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Raghava Segu
Research Scholar, Department of
Agricultural and Rural
Management, Tamil Nadu
Agricultural University,
Coimbatore, Tamil Nadu, India

Divya K
Associate Professor (ARM),
Department of Agricultural and
Rural Management, Tamil Nadu
Agricultural University,
Coimbatore, Tamil Nadu, India

Murugananthi D
Assistant Professor (ARM),
Department of Agricultural and
Rural Management, Tamil Nadu
Agricultural University,
Coimbatore, Tamil Nadu, India

Kavitha M
Assistant Professor (Horti),
Office of the Controller of
Examination, Tamil Nadu
Agricultural University,
Coimbatore, Tamil Nadu, India

Corresponding Author
Raghava Segu
Research Scholar, Department of
Agricultural and Rural
Management, Tamil Nadu
Agricultural University,
Coimbatore, Tamil Nadu, India

A study on consumer buying behaviour towards major herbal based immunity boosters and brands in Tamil Nadu

Raghava Segu, Divya K, Murugananthi D and Kavitha M

Abstract

The population is increasing rapidly that leading to a change of lifestyle, health & wellbeing of every individual. The immune system is a natural defence system that is present in every individual, plays a vital role to fight against infections caused by foreign pathogens. India is a country gifted with numerous herbal medicinal plants having medicinal properties that help to build strong immunity. This paper is focused on consumer buying behaviour towards herbal based immunity boosters with a sample size of 246 consumers chosen through convenience sampling. The majority of respondents are male, between the ages 21-30 years, postgraduates and married, having a family size of 3-5 members, with income above Rs 50,000/- monthly. The findings of the study showed that the majority of consumers were moderately aware of the term herbal immunity boosters and purchasing herbal immunity boosters occasionally followed by once in a month, rarely, often and weekly. With help of the Chi-Square test, it is known that there is a significant association between purchase frequency and demographic parameters like age, educational status, profession, marital status, family size and income but there is no significant association between gender and frequency of purchase, educational status and frequency of purchase.

Keywords: Purchase frequency, herbal, immunity boosters, association, demographic factors

Introduction

Currently, the world is going through an unprecedented situation with COVID-19. At present, there is a lack of proper treatment against COVID-19 but there are some preventive measures like washing hands, applying sanitisers, wearing masks to stop the spread. The death of COVID-19 patients is mainly because of poor immunity. Herbs and plant materials are the best supplements having the potential to boost the immunity system because of their natural properties and no side effects and are non-toxic (Patil, 2020) [5]. Immunity defines the body's natural defence system against a vast array of diseases and disorders (Sharma et.al, 2017) [6]. Herbs have immunomodulator substance and fed additives that stimulate and help in the building of antibodies that protects against various viral, bacterial and other miscellaneous infections (Singh, 2016). Herbs play a vital role in the boost of immunity because they have the characteristic that will increase the intestinal beneficial bacteria. Some of the traditional spices like turmeric, ginger, garlic, cinnamon and cloves and herbs like tulsi, mint, ashwagandha, giloy, neem and amla have a plethora of beneficial properties. So by taking them or adding them as flavours to food will act as a preventive measure and build immunity (Singh, 2020) [9]. Plant-derived materials gaining popularity because of having multiple component agents, natural immunomodulators with greater potent, safe and economic viability. Almost 122 chemicals are extracted from herbal plants and identified as having therapeutic substances that are been used in manufacturing medicines (Sharma, 2017) [6]. Hence there is a paradigm shift in focus towards traditional herbs that possess immune-modulatory properties and responses to both specific and non-specific immunity. The demand for herbal-based immunity boosters like chywanprash, ashwagandha, giloy, tulsi, amla, turmeric etc., has been increased significantly. Major brands like Dabur, Himalaya, Patanjali, Emami, Hamdard, Marico etc., has introduced a new range of products as there is an increase in awareness and demand for traditional herbal-based immunity boosters that can be easily available, easily consumable because of availability in different forms like tablets, powder, syrups and carry pocket friendly.

