two levels of arousal. The mild search state is called the heightened attention. At this level a person simply becomes more receptive to information about a product. At the next level, the person may enter an active information search: looking for reading material, phoning friends and visiting stores to learn about the product. Consumer information sources fall into four groups:
- Personal sources: family, friends, neighbors, acquaintances
- Commercial sources: advertising, salesperson, dealers, packaging, displays
- Public sources: mass media, consumer-rating, organizations
- Experiential sources: handling, examining, using the product

2.4.2.3 Evaluation of Alternatives
These are the dimensions that consumers use to compare competing product alternatives. There is need to establish criteria for evaluation and features the buyer wants or does not want. For instance, one may decide that you want to eat something spicy in which case Indian food gets the highest rank. If not satisfied with the choice, one then returns to the search phase. Can one think of another restaurant? The consumer weighs the relative advantage of the new product against those of other products and decides whether to try it. The customer looks at alternatives from a need satisfying perspective: looks for benefits (Merenski, 1999).

According to Kotler (2003) there is no single process used by all the consumers or by one consumer in all buying situations. There are several decision evaluation processes, the most current models of which see the process as cognitively oriented. Consumers vary as to which product attributes they see as most relevant and the importance they attach to each attribute. They will pay the most attention to attributes that deliver the sought benefits. The market for a product can often be segmented according to attributes that are salient to different consumer groups. The consumer develops a set of brand beliefs about
where each brand stands on each attribute. The set of beliefs about a brand make up the brand image. The consumer’s brand image will vary with his or her experiences as filtered by the effects of selective perception, selective distortion and selective retention.

### 2.4.2.4 Purchase decision

Choosing between alternatives includes consideration of product, package, store, method of purchase etc. Customers will travel and visit a lot of shops in this process. Personal selling can also influence their choice (Merenski, 1999). After evaluation, the customer buys the preferred alternative or a substitute. The decision to modify or postpone purchase is influenced by the risk they perceive and any anxiety they feel.

In the evaluation stage, the consumer forms preferences among the brands in the choice set. The consumer may also form an intention to buy the most preferred brand. However, two factors can intervene between the purchase intention and the purchase decision. The first factor is the **attitude of others**; the extent to which another person’s attitude reduces one’s preferred alternative depend on two things: 1) the intensity of the other person’s negative attitude toward the consumer’s preferred alternative and 2) the consumer’s motivation to comply with the other person’s wishes. The more intense the other person’s negativism and the closer the other person is to the consumer the more the consumer will adjust his/her purchase intention. The converse is also true: A buyer’s preference for a brand will also increase if someone he/she respects favours the same brand strongly. The influence of others becomes complex when several people close to the buyer hold contradictory opinions and the buyer would like to please them all (Aaker, 1997). The second factor is the **unanticipated situational factors** that may erupt to change the purchase intention. Jack Hamilton may lose his job, some other purchase may become more urgent or a store salesperson may turn him off. Preferences or even intentions are not completely reliable predictors of purchase behaviour.

Most consumers are risk adverse although the extent of risk perceived varies between people (De Chernatony and McDonald, 1998). This has led to several dimensions of consumer risk being identified: performance risk, physical risk, financial risk, social risk,
psychosocial risk and time risk. Price, performance, perceived quality and value for money all interact to influence the degree of perceived risk that consumers experience. Consumers however, generally seek to reduce risk in their decision-making processes and do so in a variety of ways. Amongst these may be reliance on a previous success or experience with a brand, recommendations by family, friends or salespersons or sampling the product before making a purchase. Well-known and familiar brands have traditionally offered the consumer a means of reducing risk and making rapid choices. This is because well-established brands are, to consumers, synonymous with quality.

2.4.2.5 Post Purchase evaluation outcome
This involves asking oneself if the right decision has been made in selecting between choices. After eating an Indian meal, one may think that one really wanted a Chinese meal. The evaluation has to do with satisfaction or dissatisfaction. This can be reduced by warranties, after sales communication etc. Satisfaction will increase loyalty to the brand (Merenski, 1999).

After purchasing the product, the consumer will experience some level of satisfaction or dissatisfaction. The marketer’s job does not end when the product is brought (Putris, 1994). Marketers must monitor post-purchase dissatisfaction, post-purchase actions and post-purchase use.

- Post purchase satisfaction
Consumers form their expectations on the basis of messages received from sellers, friends and other information sources. The larger the gap between expectations and performance, the greater the consumer’s dissatisfaction. It is then that the consumer’s coping style comes to play. Some consumers magnify the gap when the product is not perfect and they are highly dissatisfied while others minimize the gap and are less dissatisfied.

- Post purchase actions
Satisfaction or dissatisfaction with the product will influence the consumer’s subsequent behaviour. If the consumer is satisfied, he or she will exhibit a higher probability of
purchasing the product again. Dissatisfied consumers may abandon or return the product. They may seek information that confirms its high value. They may take public action by complaining to the company, going to a lawyer or complaining to other groups (such as business, private or government agencies). Private actions include making a decision to stop buying the product (exit option) or warning friends (voice option). In all these cases, the seller has done a poor job of satisfying the customer.

- **Post purchase use and disposal**
Marketers should also monitor how buyers use and dispose of the product. If consumers store the product in a closet, the product is probably not very satisfying and word of mouth will not be strong. If they sell or trade the product, new-product sales will be depressed. Consumers may also find new uses for the product.

### 2.4.3 Consumer Behaviour Models
According to Horner (1999) the models of consumer behaviour are:

#### 2.4.3.1 Fishbein Model
According to Fishbein, an attitude towards an object is a function of:

a) Strength of belief that an object has certain attributes

b) The desirability of the latter

c) The number of attributes

If a consumer believes strongly that an object has many positive desirable attributes, then it will be rated more favourably. This can be summarized by the formula:

\[
\text{Attitude towards an object} = \sum_{i=1}^{n} (b_i e_i)
\]

*where*

\[b_i=\text{strength of the belief that object contains attribute } i\]

\[e_i=\text{evaluation of the desirability of attribute } i\]

\[n=\text{number of attributes}\]

This can be described as the sum of the multiplication of the beliefs and evaluations for all attributes. Usually \(b\) is rated on a scale of 1 (strong belief of presence of attribute) to 3
(uncertain of presence) and evaluation of desirability of an attitude on a scale 1 (highly desirable) to 7 (undesirable). This method is particularly useful to marketers wishing to do brand comparison.

### 2.4.3.2 Howard Sheith Model

It identifies three types of stimulus variables:

d) **Significative** - physical characteristics of the potential purchase.

e) **Symbolic** - those attributes of the product communicated to the consumer by the marketer.

f) **Social** - arising from the consumer's social class (reference groups, family, social class etc).

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Perceptual constructs/ Learning constructs</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stimulus display significative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Price</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Distinctiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Symbolic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Price</td>
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<td>• Distinctiveness</td>
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<tr>
<td>• Availability</td>
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<tr>
<td><strong>Social</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reference groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social class</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


There's influence on motivation, choice criteria and brand comprehension. This results in the formation of an attitude. Choice criteria are affected by the consumer's motives and this leads to an evaluation of how alternative brands match up to the criteria. The consumer then evaluates the certainty with which a particular product will meet perceived needs (confidence). This in combination with the attitude leads to an intention to purchase (intention) which results in the actual observable purchase (an output variable).
Marketing Factors that Influence the Purchase of Products

- Advertising
Rossiter and Percy (1987) describe brand awareness as being essential for the communications process to occur as it precedes all other steps in the process. An advertising message will work when it is in tune with the culture of the target audience, is interesting to them and presents a solution to their needs in a persuasive way. This increases the chances of the consumers purchasing the products. Without brand awareness occurring, no other communication effects can occur. For a consumer to buy a brand they must first be made aware of it. Brand attitude cannot be formed, and intention to buy cannot occur unless brand awareness has occurred.

