

**“A CONSUMER STUDY ON FACTORS AFFECTING “CHOICE” AND BUYING
BEHAVIOUR FOR MEDICLAIM POLICIES IN THE STATE OF GUJARAT”**

**CHAPTER NUMBER THREE
REVIEW OF LITERATURE
CHAPTER THREE AT A GLANCE**

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CHAPTER NUMBER THREE

REVIEW OF LITERATURE

EXECUTIVE CHAPTER SUMMARY:

This research study was undertaken with an objective to assess satisfaction and or dissatisfaction of the selected mediclaim policyholders with regards to his or her choice of the particular mediclaim plan. The researcher had also considered to analyze not only the set of beliefs and attitudes of mediclaim policyholders but also and their intentions for buying mediclaim policy as well as their post-purchase behaviour. An attempt has been made in this chapter to offer concise review of literature sub-divided into three parts called as viz., general relevant and specific review of literature respectively.

Its introductory part has provided conceptual framework on selected topics such as viz., consumer behaviour, buying decision process, factors affecting buying decision making, influence of the beliefs, attitudes and intentions, and the choice factor involved in the decision making, along with description of the appropriate models in the first part called as General Review of Literature.

The second part has dealt with relevant review of literature that included selected topics such as viz., healthcare buying decision process; insurance buying decision process; health care choice and models, as well as insurance choice and models respectively.

The third part called as specific review of literature has covered topics such as viz., buying decision and consumer choice; health insurance buying decision-making; factors affecting health insurance buying decision-making; health insurance choice, and the health insurance choice models respectively.

CHAPTER NUMBER THREE

REVIEW OF LITERATURE

3.0: AN INTRODUCTION:

The behavioural science offers set of concepts relating to the individual needs and responses, consisting of the critical, systematic study of the causes, manifestations, and consequences of human activity. The marketers derives from these behavioural concepts various market analyses, plans, and controls for structuring the resources, policies, and activities of the firm around the customer. The understanding of the pertinent social and psychological process operating among the potential consumers enables the firm to acclimatize its product, distribution, and promotional strategies to those social-psychological processes, and thereby increases the probability of the marketer's success. Thus, effective utilization of the behavioural sciences concepts and techniques is vital for the achievement of the firm's goals through efficient and effective marketing (Gerald Zaltman, 1970)¹. Marketing is the process of analyzing, organizing, planning and controlling of the firm's customer-impinging resources, policies and activities with a view to satisfying the needs and wants of the chosen customer groups at a profit, which identifies the consumer as both the starting and pivotal point around which various resources must be structured (Philip Kotler, 1967)².

Behavioural approach to marketing contributes to the advancements of the concepts and techniques in the behavioural sciences, both, theoretically, and practically. Marketing has developed more methodical approach to the study of the behavioural science concepts by applying it through its tools, such as, product differentiation, service offerings, competitive strategies, promotion and distribution (Gerald Zaltman, 1970)¹.

3.1: CONCEPTUAL FRAMEWORK OF CONSUMER BEHAVIOUR:

Consumer research has introduced social and psychological perspectives into the arena of marketing and thus has enriched the domain of marketing as a whole. Consumer research has changed the fundamental premise on which knowledge inquiry is based, and thus, has also caused a paradigmatic shift from economics to the behavioural perspective. The emergence of the noneconomic schools of marketing thought fits the description of the scientific revolution (Jagdish Sheth et al. 1988)³. Understanding of the consumer behaviour is the core of the marketing effort as it is the corner stone of the marketing concept, and thus, has been essential for the success of any marketing program.

Consumer behaviour is the process and activities people engage in when searching for, selecting, purchasing, using, evaluating, and disposing of products and services so as to satisfy their needs and desires (www.wikipedia.org; Accessed on 25/03/09)⁴. It is the decision process and physical activity individuals engage in while evaluating, acquiring, using or disposing of goods and services (David Loudon and Della Bitta, 2002)⁵.

It is the dynamic interaction of affect and cognition, behaviour, and environmental events by which human beings conduct the exchange aspects of their lives (Philip Kotler, 2004)⁶. The discipline of consumer behaviour attempts to understand the buyer decision making process, both individually and in groups, by studying the characteristics of individual consumer, that is, demographics and behavioural variables, as well as assesses the influences of various groups, that is., family, friends, reference groups and society in general on the consumer (www.wikipedia.org; Accessed on 25/03/09)⁴.

Consumer can be referred as the person engaged in evaluating, acquiring, using, or disposing of goods and services (David Loudon and Della Bitta, 2002)⁵. S/he is a person who buys goods or services for personal needs and not for resale or to use in the production of other goods for resale (www.yourdictionary.com; Accessed on 25/03/09)⁷. Consumer can also be defined as an individual who buys products or services for personal use and not for manufacture or resale (www.investorwords.com; Accessed on 25/03/09)⁸. Consumers' especially are ones that acquire goods or services for direct use or ownership rather than for resale or use in production and manufacturing (www.answers.com; Accessed on 25/03/09)⁹.

Christine Moorman and Linda L. Price (1989)¹⁰ had introduced the framework for examining consumer and market problems as the function of consumer segment interaction patterns consisting of positive, negative, or no spillovers among consumer segments, which affects the efficacy of the regulatory remedies, on the basis of its type and extent.

3.1.1: Factors Influencing Consumer Behaviour:

The main objective of marketing is to meet and satisfy the target customers' needs and wants. Moreover, customers being the complex individuals, understanding their behaviour and knowing their needs have never been simple. Customers may not be aware about their motivations, and may at times do responds to the influences that have the potentials of changing their minds at the last minute (Philip Kotler, 2004)⁶. Therefore, the systematic understanding of the consumer behaviour involves determining of the general classes of variables influencing the consumers' behaviour, understanding the nature of these variables, and learning about making inferences based on this knowledge (David Loudon and Della Bitta, 2002)⁵.

The starting point for understanding the buyer behaviour is the Stimulus-Response Model. Marketing and environmental stimuli enter the buyer's consciousness and the influence of buyer's characteristics and decision processes lead to certain purchase decisions. The marketer's task therefore is to understand what happens with the buyer's consciousness after the exposure with the outside stimuli and before the final purchase decisions, as it is influenced by the cultural, social, personal and psychological factors respectively (ibid).

Culture is the fundamental determinant of a person's wants and behaviour, which has been acquired gradually by the process of acquiring the sets of values, perceptions, preferences, and the behaviour through his/her family and other key institutions. The influences of the cultural factors comprises of the culture, sub culture, and the social class, whereas, the sub-cultures provides the specific identification and socialization for the individuals. The social class is reflected by various factors, viz., occupation, and education, area of residence as well as the dress, speech patterns, recreational preferences, and many other such characteristics (ibid). The behavior of consumer is also influenced by various social factors, such as viz., reference groups, family, and social roles and status. The consumers are significantly influenced by their reference groups, as the reference groups provide exposure to an individual with to new lifestyles and behaviour and thus affecting attitudes and self-concept by creating pressure for conformity and affecting the actual product and the brand choices (ibid). The various personal characteristics create influence on consumers considering variables viz., the consumer's age and stage in the life cycle, occupation, economic circumstances, lifestyle, and personality and self-concept. The consumers often selected as target markets by the marketers varies in terms of the goods and services purchased over their life time due to the influence of their economic/ financial condition, consumption pattern adopted as well as their interest in different products offered. Apart from the close attention paid on consumption pattern due to effect of changing circumstances in the society in terms of widowhood, remarriage, and divorces, the psychological life-cycle stages have also been identified by some researchers (ibid).

The marketers can of afford to ignore the diverse lifestyles which refers to the person's pattern of living in the world as expressed in activities, interests and opinions, portrays the whole person, interacting with his or her environment, and thus shall search for relationships between their products and lifestyle groups too. Another science that guides the marketers to better understand the consumers is the psychographics that uses the psychology and demographics (ibid).

The consumers are also influenced by his or her personality characteristics, that is set of distinguishing human psychological traits viz., self-confidence, dominance, autonomy, deference, sociability, defensiveness, and adaptability that all being useful in analyzing the consumers' brand choice. Consumers' buying choices are being influenced by psychological factors, viz., motivation, perception, learning as well as beliefs and attitudes.

Various psychologists have studied these and thus provided guidance to the marketers to understand the underlining motivation of the consumers. The acts of the motivated consumers are often influenced by his or her perception. It is the process by which an individual selects, organizes, and interprets information inputs to create meaningful picture of the world, which is more important than reality when applied to the marketing discipline. In marketing, consumer's perceptions are more important than reality.

The psychological process which influences consumer's behaviour is the process of his or her learning, which involves the changes in the behaviour arising out of the experience. Learning theorists believe that learning is produced through the interplay of drives, stimuli, cues, responses, and reinforcement which can be studied by the marketers to build up the demand for a product by associating it with the strong drives, using motivating cues, and providing positive reinforcement. Consumers acquire beliefs and attitudes through learning. A belief is a descriptive thought that a person holds about something. Consumer's beliefs about the product or the brand influence his or her buying decisions. Marketers study the memory networks of the different consumers concerning a particular brand and map the main associations that are triggered and their relative strength and frequency. Attitudes are consumers' enduring favourable or unfavourable evaluation, emotional feelings, and action tendencies towards any object or idea. Attitudes lead consumers to behave in a fairly consistent way toward similar objects. A company would be well-advised to fit its product into existing attitudes rather than to try to change his or her attitudes (ibid).