Consumer buying behaviour

Consumer buying behaviour is referred to as the behaviour of final consumers, individuals and households who buy goods and services for personal consumption (Kotlar & Armstrong, 2008). It involves two aspects like the first one are the final purchase activity (which will be visible to us) and the other is a decision process that takes place at the time of buying (which is not visible to us) (Hemanthkumar, 2017). Individual make decisions in obtaining and using goods and services and how individuals make decisions to spend their available resources like money, time and effort on the consumption of related items (Satyaprasad, 2013).

Due to pandemic, as health and personal hygiene remain focus consumers have shown importance towards health products mainly immunity boosters. Brands that claiming with immunity-boosting ingredients observed high interest among consumers (Report by Nielsen IQ [<https://www.livemint.com>]). For example, Taboola the world's leading discovery platform has released the latest readership trends for most read topics in India. Page view traffic to articles about how to boost immunity and recipes involving turmeric has seen a 39% increase in page view traffic, recorded 5.6million page views. Google India released a report called "What India searching for Insights for Brands" during the COVID-19 pandemic. Google India reported that there is a huge jump i.e. 500% increase for searches related to health and immunity-boosting products. Searches for Vitamin C gone up about 150 per cent and herbs with medicinal properties like giloy went up 380 per cent (<https://www.thinkwithgoogle.com/>). An all India consumer survey has done by a consulting firm Pronto Consult that specialised in doctor perception studies and pharma market insights in India and the Middle East. They found out of every 100 medicinal bills, 92 were immunity-boosting products found in a survey. Products containing ingredients like honey, chywanprash, ginger, moringa, amla and tulsi have seen an upward trend. They have analysed almost 4000 medicinal bills issued by pharmacies to consumers. According to the paper published by Tech Sci Research, it outlined that India immunity-boosting packaged products market is projected to reach \$347 million by FY 2026 as an increase in consciousness and focus towards preventive health. The socio-economic factors like rising per capita income and increase of middle class and urban population adding fuel to the growth of immunity-boosting products market. Individual factors like the increase of busy lifestyle, lack in intake of nutritional food and fitness also influencing the growth of immunity-boosting products market in the country.

Literature review

Vikrant Arya *et.al* (2012) studied the consumer buying behaviour of ayurvedic products in the city of Joginder Nagar of Himachal Pradesh. The analysis found that most of the consumers were interested in ayurvedic Over the Counter (OTC) products compared to allopathic, homoeopathic and Unani medicines. Consumers cured of prevalent diseases without the consult of a physician and get influenced through advertisements of major brands.

Sathyaprasad (2013) executed a study on rural consumer behaviour on branded health food drinks concluded that rural consumers are playing a vital role in the royalty of the brand. Rural consumers extracted the maximum amount of product information through television advertisements and the major factors influencing them to purchase.

Chincholkar (2016) [2] made a study on consumer behaviour of health and dietary supplements in Mumbai city indicated

that an increase in self-health awareness and preventive health care increased change consumption of supplements. Doctors and health consultants were influenced to consume. The majority of the consumers showed interest in herbal products compared to chemical supplements.

Suganya and Hamsalakshmi (2017) [10] found that consumers are conscious of specific brands and prefer chemical-free products. Consumers between the age group of 36-45 were interested to purchase ayurvedic medicinal products.

Deepa and Nalina (2018) [3] studied consumer buying behaviour of ayurvedic products in Mysore city resulted that 74 per cent of the consumers consume ayurvedic medicines for prevalent diseases and 72 per cent of the consumer-preferred ayurvedic medicines than allopathic and homoeopathic medicines. Consumers were highly influenced by advertisements of major brands.

Chu Le Chong and Peng Hong Teh (2020) conducted a study on consumer buying behaviour towards probiotics nutraceutical products in Malaysia. Results of multiple regression analysis revealed that two key factors that influenced the buying behaviour that is self-motivation and promotion of health. There was a low knowledge about probiotics among consumers.

Harsh (2021) [11] studied on post-covid-19 trends in consumer buying behaviour of pharma Over Counter products. Through descriptive analysis, it was found that there was an increase in self-health awareness among consumers post covid-19 and started consuming immunity booster products that proved the positive impact of covid-19 in the perspective of self-health awareness. Most of the consumers buying well-known brands compared to unknown brands and those are branded with ailments of ayurvedic ingredients.