With today's brand-cluttered environment, advertising aimed at developing a favourable consumer attitude is challenging, requiring established prior brand awareness reliably supported by consumers. "Brand attitude without prior brand awareness is an insufficient advertising communication objective" (Rossiter and Percy, 1987). "Without brand awareness, the management and creative effort put into generating brand attitude is in vain because the attitude can never be operational".

One key to effective advertising is selecting the most appropriate advertising "model" to achieve your marketing objectives. Franzen (1999) who expanded on work by Hall and Maclay (1991) defined seven models that explain how advertising works to accomplish those objectives.

1. The sales response model: Advertising directly influences consumer behaviour. The model assumes that behaviour (e.g., purchase and fact-finding) is a direct and often immediate effect of advertising exposure. Perhaps the most common use of this type of advertising is retail sales promotions.

2. The persuasion model: Advertising tries to convince consumers that the brand's features and benefits represent a superior choice. Here the time frame is longer than for the sales response model, and advertising places a higher level of importance on brand registration. This approach is common for brands purchased
for their functional (as opposed to emotional) benefits. For example, Dodge Caravan promotes unique mini-van features such as remote opening doors to persuade consumers that it offers superior features over competitors.

3. The relationship/involvement model: Advertising is aimed at developing an intimate relationship between the brand and its users by appealing to their values, concerns, and/or interests. Although this type of advertising is found in virtually any product category, it is particularly common in service and business-to-business sectors, such as large financial service organizations.

4. The emotions model: Advertising seeks to associate the brand with specific emotions and feelings. This model is often used with brands performing an enjoyment function or a function important to social intercourse. Examples can be found in categories ranging from coffee to cosmetics.

5. The symbolism model: Advertising is designed to develop associations between the brand and a specific user type. Through personification, the brand symbolizes who users are or are striving to become. The archetypal example is advertising for Harley Davidson motorcycles.

6. The awareness/saliency model: Advertising pursues the highest possible awareness for the brand, generally using very distinctive forms. Such advertising is often applied to low-involvement "impulse" products, like soft drinks and snack foods, and is also used to build awareness for a new brand.

7. The likeability model: Advertising likeability translates to brand likeability. This often leads to advertising that entertains, as in the approach taken by mass-market beer makers.

In practice, most advertising includes design elements of two or more of these models, but the implication for marketers is clear: the overall communication objectives of advertising and research must be consistent with an underlying advertising model.
Marketing strategies are often designed to influence consumer decision-making and lead to profitable exchanges (Assael, 1998). Each element of the marketing mix (product, price, promotion, place) can affect consumers in various ways.

- **Product**

Many attributes of a company's products, including brand name, quality, newness, and complexity, can affect consumer behaviour. The physical appearance of the product, packaging, and labeling information can also influence whether consumers notice a product in-store, examine it, and purchase it. One of the key tasks of marketers is to differentiate their products from those of competitors and create consumer perceptions that the product is worth purchasing.

- **Price**

The price of products and services often influences whether consumers will purchase them at all and, if so, which competitive offering is selected. Stores, such as Wal-Mart, that are perceived to charge the lowest prices attract many consumers based on this fact alone. For some offerings, higher prices may not deter purchase because consumers believe that the products or services are higher quality or are more prestigious. However, many of today's value-conscious consumers may buy products more on the basis of price than other attributes.

Taking a slightly different position, D’Innocenzo and Cullen (1998) argued that consumers want to feel that they are getting more value for their money than they are paying. When most marketers increase the value by cutting the price so as to create the illusion of value, this way neither the buyer nor the seller gets full value because those buying on the basis of price alone may not stop long enough to consider whether the product or service is solving a problem most efficiently for them.

- **Promotion**

Advertising, sales promotions, salespeople, and publicity can influence what consumers think about products, what emotions they experience in purchasing and using them, and
what behaviours they perform, including shopping in particular stores and purchasing specific brands. Since consumers receive so much information from marketers and screen out a good deal of it, it is important for marketers to devise communications that (1) offer consistent messages about their products and (2) are placed in media that consumers in the target market are likely to use. Marketing communications play a critical role in informing consumers about products and services, including where they can be purchased and in creating favourable images and perceptions.

- Place
The marketer's strategy for distributing products can influence consumers in several ways. First, products that are convenient to buy in a variety of stores increase the chances of consumers finding and buying them. When consumers are seeking low-involvement products, they are unlikely to engage in extensive search, so ready availability is important.

2.5 Chapter Summary
The chapter has outlined the vitamin supplements brands used, the form of the vitamin supplement brands preferred and the factors that influence consumer choice. The study of consumer behaviour, understanding how and why consumers behave as they do, is at the heart of successful marketing. This way the formulation of marketing strategies is based on real consumer insight and consideration. There are four types of consumer purchase processes based on the level of involvement and decision making: complex decision-making, brand loyalty, limited decision making and inertia. A consumer making a purchase decision will be affected by the following factors: personal, psychological, social and culture. The stages of the consumer buying process are: problem recognition (awareness of need), information search, evaluation of alternatives, purchase decision and post purchase evaluation outcome.

The next chapter looks at the methodology used in the study to obtain data. It focuses on the research design, population and sample size, the data collection methods, research procedures, data analysis and presentation methods.
CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction
This chapter outlines the overall methodology used in the study. This includes the research design, population and sample size, data collection methods, research procedures, data analysis and presentation methods.

3.2 Research Design
The research was descriptive in nature. It involved identifying the vitamin supplements brands frequently used by mothers, the preferred product forms of these vitamin brands and the factors that influence mothers’ purchase of the brands. Cooper and Schindler (2003) state that descriptive studies describe a phenomena or characteristic associated with a subject population. Descriptive statistics discover and measure cause-and-effect relationships among variables.

3.3 Population and Sample

3.3.1 Population
Cooper and Schindler (2003) define a population as the total population of elements upon which inferences can be made. The larger set of observation is the population while the smaller set is called the sample. The population was based on the five major hospitals in Nairobi, namely Gertrude’s Garden Children’s, Nairchbi, Mater, M.P. Shah and Aga Khan Hospitals all of which have a paediatric wing. The complete list of mothers who fit this category cannot be obtained from any known source because of the confidential nature of hospital records.