Though the factors influencing decisions process adopted for buying were categorized by various experts, there are many others who have paid attention to some specific factors affecting the buying decision process. Robert P. Brody and Scott M. Cunningham (1968)¹¹ had referred to the consumer decision-making process as an extremely complex process which increases as individual purchase decisions are aggregated due to the variation in the factors, and the relative weightage to the factors given by the individual in making similar purchase decisions. They had suggested grouping of the various relevant variables into four types, (i.) personal system variables, viz., conscious and unconscious needs; (ii.) social system variables, viz., membership and reference groups; (iii.) exogenous variables, viz., relative price and purchase convenience, and, (iv.) risk reducing variables, viz., trusted stores and brands which seems to be affecting the decision making process.

Jonlee and Smith (1996)¹² had found that the profitability of established products is being affected greatly by the extent to which they are meaningfully differentiated from competing alternatives with the help of the creative marketing programs.

Their findings had revealed that the marketing program creativity is the function of individual problem-solving inputs, viz., knowledge of the marketing program environment, diversity of experience, diversity of education; motivational factors, such as, intrinsic motivation, risk taking; and situational factors, such as, planning process formalization, interaction with others, time pressure, etc. Jonq-Ying, Brown and Seale Jr., (1994)¹³ had analyzed the expenditure data to study the influence of income and prices on the consumer demand in Taiwan considering the differences in the expenditure patterns between the households who borrowed money and households who did not borrowed money.

Moreover, the consumers with higher expected future income and higher rate of time preference were more likely to borrow than consumers with lower expected future income and lower rate of time preference (Jessie, 2000)¹⁴. Olson and Rabunsky (1972)¹⁵ had stated that individuals are better able to express about the what kind of decisions were made rather than expressing who actually made the decision as final decision is the product of aggregate effect of groups on the individual decision making. As individuals are different in terms of their likes and preferences there are chances that the choice of product by one customer may adversely affect the choice of the other customer (Christine and Price, 1989)¹⁰. Dardis (1980)¹⁶ had exemplified this problem as the parents' choices affecting their children; smokers' choices affecting the non-smokers; drunk drivers' choices affecting the sober drivers.

Some theory and research has also supported the importance of consumer connectedness in motivating altruistic behaviour (Clark, 1984)¹⁷ that become the rationale for incorporating others into one's preferences considering their proximity to or remoteness from others, may be due to the relations they have close friendship; and neighbourhoodness, and having acquaintances with each other or cultural affinity or they are perfect strangers, with whom they have little or nothing in common (Rescher, 1983)¹⁸. Christine and Price (1989)¹⁰ had identified three sub factors that affect the consumers' perceptions of their connectedness to others, viz., blood relationship; emotional proximity or closeness, such as, friendship, and; spiritual or religious convictions. Harry (1976)¹⁹ had attempted to review and discuss the household decision making to understand the role of the family members and concluded that in process of decision making the involvement of family-member seems to vary systematically at different stages in the process. The involvement of Husband and Wife for any kind of decision vary among family considering category of the product, kind of specific decision and stage of decision in process.

The Husband-Wife involvement for any consumer decision is likely to show considerable variability among families within any product category varies by specific decisions and decision stages. During One-time purchases the involvement of more than one member of household are likely, and, in comparison to the nondurables, the durable goods are purchased based on interrelated decisions made and activities performed over a time period. The more opportunities are available to Husband, wife and their children to get involved in one or more steps in the process.

As suggested by Wolf (1958)²⁰, long time is taken to take decision as well as more stubborn behavior was observed in the women in comparison to men possessing unique sense of humor, a tendency towards irrational beliefs, and they are not observed as for achievement oriented, desire for domination or power.

An individual's buying behaviour is also affected by the various psychological aspects, viz., motivation, learning, perception, beliefs and attitudes, which also forms and influence the personality of those individuals (Leone Schiffman and Kanauk, 2002)²¹.

Since late 1940s, many people in marketing have theorized that personality should be related to the consumer-decision process. Thus, the consumers with various personality profiles would be more or less likely to be brand loyal, purchase specific styles or colors, prefer certain brands or stores, or exhibit other consistent purchase behaviour patterns (Robert and Scott, 1968)¹¹.

But, Christensen et al. (2007)²² had argued that the product, product market and customer characteristics, exclusively, are poor indicators of customer behaviour and that the target market strategies have to be more aligned to the behaviour and attitudes of the targeted customers. People forms many reactions toward the products and services, and perceive multiple attributes, develop numerous beliefs about these attributes, and express varied feelings towards products and they typically share common content and thus reflect natural redundancies (Richard P. Bagozzi, 1983)²³.

3.1.2: Buying Behaviour and Buying Decision Process:

3.1.2.1: An Introduction:

Consumer buying behaviour is the process by which individuals search for, select, purchase, use, and dispose of goods and services, in satisfaction of their needs and wants (www.businessdictionary.com; Accessed on 23/03/09)²⁴. Marketers need to develop an understanding of how consumers actually make their buying decisions and the roles played by the individuals in a buying decision as, the initiator; the influencer; the decider; the buyer, and, the user (Philip Kotler, 2004)⁶.

3.1.2.1.2: Types of Buying Decision Process:

The consumer buying decision making also varies with the type of buying decision. Henry Assael had distinguished four types of consumer buying behaviour based on the degree of buyer's involvement and the degree of differences among brands as shown in the figure given as below (Philip Kotler 2004)⁶.

**Figure Number 3.1:
Figure Showing Various Types of the Buying Decisions**

SIGNIFICANT DIFFERENCE BETWEEN THE BRANDS	HIGH INVOLVEMENT	LOW INVOLVEMENT
	COMPLEX BUYING BEHAVIOUR	VARIETY SEEKING BUYING BEHAVIOUR
FEW DIFFERENCE BETWEEN THE BRANDS	DISSONANCE REDUCING BUYING BEHAVIOUR	HABITUAL BUYING BEHAVIOUR

Source: Philip Kotler, 2004⁶

3.1.2.1.2.1: Complex Buying Behaviour:

The complex buying behaviour involves three-step process, viz., the formation of the beliefs about the product by the buyer, the development of the attitudes towards product, and finally making of the desirable choice (ibid).

3.1.2.1.2.2: Dissonance-Reducing Buyer Behaviour:

It is reflected by the consumers involved in the high involvement purchases, but perceiving little differences in the brands (ibid).

3.1.2.1.2.3: Habitual Buying Behaviour:

It is the condition of low involvement and the absence of significant brand differences, especially, the product with low-cost and those purchased frequently, whereby, the consumer beliefs do not pass through the normal sequence of belief, attitude and behavior (ibid).

3.1.2.1.2.4: Variety Seeking Behaviour:

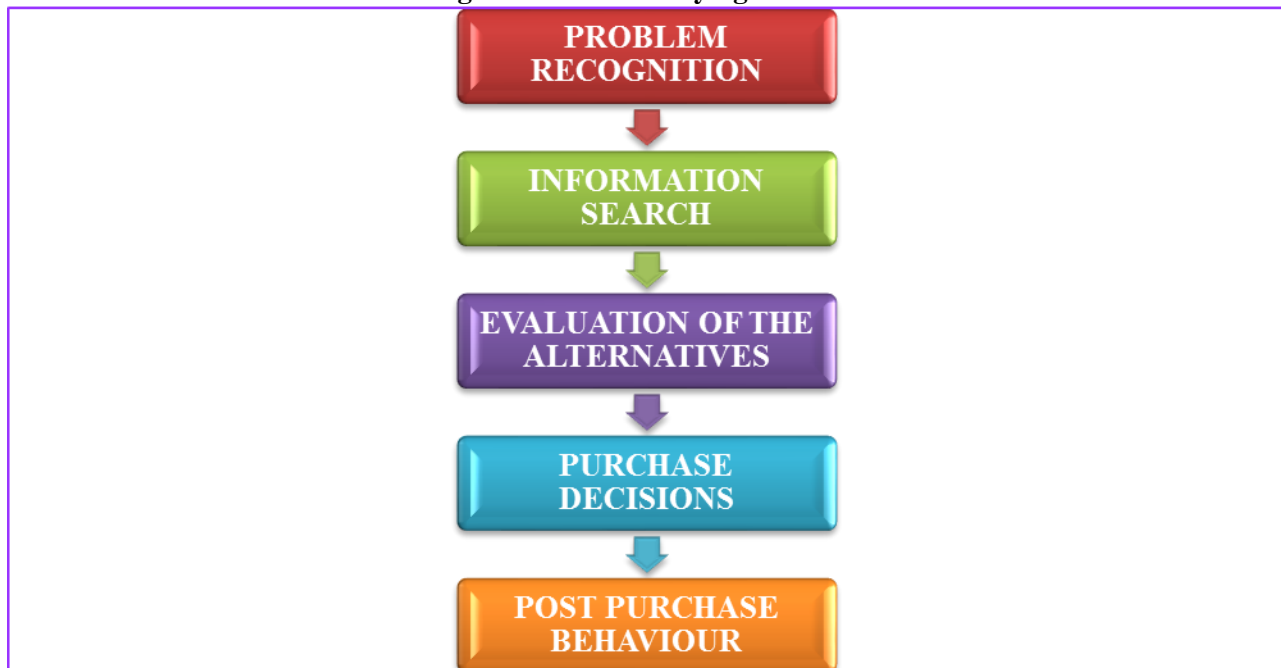
There are certain buying situations characterized by the low involvement but significant perceived differences, wherein the buying situation occurs for the sake of variety rather than dissatisfaction, and the market could witness the differences in the marketing strategies of the brands by the market leader and the other minor brands, viz., encouraging habitual buying behaviour by dominating the shelf space; avoiding out-of-stock conditions, and sponsoring; frequent reminder advertising, and, encourage variety seeking by offering lower prices; deals; coupons; free samples; and advertising that presents reasons for trying something new, respectively (ibid).

