

MARKETING OPPORTUNITIES FOR PUBLIC HEALTH CHEMICALS IN TAMIL NADU

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ABSTRACT

Marketing is the technique which creates new market opportunities for the goods and services particularly for public health chemicals. Public health chemical is nothing but a chemical which is protect from the diseases like Chikengunya, Malaria, Dengue or other diseases. It is the combination of sciences, management, skills, and beliefs that is directed to the maintenance and improvement of health through collective efforts or social sector. This study deals with the management aspects of public health chemicals, use of supply and distribution mechanism, and problems of marketing local as well as regional level in other words wholesale as retail marketing. It also aims to find out the marketing opportunities for public health chemicals in the proposed study area. The study suggests to re-conceptualize the existing market conditions and removing their loopholes. It is earnestly hoped that if these suggestions are implemented it will make avowed goal of uplifting the market strategies to marketing the mosquito control health chemicals and promotes public health through the effective marketing. The suggestions are made here on the basis of the field survey in the selected areas in Chennai Municipal Corporation limit.

Introduction

Marketing is the technique which creates new market opportunities for the goods and services particularly for public health chemicals. Public health chemical is nothing but a chemical which is protect from the diseases like Chikengunya, Malaria, Dengue or other diseases. An effort organized by the society to protect, promote and restore health. It is the combination of sciences, management, skills, and beliefs that is directed to the maintenance and improvement of health through collective efforts.

In most industrial nations, like USA, UK and Japan, the public health services are organized nationally, regionally, and locally. In India, we practice the same method to control the diseases. The national public health services are usually responsible for setting, monitoring and maintaining health

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standards, for promoting good health, for collecting and compiling national health statistics, and for supporting and undertaking research on diseases. National as well as state governments are dealing with the public health services mainly health protection activities such as ensuring safe water, food supplies and eradication of mosquitoes.

In most of the countries, mosquitoes are a major public health problem. They are estimated to transmit disease to more than 700 million people annually, and are responsible for the deaths of 1 in 17 people currently alive.

In New Zealand, UK, Scandinavia and other temperate countries, mosquito bites are mostly a nuisance. The malaria is a leading cause of premature mortality, particularly in children under age of five, with around 1.3 million deaths annually. In India and her states and union territories, the eradication of mosquito is the major health development programme. It creates lot of health awareness among the public.

Need for the study

Malaria has been a problem in India for centuries. Details of this disease can be found even in the ancient Indian medical literature like the 'Charaka Samhita'. The economic loss (due to the loss of man-days) due to malaria was estimated to be at Rs. 10,000 million per year in 1935. The annual incidence of malaria was estimated at around 75 million cases in 1953 with about 8 lakhs deaths annually. To combat this menace, the Govt. of India launched the National Malaria Control Programme and it proved highly successful and within five years the incidence dropped to 2 million. By 1961 the incidence dropped to a mere 50, 000 cases a year. But since then the programme suffered repeated set-backs due to technical, operational and administrative reasons and the cases started rising again. Malaria has now staged a dramatic comeback in India after its near eradication in the early and mid sixties.

The estimated economic loss due to malaria in India from 1990-1993 is \$506.82 million to \$630.82 million. India has spent up to 25 per cent of its health budget on malaria control from 1977-1997, Starting in 1997, India planned to spend \$40 million on malaria control, a 60 per cent increase from the previous year. Most of the studies show the problems in supplying the public health chemicals up to the local level, pricing of the commodity and other related problems. The study also analyzes the various policy measures to eradicate mosquitoes through market techniques needed at all level. It saves time, money, medicines and everything.

The experimental market strategy, advertisement techniques, traditional market secrets, delivery and supply of public health chemicals, experienced sales team, consumer friendly approaches, public health promotions policy

measures by the governments are the core areas to increase the public health chemical marketing and the promotion of public health.

With in this context, the study deals with the management aspects of public health chemicals, use of supply and distribution mechanism, and problems of marketing local as well as regional level.

The study depends on secondary as well as primary data. The secondary data have been collected from government reports, literatures, National health statistics, Census records, World Health Organization reports and related websites. Primary data was generated through survey with the help of structured questionnaire. The suitable statistical technique were applied for analysis and interpretation.

The study was conducted in Chennai city which is highly populated, urbanized, mechanized city in Tamilnadu. According to the national health statistics, Chennai is a potential area to marketing the public health chemicals.

The study has taken 1991 to 2006 as the period of investigation and examination and has chosen 2000 as base year because only during this period the most of the producer produced the chemicals and marketed them to commercial organizations and individuals. During 2000 the mechanized systems has been popularized and the marketing of these chemicals was also covered.

Results and Discussions

A total of 300 respondents from there areas like Mylapore, Triplicane and Thiyagaraja Nagar were selected for the study along with 120 public health chemical sales organisations.

35 per cent of respondents were male and the remaining female. The female respondents were more in number in all the study area because most of the respondents were housewives.

The majority of the respondents (32.00) per cent belonged to the age group of 31-40. That meant they were responsible and matured housewives. Further analysis of data showed that those who were in the age group of 41-50 constituted mainly the decision maker in their houses. The research found that, these groups play active part to buy the mosquito control chemical.