The respondents targeted were mothers who are self-employed, housewives or employed ranging in age from twenty (20) to forty (40) years. These mothers were expected to have children who were not older than ten years.
3.3.2 Sampling Design

i) Sample Frame
Cooper and Schindler (2003) define a sampling frame as a list of elements from which the sample is actually drawn and is closely related to the population. The sampling frame constituted mothers with children aged between 1 -10 years. For the purpose of effective administration of the research these mothers were resident in Nairobi city. The hospitals targeted were Gertrude’s Garden Children’s, Aga Khan, Mater, Nairobi and M.P. Shah. These were selected primarily due to convenience as the venues most likely to be visited by mothers who have children aged 1-10 years. The study focused on those mothers with a steady income, those of middle to upper class socio-economic status, as they were deemed able to afford the purchase of vitamin supplements and also better able to offer responses to this kind of research. This explains why mothers visiting government hospitals were excluded from the study. Owing to the strict adherence of the hospitals to patient information confidentiality rules, an official list of mothers could not be obtained.

ii) Sampling Technique
A simple random sampling technique, which is the simplest form of probability sampling, was used. In this technique each population element has a known and equal chance of selection. For this research study, mothers were selected at random from each of the five hospitals. In this case, there was an equal chance of including the self-employed, employed and the housewives.

iii) Sample Size
The sample was determined using convenience sampling technique. For this purpose a sample size of 120 mothers was used. Thus a sample size of 24 mothers was selected from each hospital. The confidential nature of hospital data and budgetary constraints limited the selection of a larger sample size.

3.4 Data Collection Methods
Data collection methods entailed both primary and secondary data. Primary data was collected from questionnaires that were given to mothers selected from the 5 city
hospitals that have a paediatric wing. The questionnaire was given to every mother who walked through the hospital out-patient doors after establishing if their child's age corresponded to that specified. Pre-screening was conducted to ensure the validity of the key informant's responses. The questionnaires had structured and non-structured questions that were designed on the basis of the research objectives specifically: to identify the vitamin supplement brands used, the product forms preferred by mothers and the factors that influence the mothers' purchase of the supplements. Each mother selected was briefed on the research project and upon agreeing to participate was guided through the questionnaire.

3.5 Research Procedures

The questionnaire design was based on the objectives of the study. A pilot study was conducted amongst seven (7) mothers. The purpose of the pilot study was to enable the researcher to review and revise the questionnaire. An introduction letter was attached to the questionnaire explaining the purpose of the research study. Questionnaires were administered to the respondents by a research assistant over a two week period with each requiring about ten minutes to complete.

3.6 Data Analysis Techniques

Data analysis was done by the use of frequency distribution tables and percentages. The tabulation was done using SPSS and the appropriate percentages generated to aid in answering the research questions. The research questions were used to ascertain the vitamin supplement brands most frequently purchased by the mothers, the preferred product forms of the vitamin supplements brands and the factors that influence the mothers' purchase of the vitamin supplements brands.

3.7 Chapter Summary

The chapter covers the methods used to collect the information. The study was descriptive in nature. Convenience sampling was used and the population studied consisted of mothers selected from the five major hospitals in Nairobi, namely, Gertrude's Garden Children's, Mater, Nairobi, M.P. Shah and Aga Khan. A sample size
of 120 mothers was selected for the study. The data collection tool was a questionnaire while data was analysed using SPSS and presented in table form.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the results and findings of the study based on the research questions. The results of the study were obtained from a total of 120 questionnaires, which were administered to the mothers. The results and findings are summarized in form of frequency distribution tables.

The results are presented as follows: general characteristics of the respondents sampled, the vitamin supplement brands most frequently purchased, the preferred product forms of the vitamin supplement brands and the factors that influence the mothers’ purchase of the vitamin supplement brands.

4.2 General Characteristics of the Respondents Sampled

The ages of the child and mother and the mother’s occupation were identified as appropriate general characteristics of the respondents sampled. The section also determined the number of times mothers had purchased vitamin supplements in the last three months.

4.2.1 Age

Table 1: Age of the Child

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>49</td>
<td>40.8</td>
<td>40.8</td>
<td>40.8</td>
</tr>
<tr>
<td>6-10 years</td>
<td>71</td>
<td>59.2</td>
<td>59.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows that the majority of the mothers (59.2%) had children between the ages of six and ten years while 40.8% of the mothers had children aged five years and below.
Table 2: Age of the Mother

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid 20-25 years</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>26-30 years</td>
<td>53</td>
<td>44.2</td>
<td>44.2</td>
<td>47.5</td>
</tr>
<tr>
<td>31-35 years</td>
<td>37</td>
<td>30.8</td>
<td>30.8</td>
<td>78.3</td>
</tr>
<tr>
<td>36-40 years</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
<td>90.0</td>
</tr>
<tr>
<td>41 and above</td>
<td>12</td>
<td>10.0</td>
<td>10.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 shows that the majority of the mothers (44.2%) were between the age of 26-30 years. The mothers who were between the age of 31-35 years were 30.8% while 11.7% were between the age of 36-40 years. The mothers who were aged forty-one and above were ten percent (10%). The minority of the respondents (3.3%) were between the ages of 20-25 years.

Table 3: Occupation of the Mother

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self employed</td>
<td>31</td>
<td>25.8</td>
<td>25.8</td>
<td>25.8</td>
</tr>
<tr>
<td>housewife</td>
<td>6</td>
<td>5.0</td>
<td>5.0</td>
<td>30.8</td>
</tr>
<tr>
<td>employed</td>
<td>83</td>
<td>69.2</td>
<td>69.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows that the majority of the mothers (69.2%) were employed. The table also shows that 25.8% of the mothers were self-employed and 5.0% were housewives.
Table 4: Number of Times Purchased Vitamin Supplement Brands in the Last Three Months

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Not at all</td>
<td>24.0</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>1.0</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>22.0</td>
<td>18.3</td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>50.0</td>
<td>41.7</td>
<td>41.7</td>
</tr>
<tr>
<td></td>
<td>Very frequently</td>
<td>23.0</td>
<td>19.2</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>120.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4 indicates that the majority of the respondents (41.7%) had frequently purchased vitamin supplement brands in the last three months. Twenty percent (20%) had purchased vitamin supplement brands very frequently while 18.3% purchased them occasionally in the three months preceding. The percentage of respondents who had not purchased the vitamin supplements at all were 19.2% while 0.8% were not sure if they had.

4.3 The Vitamin Supplement Brands Purchased by Mothers

This section analysed the frequency with which mothers purchased vitamin supplement brands. On screening the questionnaires the 24 respondents who did not use the vitamin supplement brands at all were eliminated in subsequent analysis. Thus 96 respondents were used to represent the sample in the analysis that follows. The vitamin supplement brands purchased were Haliborange, Scott’s Emulsion, Seven Seas, Calcimax and Multivite.
Table 5: Frequency of Purchase of Vitamin Supplement Brands