3.1.3: Models on Consumer Buying Decision Process:

3.1.3.1: The Five Stage Model of the Decision Process Adopted for Buying:

The five stage model of the decision process adopted for buying have been developed by scholar in the field of marketing that captures the full range of considerations that arise when a consumer faces a situation of making decision for high involvement products.

**Figure Number 3.2:
The Five Stage Model of the Buying Decision Process**



Source: *ibid.*

The customer passes through five stages, viz., problem recognition; information search; evaluations of alternative; purchase decision, and post purchase behaviour. The buying process starts when the customer recognizes a problem or need, which is triggered by internal or external stimuli.

Marketers need to identify the circumstances that trigger a particular need for developing marketing strategies. To satisfy aroused need the customer will be inclined to search for more information and become heightened attentive or go for active information search. The marketers monitors the major information sources to which the customer refer and their relative influences on the subsequent buying decision, viz., the personal sources; the commercial sources; public sources, and the experiential sources.

There is no single process used by all the customers or by any one customer in the buying situations followed by the evaluation processes which is largely based on the conscious and rational basis considering understanding of benefits from the product; the bundles of attributes with varying abilities for delivering the benefits, relevance, and the importance of the various attributes that varies from one customer to another customer that calls for more attention (*ibid.*).

Based on the evaluation of the alternatives, the customers form the preferences among the brands in the choice set, to reach at the final buying decision (Harry, 1976)¹⁹. But, two factors, viz., the attitude of others and the unanticipated situational factors are generally found to be intervening between the purchase intention and the buying decision. Also, the perceived risk by a customer in his or her choice, intention or buying decision also influences the actual purchase action.

The task of the marketers in such situation is to provoke a feeling of risk among customers and provide information and support to reduce his or her perceived risk. Moreover, for the execution of the purchase intentions, the customer has to also take brand decisions, vendor decisions, quantity decisions, timing decisions, and the payment-method decisions (Philip Kotler, 2004)⁶.

The actual buying of the product may result into the experience of the satisfaction or the dissatisfaction to a given customer. To understand this, the marketers are required to monitor the post purchase satisfaction, post-purchase actions and post-purchase product uses by customer. The buyer's satisfaction is the function of the closeness between the customer's expectations vis-a-vis product's perceived performance. The customer shall be disappointed if the performance falls short of his or her expectations; the customer shall feel satisfied, if the performance meets the expectations; and the customer shall feel delighted, if the performance exceeds the expectations (David Loudon and Della Bitta, 2002)⁵.

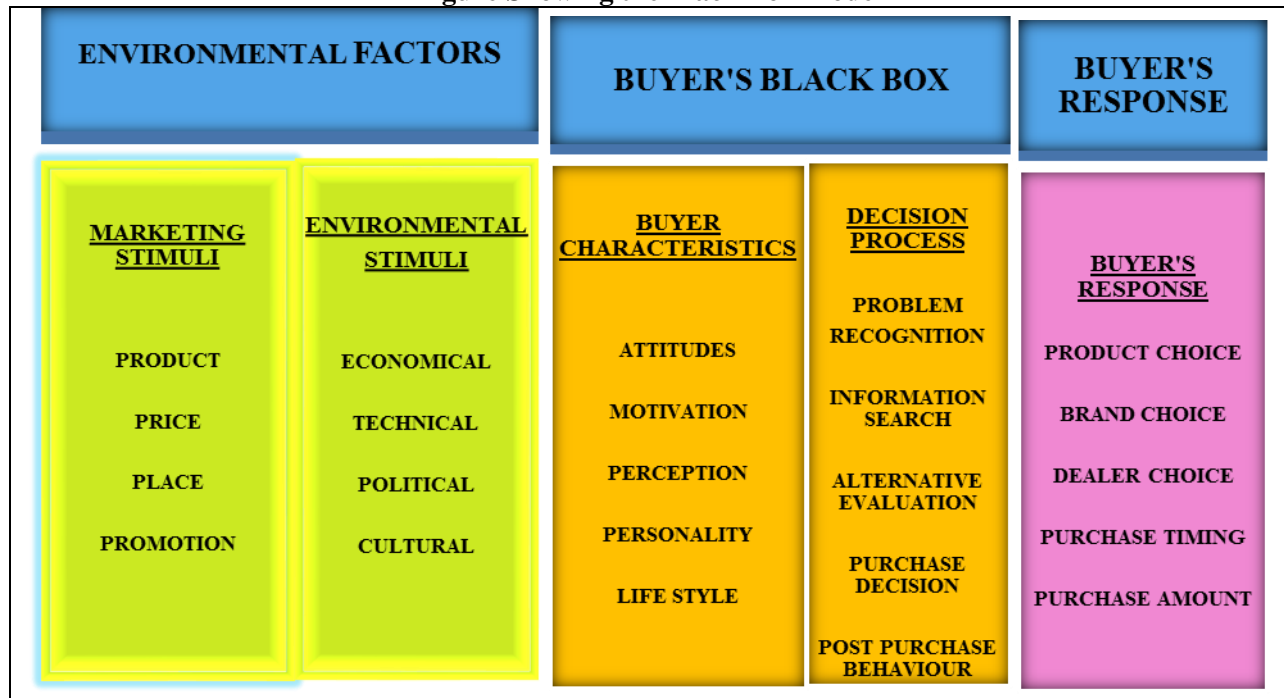
The brief explanation on various customer buying decision models has been given as follows.

With the evolution of the study of consumer behaviour into a distinct discipline, various new approaches have been developed and offered to describe and explain what influenced consumer behavior (ibid).

3.1.3.2: The Black Box Model:

The black box model explains the interaction of stimuli; customer characteristics, decision process and customer responses. The companies plan and process the marketing stimuli whereas the economic, cultural, and political conditions prevailing in the society give rise to environmental stimulus (Philip Kotler, 2004)⁶.

**Figure Number 3.3:
Figure Showing the Black Box Model**



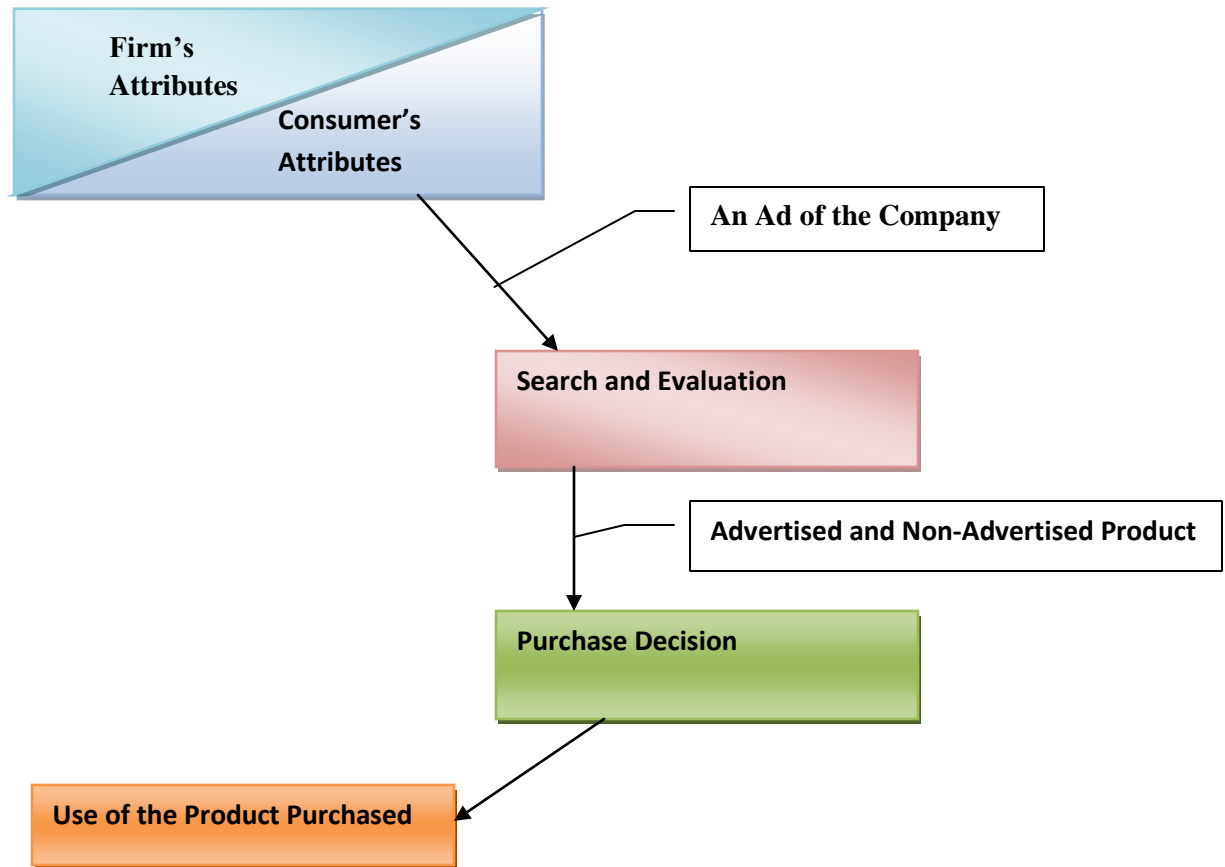
Source: www.wikipedia.org; Accessed on 25/03/09⁴

This contemporary model focuses on the decision process that customers engage in when deliberating about products and services, borrowing various aspects from material developed in the behavioural sciences. It emphasizes on the mental activity that occurs before, during, and after purchase are made (ibid).

3.1.3.3: The Nicosia Model:

Francesco Nicosia model has described a circular flow of influences where each component provides input to the next as shown in the figure above. It is viewed as representing a situation where a firm is designing communications ads, products, etc. to deliver to consumers, and consumers' responses will influence subsequent actions of the firm. As shown in the Figure, the Nicosia Model contains four major components, viz., the firm's attributes and outputs or communications, and the consumer's psychological attributes, the consumer's search for and evaluation of the firm's output, and other available alternatives, the consumer's motivated act of purchase, and the consumer's storage or use of the product (David Loudon and Della Bitta, 2002)⁵.