Landge and Petare (2021) [7] executed a study on consumer buying behaviour towards Over The Counter (OTC) products during the covid-19 pandemic revealed that consumers are using most common diseases like cold, cough and fever and are above the age of 20 years. Among the Over the Counter products, allopathic medicines contribution was higher than the ayurvedic products. Curative time was the most influencing factor for consumers to purchase.

Methodology

The primary data was collected between June 2021 to August 2021. Due to the prevailing COVID situation, the data was collected through an online survey by using Google forms. Totally 254 respondents details were collected out of those 8 responses are unfilled and they were not considered for the study, finally, 246 respondents are taken for the research study. To draw meaningful conclusion tools like percentage analysis and Chi-square test has been used for the study. Based on the above discussions it was found that there is a research gap in terms of consumer buying behaviour towards herbal based immunity boosters and brands. So, a study was undertaken with the objective to analyse the association between the frequency of purchase and the demographic factors of the sample respondents.

Percentage Analysis

Percentage analysis is a basic and primary tool that represents the collected data in the form of percentages. This is been used for interpretation of collected raw data of demographic profile of respondents, which includes the gender, age, educational status, occupation, marital status, family type, size of family, household income and also the awareness of herbal immunity boosters, brands. The frequency of data is usually represented in percentages and depict in form of Tables.

$$\text{Percentage} = \frac{\text{Number of responses by the respondents to specific questions}}{\text{Total number of respondents}} * 100$$

Chi-square analysis

The Chi-square test is a test of significance that can be used to test does the two variables are statistically associated with each other significantly and to analyze the goodness of fit. In this study, factors are divided into two categories namely demographic factors like age, income, marital status and education and study factors. Each of the demographic factors is tested against the study factors for its significance using the chi-square test. Here, it is used to analyze the significance level of demographic factors and frequency if purchase as study factor towards major herbal-based immunity booster’s products and brands. It is to be calculated by

$$\chi^2_c = \sum \frac{(O_i - E_i)^2}{E_i}$$

O_i = set of observed (experimental) frequency
 E_i = set of expected (theoretical or hypothetical) frequency

In the study, a chi-square test will be used to analyze the buying behaviour of selected immunity-boosting products and companies, where frequency of purchase as the dependent variable and demographic features like gender, educational status, the profession of the respondent, marital status, size of the family and monthly household income as independent variables.

Results and Discussion

Demographic details are the basic requirement for any consumer-based study. The demographic characters include gender, age, education, profession, marital status, family size and income. The demographic details of the sample respondents are given in Table 1. It indicated that the majority of the sample were male (65 per cent) followed by female (34 per cent). In the age category, the majority of the sample respondents were belonged to 21 to 30 years of age (56.5 per cent) followed by 31 to 40 years (29.26 per cent), 41 to 50 years (13.0 per cent), and less than 20 (1.21 per cent). In the case of education, the majority of the sample respondents were postgraduates (47.15 per cent) followed by undergraduates (36.5 per cent), doctorate (8.13 per cent), and diploma (7.72 per cent) and high school (0.4 per cent). In the case of the profession, the majority of the sample respondents were working and about 33.73 per cent followed by private employees (31.7 per cent), unemployed (13.82 per cent), public employees (11.38 per cent), business/ entrepreneur (4.87 per cent) and self-employed (4.47 per cent). The marital status of respondents is equally distributed. Majority of respondents had family size with 3-5 members (70.32 per cent), followed by greater than 5 members (24.79 per cent) and less than 3 members (4.87 per cent). With respect to family income per month, most of the sample respondents had family income of above Rs 50,000/- (29.26 per cent) followed by Rs 30,001/- to Rs 40,000 /- (24.79 per cent), Rs 40,001/- to Rs 50,000/- (18.29percent), Rs 20,001/- to Rs 30,000 /- (12.60 per cent) and up to Rs 20,000/- (15.04 per cent).