<table>
<thead>
<tr>
<th></th>
<th>Haliborange 46</th>
<th>Scott’s Emulsion2</th>
<th>Seven Seas 6</th>
<th>Calcimax 67</th>
<th>Multivite 61</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all %</td>
<td>47.9%</td>
<td>12.5%</td>
<td>6.3%</td>
<td>69.8%</td>
<td>63.5%</td>
</tr>
<tr>
<td>Count</td>
<td>46</td>
<td>12</td>
<td>6</td>
<td>67</td>
<td>61</td>
</tr>
<tr>
<td>not sure %</td>
<td>18.8%</td>
<td>25.0%</td>
<td>26.0%</td>
<td>5.2%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Count</td>
<td>18</td>
<td>24</td>
<td>25</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>occasionally %</td>
<td>19.8%</td>
<td>2.1%</td>
<td>11.5%</td>
<td>15.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Count</td>
<td>19</td>
<td>2</td>
<td>11</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>frequently %</td>
<td>6.3%</td>
<td>49.0%</td>
<td>37.5%</td>
<td>9.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Count</td>
<td>6</td>
<td>47</td>
<td>36</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>very frequently %</td>
<td>7.3%</td>
<td>11.5%</td>
<td>18.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5 indicates that the vitamin supplement brands the mothers purchased frequently were Scott’s Emulsion (49%) and Seven Seas (37.5%). Those that frequently purchased Haliborange, Calcimax and Multivite were 6.3%, 9.4% and 6.3% respectively. The vitamin supplements that some of the mothers did not purchase at all were Haliborange, Calcimax, and Multivite. These were represented by the following percentages of the mothers: 47.9%, 69.8% and 63.5%, respectively. Only 12.5% and 6.3% of respondents claimed not to purchase Scott’s Emulsion and Seven Seas at all correspondingly. The respondents who stated that they purchased the vitamin supplements occasionally were 19.8% (Haliborange), 2.1% (Scott’s Emulsion), 11.5% (Seven Seas), 15.6% (Calcimax) and 5.2% (Multivite). Some of the respondents indicated that they were not sure if they purchased the vitamin supplement brands. These were 18.8% for Haliborange and 25% for Scott’s Emulsion. 26% of respondents also stated that they were not sure about Seven Seas while 5.2% were not sure if they purchased Calcimax. 18.8% were not sure about their purchase of Multivite. Seven Seas and Scott’s Emulsion were purchased very frequently by 18.8% and 11.5% of respondents respectively while only 7.3% and 6.3% did so for Haliborange and Multivite correspondingly.

### 4.4 Product Forms of Vitamin Supplement Brands Preferred by Mothers

This section analysed the respondents’ preferred product forms of the vitamin supplements, specifically, chewable tablets, liquid/syrup and powder.
Table 6: Product Forms of Vitamin Supplement Brands Preferred by Mothers

<table>
<thead>
<tr>
<th></th>
<th>chewable tablets</th>
<th>liquid/syrup</th>
<th>powder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>no extent</td>
<td>35</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>little extent</td>
<td>24</td>
<td>25.0%</td>
<td>7</td>
</tr>
<tr>
<td>average extent</td>
<td>6</td>
<td>6.3%</td>
<td>30</td>
</tr>
<tr>
<td>great extent</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>very great extent</td>
<td>31</td>
<td>32.3%</td>
<td>47</td>
</tr>
</tbody>
</table>

Table 6 indicates that the majority (57.3%) of the respondents preferred the vitamin supplement brands in powder form to an average extent while 49% of the respondents preferred the vitamin supplement brands to be in form of a liquid/syrup to a very great extent. The table also shows that 36.5% of the respondents did not prefer the vitamin supplement brands to be in the form of chewable tablets.

The table shows that 6.3% of the respondents to an average extent and 25% to a little extent preferred the vitamin supplement brand to be in form of chewable tablets. The table also indicates that the percentage of respondents who did prefer the vitamin supplement brands to be in form of chewable tablets to a great extent was 32.3%.

The table illustrates that 7.3% and 31.3% of the respondents preferred the vitamin supplement brands to be in form of liquid/syrup to a little extent and to an average extent respectively. The respondents who preferred the vitamin supplement brands to be in form of liquid/syrup form to a great extent were 12.5%.

The table shows that 25% of the respondents did not prefer powders to any extent and 11.5% preferred it to a little extent. 6.3% of the respondents preferred the vitamin supplement brands to be in powder form to a very great extent.

4.5 Factors that Influence Mothers’ Purchase of Vitamin Supplement Brands

This section analyzed the factors that affect the mothers’ purchase of the vitamin supplement brands. The section identified the importance attributed to choosing between vitamin supplement brands with different constituents. Further the section analysed the
marketing factors that influenced the mothers’ purchase of the vitamin supplements as well as the personal, psychological and social factors that influence their decisions.

Table 7: Level of Importance Attributed to Choosing Between Vitamin Supplement Brands with Different Formulations

<table>
<thead>
<tr>
<th></th>
<th>one with as many vitamins as possible</th>
<th>one with cod liver oil</th>
<th>one with both cod liver oil and vitamins</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>not important</td>
<td>25</td>
<td>26.0%</td>
<td>6</td>
</tr>
<tr>
<td>somewhat important</td>
<td>6</td>
<td>6.3%</td>
<td>6</td>
</tr>
<tr>
<td>fairly important</td>
<td>17</td>
<td>17.7%</td>
<td>12</td>
</tr>
<tr>
<td>important</td>
<td>30</td>
<td>31.3%</td>
<td>42</td>
</tr>
<tr>
<td>very important</td>
<td>18</td>
<td>18.8%</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 7 shows that the majority (56.3%) of the respondents indicated that in choosing vitamin supplements, they felt it was very important to choose one with both cod liver oil and vitamins. 43.8% of the respondents considered it important to choose a vitamin supplement with cod liver oil. The percentage of the respondents who considered it important to choose a vitamin supplement with as many vitamins as possible was 31.3%.

Twenty six percent (26%) of the respondents indicated that it was not important to choose a vitamin supplement brand with many vitamins and 6.3% felt it was somewhat important. 17.7% and 18.8% felt it was fairly important and very important respectively.

The table also shows that 6.3% of the respondents felt that it was not important to choose a vitamin supplement brand with cod liver oil while another 6.3% deemed it as somewhat important. The percentage of the respondents who felt that it was fairly important to choose a vitamin supplement brand with cod liver oil was 12.5% and that it was very important was 31.3%.

According to 17.7% and 26% of the respondents, it was fairly important and important, respectively, to choose a vitamin supplement brand with both cod liver oil and vitamins.
Table 8: Level of Importance Attributed to Marketing Factors in Purchasing Vitamin Supplement Brands

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Fairly important</th>
<th>Important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Reputation or name of manufacturer</td>
<td>30</td>
<td>31.3%</td>
<td>12</td>
<td>12.5%</td>
<td>18</td>
</tr>
<tr>
<td>Doctor’s recommendation</td>
<td>6</td>
<td>6.3%</td>
<td>5</td>
<td>5.2%</td>
<td>7</td>
</tr>
<tr>
<td>In-store promotions</td>
<td>65</td>
<td>67.7%</td>
<td>7</td>
<td>7.3%</td>
<td>20</td>
</tr>
<tr>
<td>Advertising on TV, radio magazines, newspapers</td>
<td>30</td>
<td>31.3%</td>
<td>18</td>
<td>18.8%</td>
<td>24</td>
</tr>
<tr>
<td>Decrease in price/coupon offer</td>
<td>38</td>
<td>39.6%</td>
<td>15</td>
<td>15.6%</td>
<td>19</td>
</tr>
<tr>
<td>Packaging</td>
<td>34</td>
<td>35.4%</td>
<td>24</td>
<td>25.0%</td>
<td>12</td>
</tr>
<tr>
<td>Availability</td>
<td>6</td>
<td>6.3%</td>
<td>1</td>
<td>1.0%</td>
<td>24</td>
</tr>
<tr>
<td>Satisfaction from use</td>
<td>6</td>
<td>6.3%</td>
<td>1</td>
<td>1.0%</td>
<td>24</td>
</tr>
<tr>
<td>Ease of administration</td>
<td>19</td>
<td>19.8%</td>
<td>12</td>
<td>12.5%</td>
<td>19</td>
</tr>
<tr>
<td>Price</td>
<td>19</td>
<td>19.8%</td>
<td>12</td>
<td>12.5%</td>
<td>24</td>
</tr>
</tbody>
</table>