Figure Number 3.4:
Figure showing the Nicosia Model



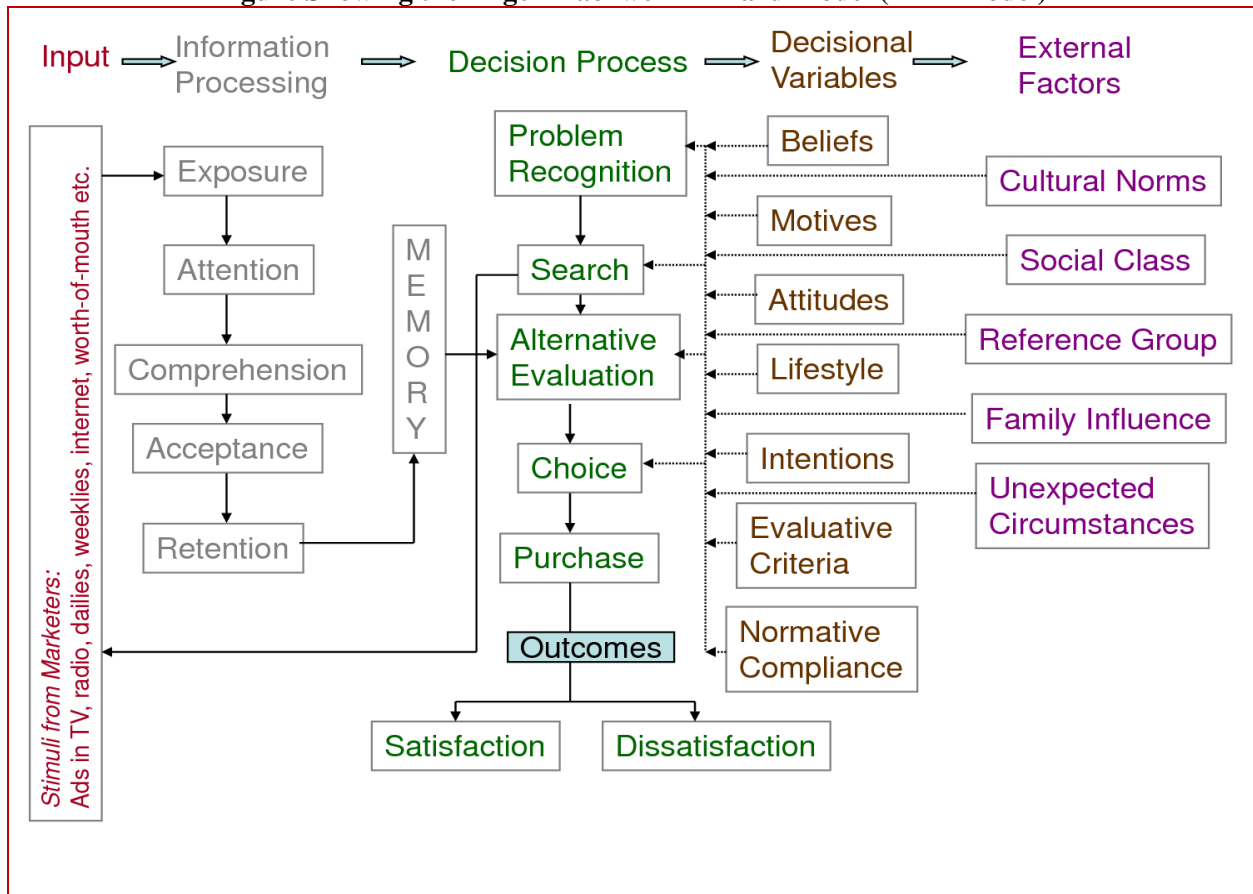
Source: <http://vlrcmbag.blogspot.in>; Accessed on 23/03/09²⁵

3.1.3.4: The Model Developed by Engel-Blackwell-Miniard:

In the year 1968 Engel, Kollat and Blackwell had developed the EKB Model for the first time and the revision in Model was made several times which describes that behavior of consumer can best described by the five activities shadowed as decision process viz., motivation and need recognition; search for information; alternative evaluation; purchase, and outcome. It has categorized the variables into four general categories viz., stimulus inputs; information processing; decision process, and, the variables influencing the decision process. It has been used to characterize the two significant modes of operation by consumers, referred to as extended problem solving behaviour and limited problem solving behaviour. Thus, this model has considered many variables influencing customers and theories of consumer behaviour. But, at the same time, these factors also generate some limitations in the form of vagueness regarding the role of some variables.

Also, the role of motives in influencing behaviour is also not clear and has been criticized as being mechanistic to some extent in its treatment of the decision process. In spite of its limitations it provides a very comprehensive framework for understanding many facets of consumer behaviour (ibid).

Figure Number 3.5:
Figure Showing the Engel-Blackwell-Miniard Model (EKB Model)



Source: <http://www.docstoc.com>; Accessed on 11/10/09²⁶

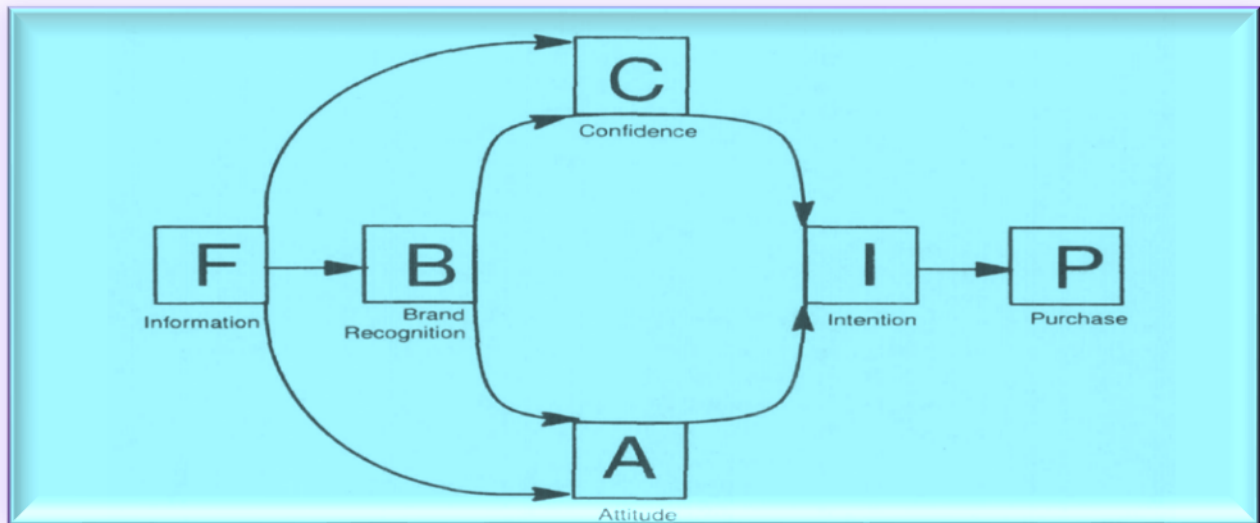
3.1.3.5: The Information Processing Model:

The information processing model has been developed by James R. Bettman (1979)²⁷ which virtually included each potential aspect of the customer information searches. It had identified external factors viz., environmental factors, and the internal factors, that is the personal characteristics of the individual. Although, it has been criticized for being too process oriented; insufficiently variable oriented; difficulty in terms of getting idea about how the various concepts are related in the Model as well as its relative strength; limited scope of being researched, and, incapability of demonstrating the pathways to be likely followed by the customer at the time of searching for information (Howard, 1989)²⁸.

3.1.3.6: The Consumer Decision Model (CDM):

It consists of the six interrelated components, viz., the information; brand recognition; attitude; confidence; intention, and purchase (ibid) as shown below in the figure.

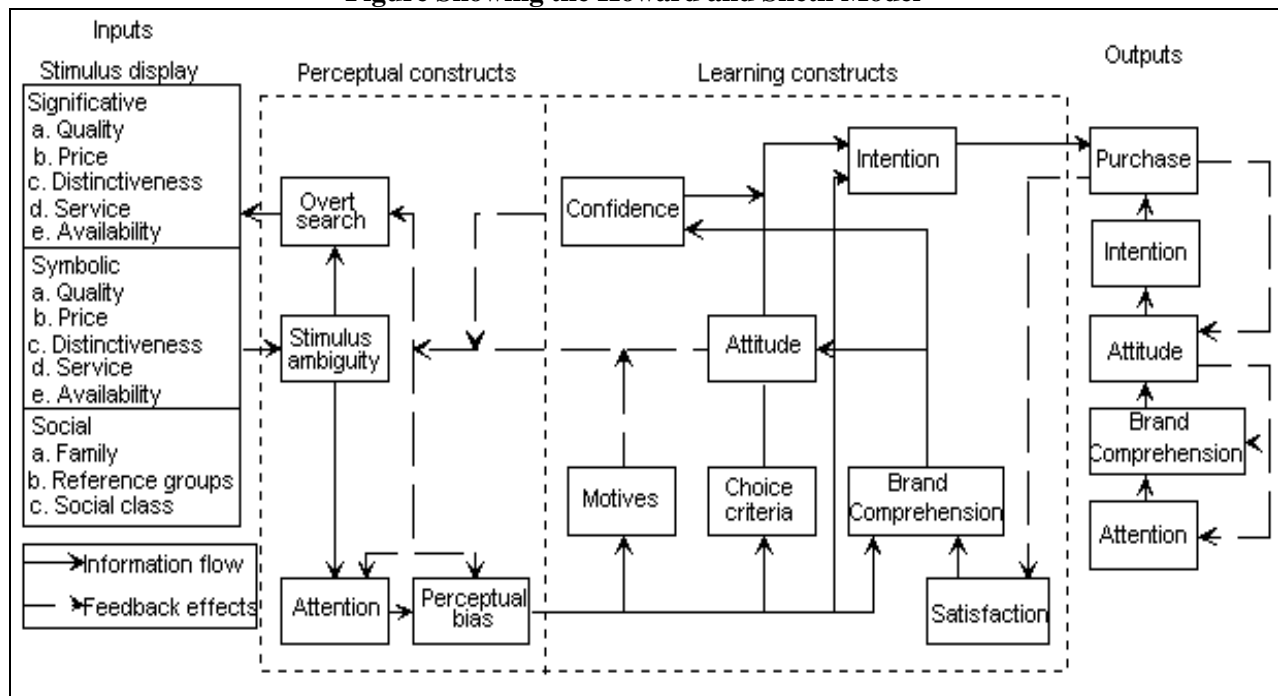
Figure Number 3.6:
Figure Showing the Consumer Decision Model