The data shows that majority (94.67) per cent of the respondents were literate in the study area and even in 2006, the capital of a state like Tamil Nadu 5.33 per cent respondents were still illiterate and they were not aware about

their health condition. The data indicates that 19.72 per cent respondents were Diploma holders. The rather higher educational standard of the members have helped them to take decision to purchase the household items mosquito control chemicals. And there was no significant difference between the graduates and post graduates in all the study areas, further analysis of data showed that most of the respondents (18.68 per cent) studied up to the matriculation level. The professional degree holders like Doctors, Advocates, Teachers and Engineers are aware about all the health and related problems but they are not frequently visiting the markets.

The data reveals that 57.14 per cent affected respondents get treatment from the private hospitals remaining 42.86 per cent prefer Government hospitals. Apart from the private hospitals, the government health institution needs more attention towards the control of mosquito population and spread disease. It shows that the performance of government hospital/health centers was not satisfactory. The mosquito chemical companies can tie-up with the private hospitals and there is a rich scope to improve their products and marketing of the mosquito chemicals. Problems with quality of health care exist in both the public and private sectors. Two dimensions of quality can be distinguished. The technical quality is derived in terms of professional standards and effectiveness of health care in improving health outcomes. There is no good communication between patient and the service provider in the study area related with the mosquito diseases. Some health facilities are frequently out of stock like essential chemicals including anti-malarias and the malaria peak in some areas coincides with the end of the binomial year, exacerbating the problem at a key time. The problem of inefficiency, low quality, and under utilizations of health care are the result of a range of influences on the behavior of both providers-“Supplier” in economic terminology and patients ‘Consumers’. The behaviors of consumer’s the-demand side-depends on a number of factors including prices of the treatment alternatives, incomes, patient preferences for different characteristics of goods and services and access to alternative providers. Demand is also influenced by the information that patients have at their disposal, including what they believe about the quality of the different alternatives available to them. On the supply side the behavior of providers is influenced by their knowledge, binomial conditions, competition, their perceptions of patient’s attitudes, and any legal or regulatory sanctions for inappropriate behavior. The services provided by the government and private hospitals against mosquito related disease and the chemical companies can play active role.

98 per cent of respondents were aware about mosquito related disease. The rest had no knowledge of mosquito related disease and their control

measures. Even those found aware were not using any mosquito coil or liquids or mosquito nets.

18.66 per cent respondents did not have any awareness about the mosquito spread disease and the remaining (81.34 per cent) respondents understand the mosquito related disease. Dengue, Malaria, Yellow fever and other diseases spread to the humanity. These respondents became aware from News Papers, Radio, FM Services, Television, Corporation Agencies, Area Associations, Non Governmental Agencies Friends and relatives. The female respondent understand the things easily and the data shows that 47.00 per cent of the female respondents are having knowledge of mosquito spreaded disease and 34.33 per cent of male respondents understood the mosquito spreaded disease. The television is the main source of awareness about the public health chemical because 59.83 per cent respondents are watching it regularly. Radio and FM services are other important mode to reach the public about mosquito control chemicals followed by news papers, books and corporation agencies. 9.01 per cent respondents learned about the public health chemicals through Non-Governmental Organization and the area associations like residents association etc.

The data shows that the composition of awareness among the respondents about the public health chemicals through the news papers and books. 11.06 per cent of the respondents learned from the news papers about the public health chemicals. According to the respondents, in English The Hindu, The New Indian Express, The Deccan Chronicle and The Economic Times, in Tamil, Dinamani, Dinamalar, Dinakaran and Thina Thanthi are the important sources to learn about mosquito related diseases and their control chemicals, most of the respondents said that, the news item carries these type of mosquito awareness programmes.

Standardized beta co-efficient of the significant variables can be used for interpreting the variables of relative importance in explaining the dependent variable. Standardized beta co-efficient for the variable total investment is higher than the co efficient for the variable 'age' showing that the 'total investment' has more influence on profit of the public health chemical units than the age of the sales personel. The firms have been classified on the basis of loss and profit and were related with amount of investment. The correlation co-efficient for different periods are highly significant. The variables are highly correlated in the year 2000 and 2001 while it is moderately correlated in the year 2005. Over all conclusions that can be made is that there is correlation between the levels of investment and marketing of public health chemicals.

It is understood from the data the average investment was 164 lakhs in the firms established in the year 1999 and there was a sharp decline in the

subsequent years. However, in case of firms established in 2003, the average investment was Rs. 201.29 lakhs. As the amount of marketing increases, the volume of investment also might have increased.

Friedman Two-way ANOVA has been conducted to check whether there is any significant difference between different problems faced by the marketing of public health chemical firm's in terms of their mean rank. The Friedman test is a non-parametric test to compare three or more matched group. It is also called Friedman two way analysis of variance by ranks.

Calculated chi-square value is 208.4117 and the p-value is 0.000. Therefore one can reject the hypothesis "The problem faced by marketing of public health chemical firms are equally distributed" with 1 per cent level of significance.

It can be noted that the sample firms rated problems related to marketing as the major problem. Tamil Nadu and in particularly Chennai has got large labour potential and infrastructure facilities. The financial problems are solved because most of them are private limited companies and the capital need is not too large. This being public health oriented industry; these units come under priority sector. However, they have to understand and cope with present market situation, which is not in the hands of the firms. The efforts are needed to evolve suitable marketing strategies for marketing of public health chemicals.

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