Table 8 shows that the majority of the respondents (31.3%) indicated that reputation or name of the manufacturer is not an important factor while 37.5% of respondents considered a doctor’s recommendation of a vitamin supplement brand as an important consideration while purchasing supplements. In-store promotions were regarded as unimportant in the purchase decision by 67.7% of respondents. Table 8 also indicates that the majority of the respondents (31.3%) did not consider advertising to be an important factor influencing vitamin purchase. Further, 39.6% of the respondents did not regard a decrease in price or coupon offer as important in affecting their selection of a vitamin supplement brand. Also considered not important in influencing the selection of the vitamin supplements by 35.4% of respondents was the packaging of the product. Product availability was regarded as an important factor to consider when buying supplements by 38.5% of respondents. 36.5% of the respondents stated that satisfaction from use was important in influencing their selection of a vitamin supplement while 31.3% considered the brand’s ease of administration as very important. 42.7% of respondents deemed a brand’s price as fairly important in their purchase decision.
Table 9: Personal Factors that Influence the Purchase of Vitamin Supplement Brands

<table>
<thead>
<tr>
<th>Extent</th>
<th>Count</th>
<th>Age and number of children</th>
<th>Affordability of brand</th>
<th>Marital status</th>
<th>Child’s acceptance of brand</th>
<th>Area of residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>no extent</td>
<td>18</td>
<td>13</td>
<td>49</td>
<td>8</td>
<td>53.1%</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>18.8%</td>
<td>13.5%</td>
<td>51.0%</td>
<td>8.3%</td>
<td>53.1%</td>
<td></td>
</tr>
<tr>
<td>little extent</td>
<td>7</td>
<td>11</td>
<td>19</td>
<td>11.5%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>7.3%</td>
<td>11.5%</td>
<td>19.8%</td>
<td>11.5%</td>
<td>22.9%</td>
<td></td>
</tr>
<tr>
<td>average extent</td>
<td>7</td>
<td>30</td>
<td>7</td>
<td>12</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>7.3%</td>
<td>31.3%</td>
<td>7.3%</td>
<td>12.5%</td>
<td>19.8%</td>
<td></td>
</tr>
<tr>
<td>great extent</td>
<td>14</td>
<td>12</td>
<td>15</td>
<td>30</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>14.6%</td>
<td>12.5%</td>
<td>15.6%</td>
<td>31.3%</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>very large extent</td>
<td>50</td>
<td>30</td>
<td>6</td>
<td>35</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>52.1%</td>
<td>31.3%</td>
<td>6.3%</td>
<td>36.5%</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

Table 9 indicates that the majority of the respondents (36.5%) stated that their child/children’s acceptance of a brand influenced their choice of purchasing vitamin supplements to a very large extent. Also exerting influence to a very large extent was the age and the number of children respondents had. This was stated by 52.1% of respondents. 51% of respondents stated that to no extent did their marital status and the brand’s attractiveness on the shelf affect their choice of vitamin supplements while 53% indicated the same about their residential area.

The table shows that 7.3% of the respondents stated that age and the number of the children influenced their purchase of the vitamin supplement brands to a little extent. The table also shows that 11.5% of the respondents stated that a brand’s affordability influenced their purchase of the vitamin supplement brands to a little extent. 7.3% of mothers reported that their marital status influenced their purchase of the vitamin supplement brands to an average extent. 8.3% of the respondents felt that their child/children’s acceptance of a brand did not influence their purchase of the vitamin supplements. It is evident from the table that only 1.0% of the respondents reported that
their area of residence influenced their purchase of the vitamin supplements to a great extent.

Table 10: Psychological Factors that Influence the Purchase of Vitamin Supplement Brands

<table>
<thead>
<tr>
<th></th>
<th>Need for recognition as good mothers</th>
<th>Perception of brand safety</th>
<th>Confidence in brand's health claims</th>
<th>Previous experience with the brand</th>
<th>Influence of others</th>
</tr>
</thead>
<tbody>
<tr>
<td>no extent</td>
<td>Count</td>
<td>31</td>
<td>12</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>32.3%</td>
<td>12.5%</td>
<td>6.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>little extent</td>
<td>Count</td>
<td>13</td>
<td>12</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>13.5%</td>
<td>12.5%</td>
<td>6.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>average extent</td>
<td>Count</td>
<td>17</td>
<td>30</td>
<td>31.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>great extent</td>
<td>Count</td>
<td>12</td>
<td>37</td>
<td>31.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>very large extent</td>
<td>Count</td>
<td>23</td>
<td>47</td>
<td>43.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>24.0%</td>
<td>49.0%</td>
<td>43.8%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

Table 10 shows that 50% of mothers stated that their previous experience with the brand influenced their choice of vitamin supplements to a very large extent. A further 49% reported that their perception of how safe the brand was influenced their choice of the vitamin supplements to a very large extent. According to 43.8% of the respondents the credibility of the brand's health claims affected their choice of purchase of vitamin supplements to a very large extent while 32.3% of the respondents stated that to no extent did their need for recognition as good mothers influence their purchase of the same.

12.5% of respondents stated that to a great extent the need to be recognised as good mothers influenced their purchase of the vitamin supplements while a similar number (12.5%) indicated that their perception of the brand's safety influenced their purchase only to a little extent. The respondents (6.3%) reported their purchase of vitamin supplements was influenced to a little extent by the credibility of the brand's health claims. The percentage of respondents who stated that previous experience with the brand
influenced their purchase of the vitamin supplements to a little extent was 12.5%. A similar percentage indicated that only to a little extent did the influence of others affect their selection of vitamin supplement brands.

Table 11: Social/Cultural Factors that Influence the Purchase of Vitamin Supplements Brands

<table>
<thead>
<tr>
<th></th>
<th>Influence from sales person</th>
<th>Influence from spouse</th>
<th>Common belief that the product is good</th>
</tr>
</thead>
<tbody>
<tr>
<td>no extent</td>
<td>Count 25</td>
<td>Count 12</td>
<td>Count 19</td>
</tr>
<tr>
<td>little extent</td>
<td>% 26.0%</td>
<td>% 12.5%</td>
<td>% 19.8%</td>
</tr>
<tr>
<td>average extent</td>
<td>14</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>great extent</td>
<td>50</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>very great extent</td>
<td>7</td>
<td>32</td>
<td>44</td>
</tr>
</tbody>
</table>

Table 11 indicates that the majority of the respondents (45.8%) stated that to a very large extent the common belief that the product was good influenced their choice of vitamin supplements. The percentage of the respondents who reported that a spouse or husband influenced their purchase of the vitamin supplements to a great extent was 33.3%. 52.1% of the respondents stated that the sales people influenced their choice of vitamin supplements to an average extent.

The table shows that only 7.3% of the respondents indicated that the sales people affected their purchase of vitamin supplements to a great extent. Influence from a spouse only affected the purchase of vitamin supplements for 6.3% of the respondents. A similar percentage stated that a common belief that a product was good influenced their purchase of the vitamin supplements to an average extent.

4.5 Chapter Summary
In this chapter the findings of the study were presented based on the research objectives. The results indicated that the majority of the mothers stated that their children were between the age of six and ten years. The majority of the mothers were between the ages of 26-30 years. The results further indicated that the majority of respondents were
employed. The 24 mothers who had not purchased vitamin supplements at all in the previous three months were eliminated at this stage of the research.