Source: D. Christopher (1996)²⁹

3.1.3.7: The Howard-Sheth Model:

Figure Number 3.7:
Figure Showing the Howard and Sheth Model



Source: <http://marketing-topics-vfd.blogspot.in>; Accessed on 25/01/11³⁰

The Howard-Sheth model has presented an integrating framework for a comprehensive theory of consumer behaviour. By distinguishing three levels of decision making, the authors had attempted to depict rational brand choice behaviour by buyers under conditions of incomplete information and limited abilities. It includes key components, viz., Input variables, Output variables, Hypothetical Constructs and Exogenous Variables. It identifies many of the variables influencing consumers and how they interact with each other. It has recognized that outcomes of consumer's decisions are more than just purchases. But, this model is complex, difficult to comprehend and has limited generality, and is not free from limitations. It fails to distinguish between exogenous and other variables. Also, some of the variables are not well defined and are difficult to measure (David Loudon and Della Bitta, 2002)⁵.

3.1.4: Models of Attitudes:

Several attitudes models which have been developed over the period of time, viz., the congruity, the balance, and the cognitive dissonance have been criticized on the grounds of adequacy, lack of attention to the complexity and interactions of the attitude component, and its single focus on component, that is, an individual's overall feeling or evaluative reactions towards objects. However, the attitude theories which were developed later had focused on three major components viz., the cognitive component that is the individuals' perceptions, and knowledge about the object; the affective component, that is the individuals' feelings or emotional reactions viz., the like or dislikes, toward the object, and the conative component which indicates the tendency of an individual to act in certain ways towards the object. But, in spite of the importance of these elements widely, many marketers employed the measures which focuses only on the affective component for determining an individual's overall evaluation of an object, which offers themselves for the limited usefulness to the marketers (David Loudon and Della Bitta, 2002)⁵.

3.1.4.1: Fishbein Attitude Models:

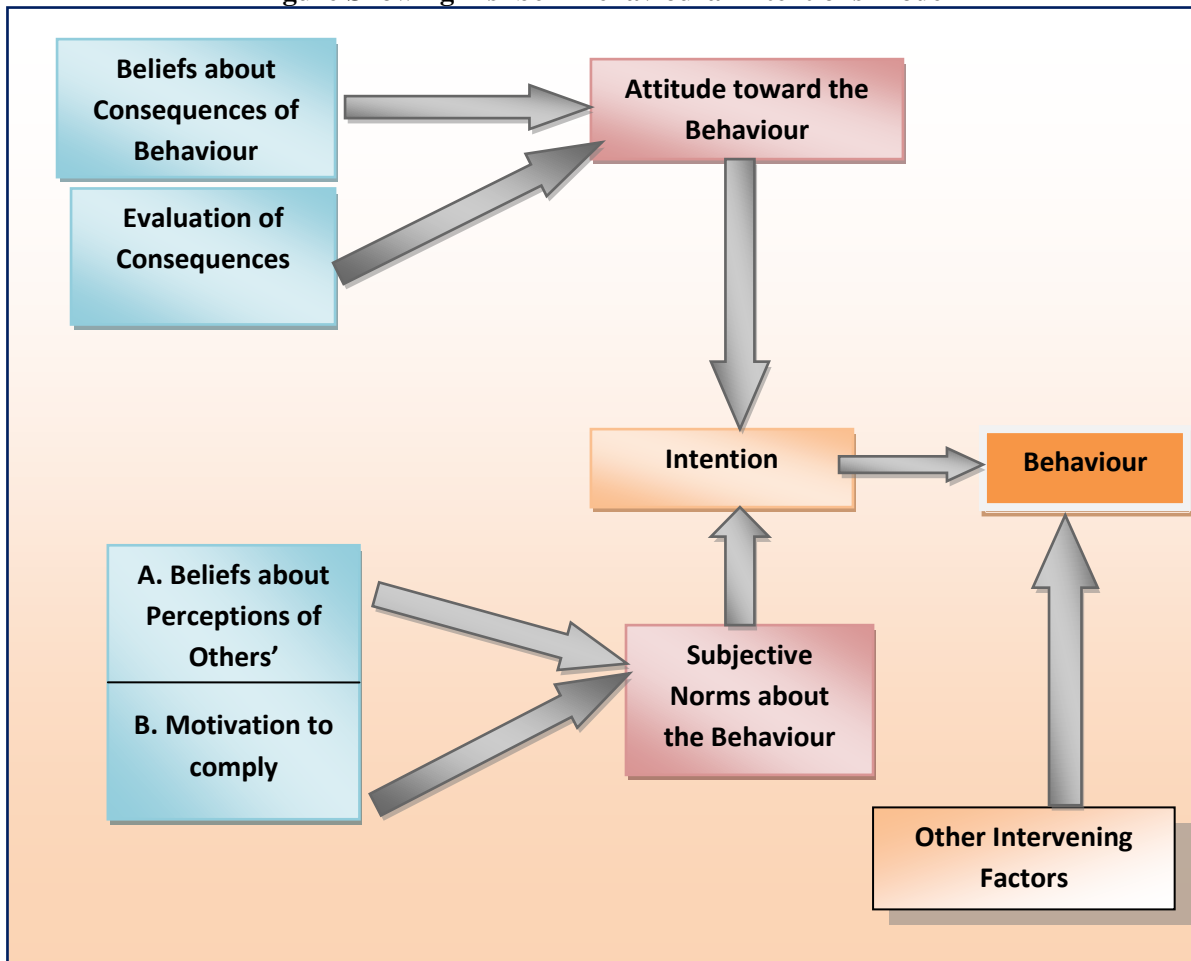
Though the Rosenberg (1956)³¹ and Fishbein (1963)³² attitude models were structurally similar with the instrumentality models which shows the attitude towards objects and not behavior, these models are the base for interests in the Multi-Attribute, or Multi-Outcome attitude models shown by the consumer researchers. The Fishbein attitude model states that the peoples' belief, that is their knowledge and perceptions are the base on which attitudes toward objects are formed, and such beliefs are in turn acquired by the processing information obtained from direct experiences with objects and from communications about them received from the other sources. The model states that determination of the beliefs becomes the precondition in order to understand the formation of the consumers' attitudes (David Loudon and Della Bitta, 2002)⁵. Thus, for the high-involvement consumer activities, the information processing leads to cognitions or beliefs about the products which in turn lead to the formation of attitudes involved in the evaluation of products.

It has explicitly incorporated the cognitive and the affective components of attitudes, which are also related to the conative component of the attitudes; as well as, accounts for the strength or intensity of these elements (ibid). The Fishbein attitude model in addition to being the multi-attribute model is also called as the Compensatory Models as the product of belief and evaluation scores on one brand attribute can be offset or compensated for by the products derived from one or more other attributes. However, there are also certain limitations of the Multi-Attribute Theory Model, such as viz., the influence of the varied consumption situations influencing the strength of the attitude-behaviour relationship; time lapses between the formation of the attitudes and the individuals actual act on these attitudes affected by the various intervening expected and unexpected variable, distinction must be made between attitudes toward objects and attitudes toward behaving in a certain way toward these objects; influence of the consumer's evaluation of the perceived consequences of taking such action, positive or negative, on the consumers' attitude of taking such action; influence of the others' perceptions on the act, and the consequence of the consumers decision or an act, which is referred to as the subjective norm. Thus, the revised model was formed by Fishbein and contributed to by Ajzen (ibid).

3.1.4.2: Fishbein Behavioural Intentions Model:

According to the Fishbein Behavioural Intentions Model, a person's behaviour is a function of his intention to behave in a certain manner and other intervening factors. An individual's intention to act in certain manner can be affected by an individual's attitude toward acting in the particular manner, and the subjective norms. Its relative influence will determine the exact nature of the person's behavioural intentions. Moreover, the beliefs and evaluation hold by the consumer about the consequence of the behaviour determine the consumers' attitude towards the behaviour. Thus, the Behavioural Intentions Model along with the Attitudinal and Subjective Components Model help the marketers in understanding the reasons for the consumer behaviour, and also suggests the alternative marketing strategies for effecting changes in consumers' attitudes and intentions to behave (ibid). The diagrammatic representation of the revised model offered by the Fishbein, contributed by Ajzen, is presented as given below.