Table 1: Demographic profile of respondents and frequency of purchase

Sl. No	Particulars	Descriptive Variables	Number of respondents	Percentage
1.	Gender	Male	161	65.71
		Female	85	34.55
		Total	246	100.00
2.	Age	<20 years	3	1.21
		21-30 years	139	56.50
		31-40 years	72	29.26
		41-50 years	32	13.0
		Total	246	100.00
3.	Educational Status	High School	1	0.4
		Diploma	19	7.72
		Under Graduate	90	36.5
		Post Graduate	116	47.15
		Doctorate	20	8.13
Total	246	100.00		
4.	Profession of respondent	Student	83	33.73
		Public Employee	28	11.38
		Private Employee	78	31.70
		Self-Employed	11	4.47
		Business/ Entrepreneur	12	4.87
		Unemployed	34	13.82
Total	246	100.00		
5.	Marital Status	Married	123	50.0
		Unmarried	123	50.0
		Total	246	100.00
6.	Family Members	<3 members	12	4.87
		3-5 members	173	70.32
		>5 members	61	24.79
		Total	246	100.00
7.	Income	Up to 20,000/-	37	15.04
		20,001 to 30,000/-	31	12.60
		30,001 to 40,000/-	61	24.79
		40,001 to 50,000/-	45	18.29
		Above 50,000/-	72	29.26
		Total	246	100.00

The details of awareness of the term herbal immunity boosters are given in Table 2. About 44.71 per cent of the sample respondents were moderately aware of the term herbal immunity boosters followed by very aware (30.08 per cent), slightly aware (13.41 per cent), extremely aware (8.94 per cent) and not aware (2.84 per cent). It could be concluded that the majority of the sample respondents were moderately aware of the term herbal immunity boosters.

Table 2: Awareness of term herbal immunity boosters

Sl. No	Level of awareness	No. of respondents	Percentage
1.	Not aware	7	2.84
2.	Slightly aware	33	13.41
3.	Moderately aware	110	44.71
4.	Very aware	74	30.08
5.	Extremely aware	22	8.94
Total		246	100.00

The consumer's frequency of purchase of major herbal-based immunity boosters is given in Table 3. The majority of the respondents are purchasing occasionally (45.12 per cent), followed by once in a month (21.95 per cent), rarely (20.32 per cent), often (8.53 per cent) and once in a week (4.06 per cent). It could be concluded that the majority of the respondents purchased occasionally and have some consciousness on their wellbeing of health.

Table 4: Association between frequency of purchase and age of major herbal based immunity boosters

Sl. No	Age of sample respondent	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	<20 years	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	2 (0.8)	3 (1.2)
2.	21-30 years	12 (4.9)	8 (3.3)	11 (4.5)	72 (29.3)	36 (14.6)	139 (56.5)
3.	31-40 years	7 (2.8)	0 (0.0)	34 (13.8)	25 (10.2)	6 (2.4)	72 (29.3)
4.	41-50 years	2 (0.8)	2 (0.5)	9 (3.7)	13 (5.3)	6 (2.4)	32 (13.0)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246 (100.00)
χ^2 value= 53.375; df=12; Sig=0.000							
(Figures in parenthesis indicate percentage total)							

The details of the association between frequency of purchase and gender of major herbal based immunity boosters are discussed in Table 5. It could be observed that 45.12 per cent of the sample respondents were purchasing major herbal-based immunity boosters at occasional frequency whereas 65.4 per cent of the sample respondents were male. Within them, about 31 per cent of the sample respondents were

Table 5: Association between frequency of purchase and gender of major herbal based immunity boosters

Sl. No	Gender	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	Male	13 (5.3)	8 (3.3)	35 (14.2)	77 (31.3)	28(11.4)	161(65.4)
2.	Female	8 (3.3)	2 (1.1)	19 (7.7)	34 (13.8)	22(8.9)	85(34.6)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246 (100.00)
χ^2 value= 3.791; df=4; Sig =.435							
(Figures in parenthesis indicate percentage total)							

The Association between frequency of purchase and educational status of major herbal based immunity boosters are discussed in Table 6. About 47.2 per cent of the sample respondents were postgraduates. From them, 22 per cent were purchasing occasionally. Hence, the chi-square value for the