The research findings indicate that the vitamin supplement brands that the mothers most frequently purchased were Scott’s Emulsion and Seven Seas. The vitamin supplement brands that the respondents least purchased were Calcimax and Multivite. The results also indicate that the respondents most preferred the vitamin supplement brands to be in the form of liquid/syrup. Chewable tablets came second in preference while the least preferred were powders.

The marketing factors that respondents considered fairly to very important in influencing their purchase decision were a doctor’s recommendation of a brand, its price, availability, satisfaction from use and ease of administration. The factors considered by the respondents to have less influence in their selection of a vitamin supplement brands were in-store promotions, a price decrease or coupon offer, advertising, product packaging and the reputation of the manufacturer.

With regard to formulation, the results indicated that the majority of the mothers preferred one with both cod liver oil and vitamins. The results also indicated that the personal factors that mainly influenced the mothers’ selection of the vitamin supplements were the age and number of the children and their child/children’s acceptance of a brand. The psychological factors that predominantly influenced the mothers’ selection of the vitamin supplement brands were previous experience with the brand, their perception of the brand’s safety and the credibility of its health claims. The results indicated that the main social/cultural factor that influenced the mothers’ purchase of the vitamin supplement brands was a commonly held belief that the product was good.

The next chapter discusses the findings of the study, the conclusions derived from the findings and the recommendations for improvement and further research. The discussions and recommendations are based on the research objectives, which were to identify the vitamin supplement brands most frequently purchased by mothers, the preferred product
forms of the vitamin supplement brands and the factors that influence mothers’ purchase of the vitamin brands.
CHAPTER FIVE

5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section comprises a discussion of the findings of the study, the conclusions derived from the latter and recommendations for improvement and further research.

5.2 Summary

The purpose of the study was to determine the factors that mothers' consider critical in their selection of the vitamin supplement brands. The type of research design was descriptive and the population consisted of mothers from five private hospitals in Nairobi city. The research was guided by the specific objectives, which were to identify the vitamin supplement brands most frequently used by mothers, the preferred product forms of the vitamin supplement brands and the factors that influence mothers' selection of the vitamin brands.

The convenience sampling technique was used to determine the sample elements. Data was collected by use of questionnaires and data was analysed using frequency distribution tables.

The research findings revealed that the vitamin supplement brands that the respondents most frequently purchased were Scott's Emulsion and Seven Seas. The mothers' preferred form of the vitamin supplements were liquids/syrups with chewable tablets taking second place. The least preferred form was powders. With regard to formulation, the mothers preferred those brands with both cod liver oil and vitamins.

The marketing factors respondents considered important in influencing their purchase decision were a doctor's recommendation of a brand, its price, availability, satisfaction from use and ease of administration. However, in-store promotions, a price decrease or coupon offer, advertising, product packaging and the reputation of the manufacturer had less influence on the respondents' selection of the vitamin supplement brands.
The personal factors that had a major effect on the mothers’ selection of the vitamin supplements were the age and number of the children and their child/children’s acceptance of a brand. The main psychological factors affecting their selection of brands were their previous experience with the brand, perception of a brand’s safety and the credibility of its health claims. The main social/cultural factor that influenced the mothers’ purchase of the vitamin supplement brands was a common belief that the product was good.

5.3 Discussion

This section provides a discussion on the research objectives as follows:
- Discussion on the vitamin supplement brands most frequently purchased
- Discussion on the preferred product forms of the vitamin supplements
- Discussion on the factors that influence the purchase of the vitamin supplements

5.3.1 Vitamin Supplement Brands most Frequently Purchased

The study revealed that the vitamin supplement brands that were most frequently purchased by the mothers were Scott’s Emulsion and Seven Seas and the preferred forms were liquids/syrups and chewable tablets, in order of preference. The study’s questionnaire provided a list of the vitamin supplement brands that are purchased by mothers. These vitamin supplement brands were Haliborange, Scott’s Emulsion, Seven Seas, Calcimax and Multivite. The frequency of the purchase of these vitamin supplement brands differed among the respondents.

The vitamin supplement brands that were frequently purchased were Seven Seas and Scotts Emulsion. This compares favourably to the Internet findings that Seven Seas is one of the leading and most trusted names in UK healthcare. Seven Seas offers a comprehensive range of vitamins and minerals especially formulated to safeguard the family’s good health (http://www.seven-seas.ltd.uk). The heritage of Seven Seas has created a perception of consumer care, recognising the various health needs of people of all ages. It also lends credibility to retail audit data for the Kenyan market (Anon, 1998)
that indicated Scott’s Emulsion and Seven Seas to be the vitamin brand category leaders with shares of 56% and 11% respectively.

The other vitamin supplement brands that were purchased though to a lesser extent were Haliborange, Calcimax and Multivite. This sits well with Haliborange’s proposition of developing specially formulated vitamin and mineral supplements to suit all the family’s needs (http://www.haliborange.com).

All the above brands that mothers were found to purchase had multiple vitamins which relates well to Filer’s (1990) observations that individual vitamins are rarely used. Czeizel and Dudas (1992) had also established that multiple vitamin supplements contain a variable number of essential and/or non-essential nutrients. Their primary purpose is to provide a convenient way to take a variety of supplemental nutrients from a single product, in order to prevent vitamin or mineral deficiencies, as well as to achieve higher intakes of nutrients believed to be of benefit above typical dietary levels.

5.3.2 The Preferred Product Forms of Vitamin Supplement Brands
The research further identified the respondents preferred form of the vitamin supplement brands. The findings indicated that the most preferred product form of the vitamin supplement brands was liquid/syrup. This compares favourably to the findings of Donoghue and Langenberg (1996) who stated that the advantages of liquid forms is that they are easy to swallow for children and seniors, prepared from fresh organic ingredients, assimilate immediately into the blood stream for immediate effect. Absorption of nutrients is 95% - 98% and is typically 3-5 times more concentrated for higher bio-activity, ensuring the consumer greater therapeutic benefits. Ingredients are not powdered and require no fillers, binders or added recipients. Also, liquid nutrients are not compressed, which requires additional digestion to break down the ingredients or to break down the capsules that have additives. In relation to the findings of Filer (1990), the products on the market for infants and children can be categorized as either liquids or chewable tablets. For infants, the most commonly used liquid formulations are those
containing vitamins A, D, and C with or without iron. Seven Seas, Scott’s Emulsion and Haliborange all contain these vitamins in varying amounts.

Chewable tablets ranked second in preference. This was surprising given the findings of Donoghue and Langenberg (1996) who stated that the primary difficulty with tablets is that they are difficult to take, digest and absorb. Children for instance may find it hard to chew tablets and digest them, resulting in expensive stomach illnesses.

A small percentage of respondents indicated that they preferred the vitamin supplement brands to be in powder form to an average extent. Donoghue and Langenberg (1996) stated that the benefits of powders is that there are no fillers, binders or additives, they are easy to swallow and easy to digest. Powders are great for kids, eliminating the need for the often sugar filled chewable vitamins. Economics also make powdered supplements more appealing than their tablet and capsule rivals.