Figure Number 3.8:
Figure Showing Fishbein Behavioural Intentions Model



Source: David Loudon and Della Bitta, 2002⁵

Chol Lee and Robert T. Green (1991)³⁴ had examined the cross cultural aspects of the Fishbein Behavioural Intentions Model and also referred or related to the Theory of the Reasoned Action. The Engel, Blackwell and Miniard (1986)³⁵ too had referred to this model as the most widely known Behavioural Intentions Model. Fishbein's Model is based on the assumption that the consumers in a very conscious and deliberate fashion would first develop the beliefs about the individual attributes of an object and then carefully combine these beliefs to form an overall attitude about the object. Thus, the focus of the model is on the conscious attitude development by the consumers, emphasizing on the verbal information in the form of cognition, that is, the thoughts or beliefs about the objects such as buying a particular brand, which has been determined as one of the route of the attitude developments and change, called as the central route, or the systematic processing strategy (David Loudon and Della Bitta, 2002)⁵.

However, the consumers also develop the attitudes through other processes which do not depend on the conscious and deliberate thought, called as the peripheral route, or the heuristic processing strategy in which the consumers form attitudes by associating the object in question with seemingly incidental cues that accompany it (ibid).

The selection of the route, central or peripheral, by the consumer, the individual for the attitude development or change has been influenced by the consumer's level of involvement and the ability to process information. The model proposes that if the involvement levels are high that is high personal relevance, the consumer is able to consciously understand the object and its attributes, and the central route is likely to be employed. However, if involvement level is low, economic implications are not that important to the consumer thus elaboration is unlikely, and the consumer will probably be influenced by cues that are incidental to the object in question (ibid).

3.1.4.3: Theory of Planned Behaviour:

Kevin Celuch, Steven A. Taylor and Stephen Goodwin (2004)³⁶ had compared the two attitudinal models adapted from the Theory of Reasoned Action (TORA) which includes the attitude and subjective norm components, and the Theory of Planned Behaviour (TOPB) which includes TORA facets, and it also examined a decomposed perceived behavioural control construct consisting of self-efficacy and perceived control. It was found that the TORA has received support across a range of consumer organizational contexts with the limitation that it was developed to deal with behaviours that are completely under an individual's volitional control. In order to overcome this limitation of the TORA, Ajzen (1988, 1991)^{37, 38} had proposed an extension in the form of the Theory of Planned Behaviour (TOPB) to address the behaviours which were not completely under volitional control. Thus, the TOPB is similar to the TORA, except the addition of the perceived behavioural control construct. In the TOPB, the perceived behavioural control is viewed as determining intentions as well as behaviour directly. However, Ajzen's original conception reflects both control and skill or ability facets. In more recent work, Ajzen appears to orient perceived behavioural control to the easy or difficult dimension (Fishbein, 1993)³⁹.

Fishbein (1967)⁴⁰ had conceived attitudes as the learned predisposition to respond to an object or class of objects in a consistently favourable or unfavourable manner. Fishbein and Ajzen (1975)⁴¹ had summarized the theory and stated that for a given object an individual carry different beliefs and they relate the object with various features of other objects' characteristics, goals, etc., and this implicit evaluative response, that is an attitude, has been associated with each of the attributes, the evaluative responses are associated with the attitude object through conditioning, summation of the conditioned evaluative response which would be elicited on all the future occasions by the attitude object.

James R. Bettman, Noel Capon, Richard J. Lutz (1975)⁴² had examined the distinction of the multi-attribute attitude model as a measurement device and as a theory of attitude formation and change by using variance paradigm to investigate the underlying multiplicative and summative assumptions. Wilkie and Pessemier's (1973)⁴³ had reviewed Multi-Attribute Model research in marketing as the large bulk of evidence supporting the model as the powerful attitude measurement device. It is not only more than the predictive power, but also demonstrates the explanatory power with regard to the processes by which the consumers form and change the attitudes.

According to Chol Lee and Robert T. Green (1991)³⁴, the Fishbein's Attitude Model has strong predictive power across variety of consumer products for American consumers as well as for wide range of non-consumption-related situations such as viz., female occupation, family planning, blood donation, loan application, and, swine flu vaccination. They had examined the cross cultural applicability of the Fishbein Behaviour Intentions Model in Korea, and the United States and suggested that the Fishbein Model can be employed to explain consumers' behavioural intentions formation in a Confucian culture as well as in the United States.

Oliver, Richard L. and W.O. Bearden (1985)⁴⁴ had conducted the research using the non-prescription drug product innovation, in order to measure the attitudinal and normative structure before product exposure and recording of product trial after exposure.

The TORA of Fishbein and Ajzen (1975)⁴¹ has been applied to number of marketing situations, viz., retail purchases, likelihood of shopping at a store, and using a coupon (Bruner and Hensel, 1996)⁴⁵. Jeff Ritter (2004)⁴⁶ had applied the TORA to study the purchase of the healthcare plans by the seniors. However, it has not yet been applied in India for the purpose of the study of the purchase of the healthcare plans or health insurance plans by the health insurance policy holders. TORA was used to explain the influence of the demographic factor on the seniors' beliefs about their health care coverage decisions, and to determine the relationships among the seniors' beliefs, and intentions about their health care coverage and whether their intentions influences their buying behaviour.

Ryan, Michael J., and E. H. Bonfield (1980)⁴⁷ had examined the external validity of the Extended or Intentions Model by employing an unobtrusive measure of overt behaviour and personal verbal responses and found that variable relationships were stronger among cognitive variables as opposed to behavioural/cognitive variables which were intuitively pleasing. They had also described and evaluated the advancement in theory as well as in the empirical research to test the Fishbein Extended or Behavioural Intentions Model on the basis of the conceptual and methodological strengths and weaknesses to propose the model in re-conceptualized form and as the outline for future research.

The consumer behaviour has been viewed as the product of both the individual level, that is, the cognitive factors, as well as, the interpersonal factors, that is, the group influences.

According to Paul Miniard and Cohen (1979)⁴⁸, the Fishbein's Behavioural Intentions Model has combined the cognitive and interpersonal factors with a single paradigm, but, the marketing researchers have concentrated almost solely on attitudes as predictors, thus, placing the sole reliance on the attitudes in the prediction of the behaviour.

Steven S. Posavac, David M. Sanbonmatsu, Edward A. Ho (2002)⁴⁹ had explored into the effects of selection and or consideration of the brand on the attitudes toward the brand, its relative standing of the focal brand within the choice category, and decision making. They had specifically investigated into the effects of selective focus of the choice alternative on the attitudes towards the focal alternative in turn leading to more favourable judgments and increased purchase likelihood of the focal alternative. They had also explored the implications of selective consideration of alternative for consistency between consumers' attitudes and decisions.

Payne, Bettman and Johnson (1993)⁵⁰ had forwarded the weighted additive decision rule, in which the expected utility of each alternative has been calculated based on attribute levels and importance weights, as the normative prescription for rational choice behaviour. Moreover, it is worthwhile to distinguish between the values consumers hold and way of perceiving the alternatives, as attitude can also be measured by directly dealing with the attitude component through experimental evidence, which can further predict the consumer choice.

Flemming Hansen (1969)⁵¹ had proposed that the consumer choices are influenced by values salient in the decision situation and the way the alternatives are perceived. The author had suggested that predictions of consumer choices can be based on the values the consumer consciously or un-consciously applies in decision situations, and the way in which he relates the alternatives to these values as well as has also explained the differences between them.

According to Kristian Palda (1966)⁵², attitudes, preferences, and image are the common intervening variables between the communication received by the consumers and the choice made by them. The author had highlighted the influence of these variables on consumer choices, unlike, popularity of the notion of the influence of the communication on these variables.

Choice being another important component of the buying decision process, a brief conceptual understanding on various choice models is presented in this chapter.

3.1.5: Buying Decision Process:

The different experts have attempted to give exposure to the various stages in the process of consumer decision making. Granbois (1963)⁵³ and Davis and Rigaux (1974)⁵⁴ had showed traditional process of problem-solving behaviour comprising of, problem recognition, determination of alternatives via search, and selection from among recognized alternatives.

Gredal (1966)⁵⁵ had divided the process of purchasing, into the sequence of four decisions followed gradually, ranging from the preliminary suggestions to the actual final purchase by the consumer. Jaffe and Senft (1966)⁵⁶ had proposed framework which is more enlarged and comprehensive including getting information through media and people; stage before purchase, initiating and selection of the brand, and budgeting for the same; a stage of buying, , shopping and purchasing; and finally, a post- purchase behavior through evaluation. Linda Simkin (2008)⁵⁷ had also offered a solution for the managers on the basis of the organization's criteria used for grouping of the customers.

The likely relationships between consumers' different kinds of personal information, beliefs carried about direct marketing and resulting shopping habits considering characteristics of situation and their privacy had examined by Joseph Phelps, Glen Nowak, Elizabeth Ferrell (2000)⁵⁸ Based on findings they focused on the need that to mitigate consumer privacy care must be taken while formulating public policy and putting self-regulatory efforts so that marketers' are in a better position to provide better control to their consumers over the gathering of information for the first time and successive distribution of personal information, considering the types of information sought, and willingness to provide personal information which vary dramatically by the type of information. Chiquan Guo (2001)⁵⁹ had found that internal as well as external search are more important. Beatty and Smith (1987)⁶⁰ has grouped variables related to external search in seven categories viz., marketplace and situational variables; potential payoff and importance of product; experience and knowledge; differences in individual; handling of conflicts and resolution strategies, and cost of search, respectively.

According to Brucks (1985)⁶¹, the information processing by the consumer is affected by the subjective knowledge as well as the objective knowledge possessed by consumer for evaluating the product feature or qualities or the brand sets. The subjective knowledge measures an individual's perception in terms of how much is known by him or her, while the objective knowledge refers to what is actually stored in the individual's memory. Naresh Malhotra (1982)⁶² highlighted the issue of information overload in a given marketing environment as the consumers are better off with more information. But, after certain point too much information confuses consumers and leads them to make unwise decisions. Marketers need to be careful while providing and forming the links/sources for the products' information.