Table 3: Frequency of purchase

Sl. No	Frequency	No of respondents	Percentage
1.	Often	21	8.53
2.	Once a week	10	4.06
3.	Once in a month	54	21.95
4.	Occasionally	111	45.12
5.	Rarely	50	20.32
Total		246	100.00

The association between frequency of purchase and age of major herbal based immunity boosters are discussed in Table 4. It could be inferred that 45.12 per cent of the sample respondents were purchasing major herbal-based immunity boosters occasionally whereas 56.5 per cent of the sample respondents fell under the age category of 21 to 30 years. Among them, about 29 per cent of the sample respondents were purchasing major herbal-based immunity boosters occasionally they belong to the 21 to 30 years of age group. Hence, the chi-square value for the purchasing frequency of major herbal-based immunity boosters with age factor was 53.375 and it showed that there is a significant association between age and frequency of purchase of major herbal-based immunity boosters. As the age of respondents increases the frequency of purchase also will increase simultaneously. The similar results were also found in the study of (Tomar Harsh and Krishnamoorthy Bala, 2021)^[11].

purchasing major herbal-based immunity boosters occasionally. The chi-square value for the purchasing frequency with gender factor was 3.791 and it showed that there is no significant association between gender and frequency of purchase of major herbal-based immunity boosters.

purchasing frequency of major herbal-based immunity boosters with educational status was 24.564 and it showed that there is no significant association between educational status and frequency of purchase of major herbal-based immunity boosters.

Table 6: Association between educational status and frequency of purchase of major herbal based immunity boosters

Sl. No	Educational Status	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	High School	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	1(0.4)
2.	Diploma	9 (3.7)	0 (0.0)	5 (2.0)	5 (2.0)	9 (3.7)	19 (7.7)
3.	Under Graduate	4 (1.6)	4 (1.6)	23 (9.3)	41 (16.7)	18 (7.3)	90 (36.6)
4.	Post Graduate	12 (4.9)	6 (2.4)	23 (9.3)	54 (22.0)	21 (8.5)	116 (47.2)
5.	Doctorate	5 (2.0)	0 (0.0)	3 (1.2)	10 (4.1)	2 (0.8)	20 (8.1)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246 (100.00)
χ^2 value= 24.564; df=16; Sig=0.078							
(Figures in parenthesis indicate percentage total)							

The details of the association between frequency of purchase and profession are discussed in Table 7. It could be concluded from Table 7 that 33.7 per cent of the sample respondents were students. Among them, 17.5 per cent of the sample respondents were occasional purchasers. The chi-square value

for the purchasing frequency with the profession was 52.846 and it showed that there was a significant association between the profession of respondent and frequency of purchase of major herbal-based immunity boosters.

Table 7: Association between frequency of purchase and profession of major herbal based immunity boosters

Sl. No	Profession of respondent	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	Student	11 (4.5)	5 (2.0)	4 (1.6)	43 (17.5)	20 (8.1)	83 (33.7)
2.	Public Employee	1 (0.4)	2 (0.8)	14 (5.7)	11 (4.5)	0 (0.0)	28 (11.4)
3.	Private Employee	6 (2.4)	1 (0.0)	27 (11)	31 (12.6)	13 (5.3)	78 (31.7)
4.	Self Employed	1 (0.4)	0 (0.0)	3 (1.2)	4 (1.6)	3 (1.2)	11 (4.5)
5.	Business/ Entrepreneur	0 (0.0)	0 (0.0)	4 (1.6)	6 (2.4)	2 (0.8)	12 (4.9)
6.	Unemployed	2 (0.8)	2 (0.8)	2 (0.8)	16 (6.5)	12 (4.9)	34 (13.8)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246 (100.00)
χ^2 value= 52.846; df=20; Sig=0.000							
(Figures in parenthesis indicate percentage total)							

The details of the association between frequency of purchase and size of the family of major herbal base immunity boosters are discussed in Table 8. About 70.3 per cent of the sample respondents belonged to a 3-5 member family size. Hence 35.8 per cent of the sample respondents were purchasing major herbal-based immunity boosters occasionally having 3-

5 members in their family. Hence, the chi-square value for the purchasing frequency with the size of a family factor was 32.883 and it showed that there is a significant association between family size and frequency of purchase of major herbal-based immunity boosters.