5.3.2 Factors that Influence the Purchase of Vitamin Supplements Brands

The research finding that mothers preferred a brand with both cod liver oil and vitamins confirms the fact that a customer considers alternatives from a need satisfying perspective: they look for the most benefits (Merenski, 1999).

The study revealed that a doctor’s recommendation of a brand influenced mothers’ selection of the vitamin supplement brands to a significant extent. This confirms Antonides’ (1998) findings that intelligent health consumers select practitioners with great care and Statt’s (1997) findings that the opinion of opinion leaders has an effect on the adoption of new products and innovations. It also confirms the findings of Merenski (1999) that a buyer’s preference for a product will also increase if someone he or she respects favours the same brand strongly.

A brand’s availability and affordability were also found to be important factors influencing vitamin selection and purchase. This concurs with the findings of Assael
(1998) that when consumers are seeking low-involvement products, they are unlikely to engage in extensive search, so ready availability is important. Horner (1999) also indicated that availability is an important stimulus in the purchase decision. Brand availability is an important symbolic variable: it communicates certain attributes about the product to the purchaser/consumer. The observation by Solomon (1994) that items that are in limited supply have high value while those that are readily available are less desirable, does not appear therefore to apply to the vitamin supplement market in Kenya.

Ordinarily a higher price would infer a higher level of quality (Rao and Monroe, 1989) and this might explain why price decreases and coupon offers had little effect on the mothers’ purchasing decisions. This also compares favourably to the findings of D’Innocenzo and Cullen (1998) who stated that generally consumers want to feel that they are getting more value for their money than they are paying. However, when marketers increase the value by cutting the price so as to create the illusion of value, this way neither the buyer nor the seller gets full value because those buying on the basis of price alone may not stop long enough to consider whether the product or service is solving a problem most efficiently for them. The greater reality though, is that many of today’s value-conscious consumers buy products more on the basis of price than other attributes (Assael, 1998). This is because personal factors such as the presence of children in a household can have a significant effect on disposable income making consumers (Statt, 1997), such as the mothers in the study, more price sensitive.

The ease of administration and satisfaction from the use of a brand also emerged as important factors in brand selection. This augurs well with previous findings by Merenski (1999) that satisfaction will increase loyalty to the brand. The larger the gap between expectations and performance, the greater the consumer’s dissatisfaction. Dissatisfied consumers may abandon or return the product. It may be inferred from the research findings that Seven Seas and Scott’s Emulsion brands have created ‘raving fan customers’ who are so devoted to their products that they wouldn’t dream of taking their business elsewhere (D’Innocenzo and Cullen, 1998).
The respondents indicated that advertising was not a major factor affecting their selection of vitamin supplements brands. Rossiter (1987) stated that an advertising message will work when it is in tune with the culture of the target audience, is interesting to them and presents a solution to their needs in a persuasive way. This increases the chances of the consumers purchasing the products. According to Franzen (1999) advertising is aimed at developing an intimate relationship between the brand and its users by appealing to their values, concerns, and/or interests. From this, it may be inferred from the research findings that advertising may not be a key driver of purchase for this category as is, for example, doctor recommendation. This is further reinforced by Antonides (1998) who stated that intelligent health consumers seek reliable sources of information and are appropriately sceptical about advertising claims, statements made by talk-show guests and ‘breakthroughs’ reported in the news media. New information, even when accurate, may be difficult to place in perspective without exper. guidance.

In-store promotions and product packaging were also revealed by research to have little influence in mothers’ selection of vitamin supplement brands. This may suggest that Assael’s findings (1998) that the physical appearance of the product, packaging, and labeling information can influence whether consumers notice a product in-store, examine it, and purchase it may not be very important for this category of products.

Unlike the Japanese who were found to scrutinise product packages for names of major manufacturers (Verhallen and Robben, 1994; Lynn, 1991; Pantzalis, 1995), the mothers in the research were little influenced by the reputation of the manufacturer. It was also interesting to note that unlike in the Philippines where men are usually not involved in decision making on treatment of common childhood illnesses (Hardon, 1991), a significant number of mothers in the research were influenced by their spouses in determining the vitamin supplement brand to buy.

The research findings revealed that the personal factors that mainly influenced the mothers’ selection of the vitamin supplements were the age and number of the children and the child/children’s acceptance of a brand. This compares to the findings of Statt
(1997) who stated that demographic factors such as sex, age, number of the kids etc influence the consumers’ purchasing decision. The presence of the kids in a household can have a significant effect on the disposable income of the household, its lifestyle, attitudes and consumption patterns. Also to pertinent to these findings is an observation by De Chernatony and McDonald (1998) that consumers seek to reduce risk in their decision making process by reliance on previous success (in this case, likeability by the child) with a brand.

The research results also indicated that the psychological factors that largely influenced the mothers’ choice of vitamin brands were previous experience with the brand, perception of a brand’s safety and the credibility of its health claims. This bodes well with the findings of Statt (1997) that when making buying decisions, buyers must process information. Knowledge increases with familiarity with the product and expertise. Inexperienced buyers often use prices as an indicator of quality more than those who have the knowledge of a product.

The research findings indicated that the social/cultural factor that influenced the mothers’ purchase of the vitamin supplement brands was a common belief that the product was good. This compares favourably to the findings of Samli (1995) that the products people buy and their response to communications are heavily influenced by their culture, nationality, religion, race, location and social class. It also augurs well with the findings of Statt (1997) that reference groups such as family, role and status in society also influence attitudes and behaviour. It confirms the findings of Engel, Blackwell and Miniard (1994) that reference groups expose an individual to new behaviours and lifestyles and influence attitudes and self-concept; they create pressures for conformity that may affect actual product and brand choices. Finally, it may also be inferred from the research that the information sources most relevant to mothers purchasing vitamin brands are those described by Aaker (1997) as personal (family, friends, neighbours and acquaintances) and experiential sources (handling, examining, using the product).
5.4 Conclusions
The purpose of the study was to determine the factors that influence the selection of vitamin supplement brands by mothers in the city of Nairobi.
The following are the conclusions based on the findings and discussions.

5.4.1 Vitamin Supplement Brands Most Frequently Purchased
The majority of the respondents purchased vitamin supplement brands albeit to different extents. The most frequently purchased brands were Seven Seas and Scott’s Emulsion.

5.4.2 The Preferred Product Forms of the Vitamin Supplement Brands
The respondents preferred the vitamin supplements to be in form of liquid/syrup. The second rated product form was chewable tablet. Powders were least preferred.

5.4.3 Factors that Influence the Mothers’ Purchase of the Vitamin Supplement Brands
The research findings indicated that in choosing the vitamin supplement brands, the mothers’ chose one with both cod liver oil and vitamins. The marketing factors that mainly influenced the mothers’ choice of the vitamin brands were a doctor’s recommendation of a brand, its price, availability, satisfaction from use and ease of administration. However, in-store promotions, a price decrease or coupon offer, advertising, product packaging and the reputation of the manufacturer had less influence on the respondents’ selection of the vitamin supplements.

The personal factors that mothers considered important in the selection of the vitamin supplements were the age and number of the children and the child/children’s acceptance of a brand. The main psychological factors that swayed the mothers’ choice of brands were their previous experience with the brand, perception of a brand’s safety and credibility of its health claims. The main social/cultural factor affecting the mothers’ selection of vitamin supplement brands was a common belief that the product was good.
5.5 Recommendations

The following recommendations are based on the findings and conclusions of the study.