Chiquan Guo (2001)⁵⁹ had considered the price and the product attributes as the crucial variables needs to be studied to understand the consumer information search as well as the marketing theory building. Zafar Iqbal, Rohit Verma and Roger Baran (2003)⁶³ had explored the features to be offered by the marketers to satisfy consumers considering their operational and financial constraints. They had highlighted the similarities and differences in consumer preferences between different segments for the transaction-based e-services and had demonstrated that the consumer preference for features of transaction based e-services differs between the offline and online customers.

Generally, consumption of the services has been viewed as static process. But, for the services, viz., health care, finance, higher education, a process-based perspective is most relevant as it allows examination of the effect of consumption stage on service perceptions (Mittal, Kumar and Tsiros, 1999; Mittal, Ross, and Baldasare 1998; Slotegraaf and Inman 2004)^{64, 65, 66}. Amiya K. Basu, et., al. (1995)⁶⁷ had proposed a new model of response pattern to direct marketing campaign and compared it with alternative model forms obtained from the other researches.

Each individual has the tendency to develop the attitudes and beliefs about the types of products on the basis of the phenomenon of the categorization (Dube and Schmitt, 1991)⁶⁸ whereby the products and services are classified into the categories, which are linked to the number of beliefs that the person may attach to the particular instances within that category, that simplifies the evaluation at the later stage (Eagly and Chaiken, 1993)⁶⁹ which are often coinciding with the standard product categories. Although not always, and are often evaluative and not neutral. Victor Iglesias (2004)⁷⁰ had assessed whether the array of differing attitudes affects the evaluation of service encountered. The author had also distinguished between the two cognitive elements which are linked to the service category which are customer preconceptions and customer expectations which gets associated with the beliefs and expectations.

Various studies have focused on the variety of reasons for the decision of the consumer to change the service providers. Cronin and Taylor (1992)⁷¹; Keaveney (1995)⁷²; Katz, Larson, and Larson (1991)⁷³; Parasuraman, Zeithaml, and Berry (1988)⁷⁴ had studied switching behaviour of the customers, and had suggested that the individuals change service providers because of service quality failures and subsequent dissatisfaction.

Several existing models of service evaluation have suggested that the delay in providing the services negatively affects the evaluation of one or more service attributes (Katz et al. 1991 and Parasuraman et al. 1988)^{73, 74}. The model of relationship dissolution by Duck (1991)⁷⁵ has described a five-stage process, beginning with the initial breakdown phase in which dissemination surfaces, which evolves with the outward expression of negative feelings, confrontation, discussions with alternative providers, and finally, leaving the relationship. Thus, inconvenience, in terms of the excessive waiting time, may be a prime factor in customer switching behaviour.

3.1.6: Health Care Buying Decision Process:

An attempt has been made to explain on the health care buying decision process based on review of literature from both the perspectives that is health care buying behaviour, and buying decision process in general as well as various stages or the elements of the buying decision process in particular as the case may be.

According to Martin Roth (1994)⁷⁶ had found that communicating and marketing health care is truly challenging as it includes lack of consumer autonomy and control in evaluating, accessing, and selecting health care products and services, which is due to the various factors, viz., limited knowledge and technical expertise to identify and evaluate medical conditions; economic and supply constraints; limited accessibility of the health care products and services. There is requirement of the research to be undertaken to understand the type of health information sources used by the people and the reasons behind its use and selection.

The consumer healthcare behaviour is also influenced by the way in which the consumers are provided with the information and s/he has been educated and made aware of the healthcare aspects (Baron et al., 1990 and Huebner, Huyck, and Bissonnette, 1989)^{77, 78}.

According to Philip Kotler and Roberto (1989)⁷⁹, consumer values also provide a deeper understanding of the ways health prevention and health-oriented activities are related to people's goals and life experiences, contribute to their quality of life, and shall be helpful in offering explanation on variations in health care interest and involvement.

Consequently, consumer values can illustrate how health care services and marketing programs can be positioned to enhance customer participation.

Richard Bagozzi (1983)²¹ had suggested the representation of the extent and the nature of learning as to the mix of the classical conditioning, operant conditioning, and cognitive learning present for any product or services and the magnitude or the degree of learning.

Also, according to the Zaichkowsky (1985)⁸⁰ the consumers' decision making process can be classified on the basis of the degree of the consumer involvement and the extent of their knowledge about the different products alternative to them. Odekerken-Schroder et al. (2003)⁸¹ had found that consumers who are involved with a particular service category are correspondingly more likely to engage in a relationship with a service provider in that particular category.

Sujit S. Sansgiry and Paul S. Cady (1996)⁸² had compared the elderly and young adults' behaviour and involvement in the decision making process of Over-the-Counter (OTC) medication purchases. It was found that more involvement of elderly consumers observed in the decision making process to purchase OTC medication compare to young grown-ups, as they not only incur more on purchases and more money on medication but also go through OTC labels totally. The health care experts have also comprehensively studied the various health related behavioural patterns, wherein the buyer of the health care services is not necessarily the user of the health care services, which often involves the uncertain or urgent purchase of the health care products (D. Christopher, 1996)²⁹.

Various experts have also innovatively developed and used various health care buying decision models that have been explained in brief as follows.

3.1.6.1: The Health Model:

The social marketers in the health field are interested in how patients adopt healthcare behaviour. A useful model have distinguished five-stages, viz., the pre-contemplation that is not recognizing the problem or the need to change; the contemplation, that is, seriously thinking about the problem and the possibility of change; preparation, that is, making a commitment to change and taking steps to prepare for that changes; action, that is, successful modification of behaviour for a period from 1day to 6 months, and maintenance, that is, continuation of change from 6 months to an indefinite period. The task of the social marketers is to find appeals and tools to help people move from one stage to the next (Philip Kotler, 2004)⁶.

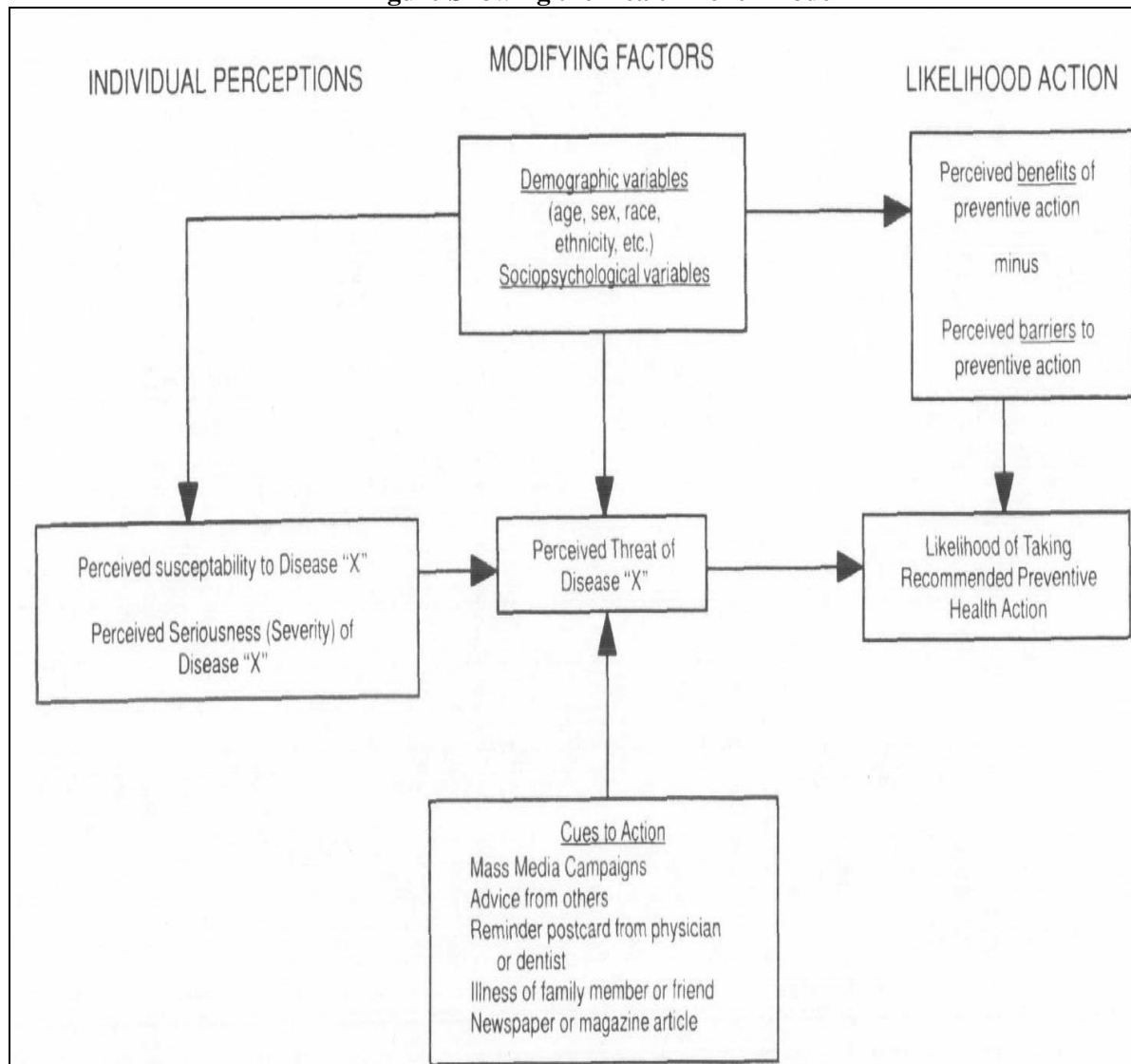
3.1.6.1.2: An Elaborated Cognitive Model of Illness Perception:

Leventhal (1984)⁸³ had elaborated a cognitive model of illness perception wherein the physical limitations, and diagnosed health problems provide cue to other symptoms and limitations which might otherwise have been overlooked but, once recognized through the lens of a diagnosis, bolstered a more general sense of failing health. This model predicts that the correlation between any particular health indicator and self-evaluations of general health will increase with the age.