Table 8: Association between frequency of purchase and size of the family of major herbal based immunity boosters

Sl. No	Size of Family	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	Less than 3 members	4 (1.6)	0 (0.0)	1 (0.4)	4 (1.6)	3 (1.2)	12 (4.9)
2.	3-5 members	11 (4.5)	8 (3.3)	27 (11.0)	88 (35.8)	39 (15.9)	173 (70.3)
3.	More than 5 members	6 (2.4)	2 (0.8)	26 (10.6)	19 (7.7)	8 (3.3)	61 (24.8)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246 (100.00)
χ^2 value= 32.883; df=8; Sig=0.000							
(Figures in parenthesis indicate percentage total)							

The details of the association between frequency of purchase and monthly household income are discussed in Table 9. About 29.3 per cent of the sample respondents earned monthly income above Rs 50,000/- followed by monthly income between Rs 30,001/- to 40,000/- (24.8 per cent) and Rs 40,001/- to 50,000/- (18.3 per cent). Among them 45 per

cent are occasional purchasers, 13.4 per cent respondents belong to income group between Rs 30,001/- to 40,000/- followed by 10.6 per cent belong to income groups above Rs 50,000/-. There was a significant relationship between purchasing frequency and monthly income and the chi-square value was 50.544. (Tomar Harsh, Krishnamoorthy Bala)^[11].

Table 9: Association between monthly household income and frequency of purchase of major herbal based immunity boosters

Sl. No	Monthly household income (in Rs)	Frequency of purchase of major herbal based immunity boosters					
		Often	Once in a week	Once in a month	Occasionally	Rarely	Total
1.	Upto 20,000/-	5 (2.0)	5 (2.0)	3 (1.2)	9 (3.7)	15 (6.1)	37 (15.0)
2.	20,001 to 30,000 /-	1 (0.4)	0 (0.0)	2 (0.8)	19 (7.7)	9 (3.7)	31 (12.6)
3.	30,001 to 40,000/-	3 (1.2)	0 (0.0)	13 (5.3)	33 (13.4)	12 (4.9)	61 (24.8)
4.	40,001 to 50,000/-	4 (1.6)	1 (0.4)	10 (4.1)	24 (9.8)	6 (2.4)	45 (18.3)
5.	Above 50,000/-	8 (3.3)	4 (1.6)	26 (10.6)	26 (10.6)	8 (3.3)	72 (29.3)
Total		21 (8.5)	10 (4.1)	54 (22.0)	111 (45.1)	50 (20.3)	246(100.00)
χ^2 value= 50.544; df=16; Sig=0.000							
(Figures in parenthesis indicate percentage total)							

Conclusion

The study is focused to know the relationship between consumer's frequency of purchase and socio-economic factors of the respondents the results showed that the majority of them were moderately aware of the term herbal immunity boosters and are occasionally purchasers of herbal immunity boosters. To increase the awareness and frequency of purchase brands need to initiate different marketing campaigns across different media by promoting the benefits of products. Socio-economic factors like age, gender, educational status, profession, size of the family and monthly household income were taken up to identify the association with frequency of purchase. The study showed that there is a significant relationship between socio-economic factors like age, the profession of the respondent, size of family and monthly household income with the frequency of purchase, whereas gender and educational status were non-significantly related. So, it is evident that factors like age, profession, family size and income playing a major role in consumer buying behaviour towards herbal immunity boosters. The firms and institutions may focus on the consumers who belonged to the age group between 21 to 40 years, working professionals and students, having a family size with 3-5 members, and those earning monthly income above Rs 50,000/-. To attract more consumers, brands should come up with attractive prices that can be affordable by low to medium income group people and the different sizes of packages that should be pocket friendly with sufficient quantity even for a single individual. Brands can also educate the benefits without any gender bias across different categories of educated people making the immunity boosters to be in part of their daily life. Central and State health departments may conduct awareness programs of health benefits of different herbs, so that people in the country can defend against the attack of different diseases, disorders and to make the country immune stronger.

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