5.5.1 Suggestions for Improvement

The respondents indicated that they preferred the vitamin supplement brands to be in form of liquid/ syrup and chewable tablets. It is recommended that pharmaceutical firms consider this when launching new products into the vitamin market. Regarding formulation of new products, the firms are urged to ensure that vitamin products are easy for mothers to administer to their children and that they provide satisfaction to guarantee repeated purchase i.e brand loyalty.

As mothers strongly indicated that a doctor’s recommendation of a particular vitamin supplement brand had an effect on purchase, vitamin brand manufacturers are also encouraged to actively solicit doctors’ endorsement of their brands. Since advertisements have an important role to play in persuading customers that the product featured will meet their needs and offer them value, it is also proposed that these companies consult health care professionals when developing advertising messages. Perhaps this way advertising can be better utilised to deliver specific brand messages to mothers resulting in purchase.

Mothers regarded vitamin brand availability as important in their purchase decision. This should motivate pharmaceutical companies to address any distribution gaps with regard to their products. It is very likely that mothers, as with most consumers, can be persuaded to purchase vitamin brands by a variety of promotional tools in-store if these are designed with mothers’ specific needs in mind. It is therefore recommended that companies increase their investment in research that uncovers these insights.

While price is a key determinant of the vitamin brands that mothers purchase, it is recommended that they weigh this against advice received from doctors, advertising messages about the brands, commonly held views about the brands and satisfaction from previous use, in arriving at a decision that best benefits their children.
It is also suggested that retailers such as pharmacies and supermarkets currently not stocking vitamin brands explore the business opportunity that vitamin sales present particularly with regard to mothers of young children.

5.5.2 Suggestions for Further Research

This research focused on the factors that influence mothers in their selection of vitamin supplement brands for their children. Further research should be conducted on the factors that influence the same target group with regard to their selection of other pharmaceutical products and the results compared. It is also proposed that further research be conducted on the buying behaviour of other consumers groups, for example the elderly, in relation to vitamin supplement brands.
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http://www.nutraceutical.com

http://www.nutrivene.com

http://www.seven-seas.ltd.uk

http://www.sightamins.com
APPENDIX I: COVER LETTER

MAUREEN W. MIRING'U,
SCHOOL OF BUSINESS STUDIES,
U.S.I.U. AFRICA,
P.O.BOX 14634,
NAIROBI.

Dear Respondent,

I am conducting a research to determine the factors that influence mothers' choice of vitamin supplement brands. This is in partial fulfilment of the requirements of the Masters Degree in Business Administration at the United States International University.

You have been identified as a respondent for the study. I would be grateful if you could spare some time to provide the information on the attached questionnaire. Any information provided will be treated with confidentiality and will be used solely for academic purposes.

Thank you very much for your participation in this research.

Yours sincerely,

MAUREEN W. MIRING'U
RESEARCHER
APPENDIX II: QUESTIONNAIRE

This is an academic research paper in partial fulfilment of the requirements of the Masters Degree in Business Administration at United States International University-Africa. The results will be used to determine the factors that influence mothers' choice of vitamin supplement brands for their children. The responses will be treated with utmost confidentiality and will be used for academic purposes only. Thank you.

Instructions: Tick the answer you feel is most appropriate in the spaces provided.

SECTION A: GENERAL INFORMATION

1. Age of the child ( ) 0-5 years ( ) 6-10 years
2. Age of the mother ( ) 20-25 years ( ) 31-35 years ( ) 41 and above
   ( ) 26-30 years ( ) 36-40 years
3. Occupation ( ) self employed
   ( ) housewife
   ( ) employed (please state profession)
4. Number of times vitamin supplement brands have been purchased in the last 3 months
   ( ) Not at all ( ) Not sure ( ) Occasionally ( ) Frequently ( ) Very frequently

SECTION B: VITAMIN SUPPLEMENT BRANDS PURCHASED BY MOTHERS

How often do you purchase the vitamin supplement brands listed below for your child/children? Indicate your choice by circling the number that's most appropriate. The scale is as follows:

Not at all (1)
Not sure (2)
Occasionally (3)
Frequently (4)
Very frequently (5)

a) Haliborange 1 2 3 4 5
b) Scotts Emulsion 1 2 3 4 5
c) Seven Seas
   1  2  3  4  5

d) Calcimax
   1  2  3  4  5

e) Multivite
   1  2  3  4  5

SECTION C: PREFERRED PRODUCT FORMS OF THE VITAMIN SUPPLEMENT BRANDS

1. Listed below are product forms. To what extent would you prefer the vitamin supplement brands you purchase to be in each of the forms? Circle the number that’s most appropriate.
   No extent (1)
   Little extent (2)
   Average extent (3)
   Great extent (4)
   Very great extent (5)
   a) Chewable tablet
      1  2  3  4  5
   b) Liquid/syrup
      1  2  3  4  5
   c) Powder
      1  2  3  4  5

SECTION D: FACTORS THAT INFLUENCE THE MOTHERS’ SELECTION OF VITAMIN SUPPLEMENT BRANDS

2. How important are the following factors to you in choosing between vitamin supplement brands? Circle the number that’s most appropriate.
   Not important (1)
   Somewhat important (2)
   Fairly important (3)
   Important (4)
   Very important (5)
   a) One with as many vitamins as possible
      1  2  3  4  5
   b) One with cod liver oil
      1  2  3  4  5
   c) One with both cod liver oil and vitamins
      1  2  3  4  5

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3. What level of importance do you attribute to the following in your purchase of vitamin supplement brands? Circle the number that’s most appropriate.

Not important (1)
Somewhat important (2)
Fairly important (3)
Important (4)
Very important (5)

a) Reputation/name of the manufacturer
b) Doctor’s recommendation of a vitamin supplement brand

4. To what extent do the following influence your selection of a vitamin supplement brand? Circle the number the most appropriate.

Not important (1)
Somewhat important (2)
Fairly important (3)
Important (4)
Very important (5)

a) In-store promotions e.g give-aways
b) Advertising on TV, radio, magazines, poster, newspaper
c) Decrease in price or coupon offer
d) Packaging of the product
e) Product availability
f) Satisfaction from use
g) Easy of administration
h) Price
5. To what extent do the following factors influence your choice of purchasing vitamin supplements? Circle the number the most appropriate.

| No extent | (1) |
| Little extent | (2) |
| Average extent | (3) |
| Great extent | (4) |
| Very great extent | (5) |

a) **Personal factors**
   
i) Age and number of the children 1 2 3 4 5
   
ii) Affordability of brand 1 2 3 4 5
   
iii) Marital status 1 2 3 4 5
   
iv) Child’s acceptance of brand 1 2 3 4 5
   
v) Area of residence 1 2 3 4 5

b) **Psychological factors**
   
i) Need to be recognised as a good mother 1 2 3 4 5
   
ii) Perceived safety of a brand 1 2 3 4 5
   
iii) Credibility of health claims 1 2 3 4 5
   
iv) Previous experience with a brand 1 2 3 4 5
   
v) Influence of others 1 2 3 4 5

c) **Social/cultural factors**
   
i) Influence from the sales people 1 2 3 4 5
   
ii) Influence from a spouse/husband 1 2 3 4 5
   
iii) Common belief that the product is good 1 2 3 4 5
APPENDIX III: THE BUDGET

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IMPLEMENTATION PLAN

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