3.1.6.1.3: The Health Belief Model (HBM):

For understanding and predicting how individual make the use of use of health services and prevent their health HBM model is used since its introduction by Jenz and Becker in the year 1974. It comprises of four basic components, viz., perceived susceptibility, perceived severity, perceived benefits and perceived barriers. The perceived susceptibility refers to the individual's perception of the probability of contracting or developing the disease or condition. The perceived severity is the degree to which the individual feels they will develop a debilitating form of the disease or condition. The perceived benefits refer to the individual's belief that their behaviour will result in successful treatment or avoidance of the disease or condition. The perceived barriers represent the possible negative consequences of the health behaviour, such as, cost and pain, etc. It assumes that a stimulus, may be in the form of information received through mass media communications; interactions; reminder from the health care providers in the form of postcards, is necessary to activate the decision making process (Janz and Becker, 1984 and Guaff, 1992)^{84, 85}.

Figure Number 3.9:
Figure Showing the Health Belief Model



Source: D. Christopher, 1996²⁹

However, this model is also considered as a stand-alone model as it is linear and more dependent on stimulus at the beginning of behaviour related to health. Model failed to reproduce the repetitive aspect of consumer choice and therefore it needs loops in the form of feedback so that the barriers, benefits and cues to take action perceived easily. Depending on the characteristics of the group as well as membership of group members as a part of target population some cues will be available which leads to successful action but the model failed to consider such cues (Gauff, 1992)⁸⁵.

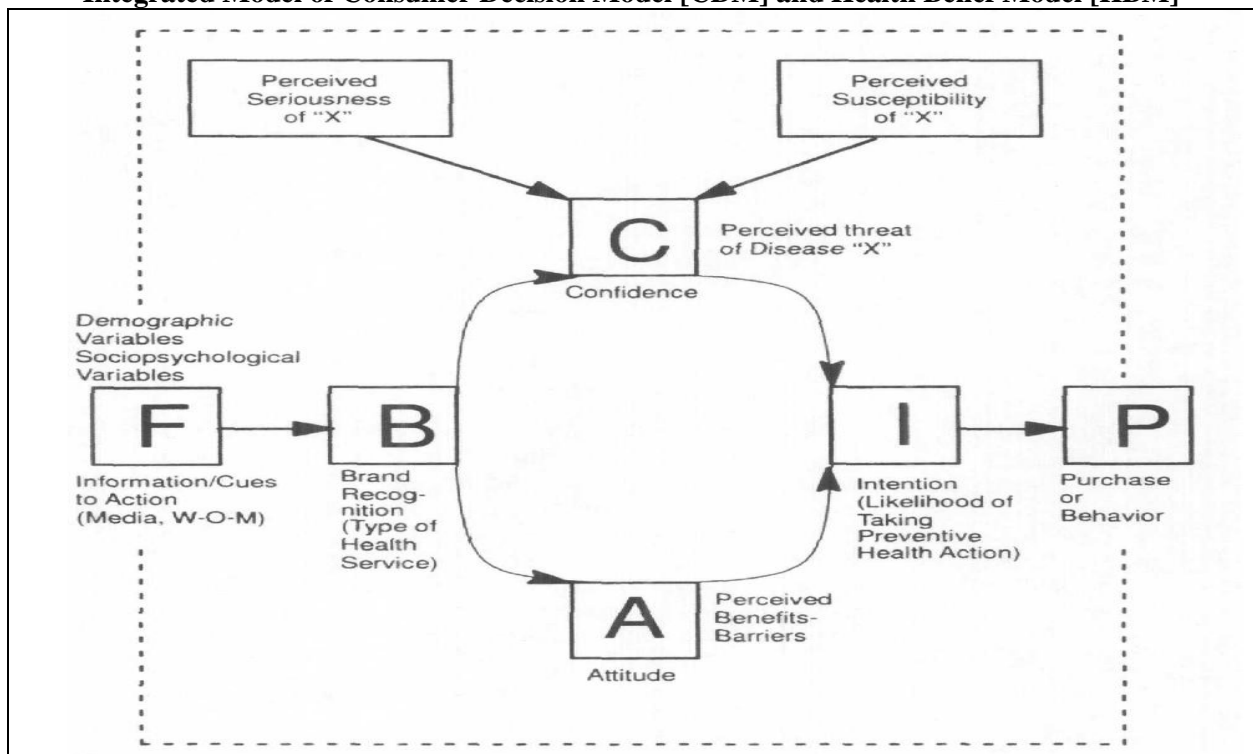
Even though, the basic demographic variables are taken in to considerations by the model, the socio-psychological and the demographic variables are isolated from the information cues to action.

3.1.6.1.4. Integrated Model of Consumer Decision Model (CDM) and Health Belief Model (HBM):

D. Christopher Risker (1996)²⁹ is of the view that the Howard model (1989)²⁸ is more concerned with product rather than providing an adequate understanding of the consumer behaviour related to services or more precisely about health services. In comparison to the Health Belief Model, the Howard's Model does not take in to consideration the very important aspect of the intensity of motivation of consumers to collect information related to their health considering threat or status of disease as well as their current health status.

D. Christopher Risker (1996)²⁹ has developed the Integrated Model with the objective of exploring research in the area of the health services the integrated model CDM and HBM which presented as follows in the Figure Number 3.10.

Figure Number 3.10:
Integrated Model of Consumer Decision Model [CDM] and Health Belief Model [HBM]



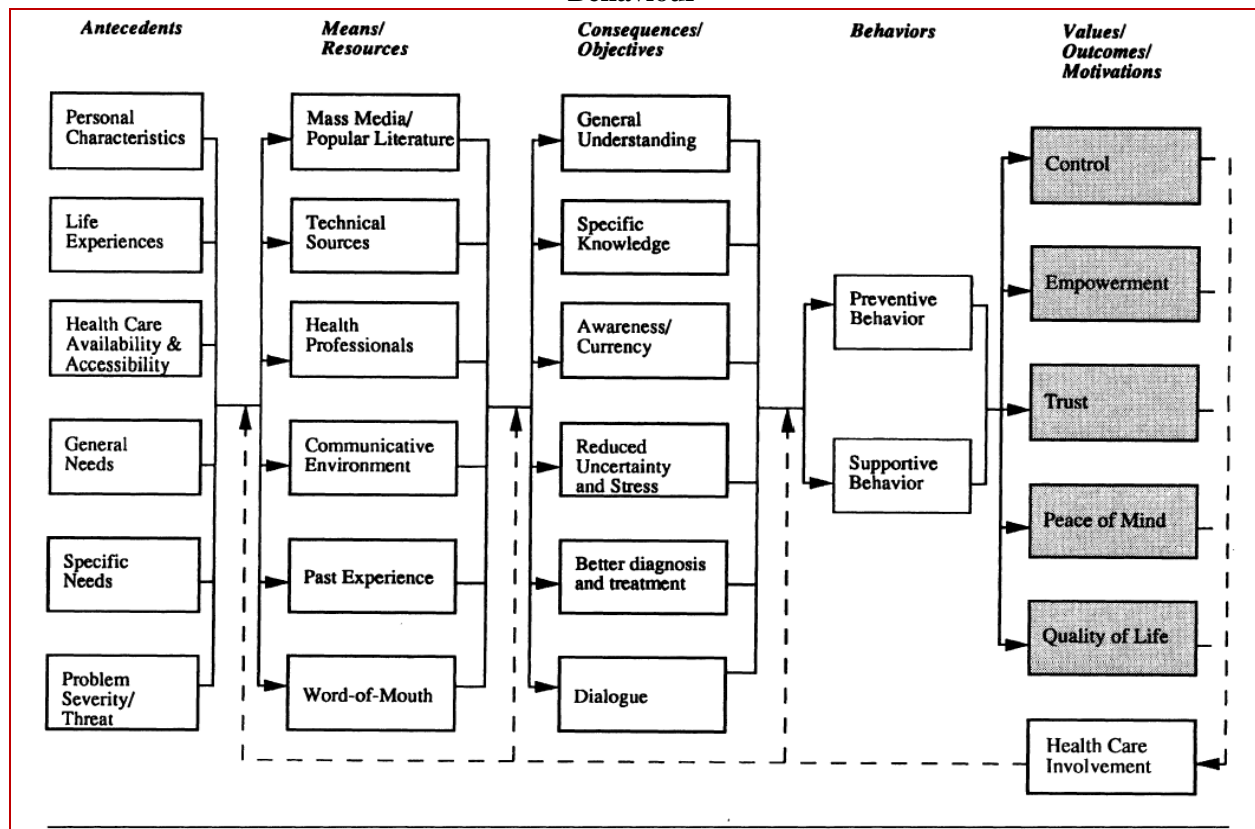
Source: D. Christopher (1996)²⁹

Considering the behavior of consumers for searching the information related to their motivation and cues for health services, the more genuine and wide-ranging view is provided through integration of CDM and HBM Models. The Integrated HBM and Consumer Decision Model has enabled the researchers to identify the ways in which the health service information has been viewed and used by the various groups of individuals with common characteristics in order to make the common choices.

3.1.6.1.5. The Value-based Model of the Consumer Involvement and Preventive Health Care Behaviour:

Martin Roth (1994) has presented a value-based model of consumer involvement and preventive health care behaviour on the bases of the theory that values the motivating or drive behaviour.

Figure Number 3.11:
Figure Showing the Value-Based Model of Health Care Involvement and Preventive Behaviour

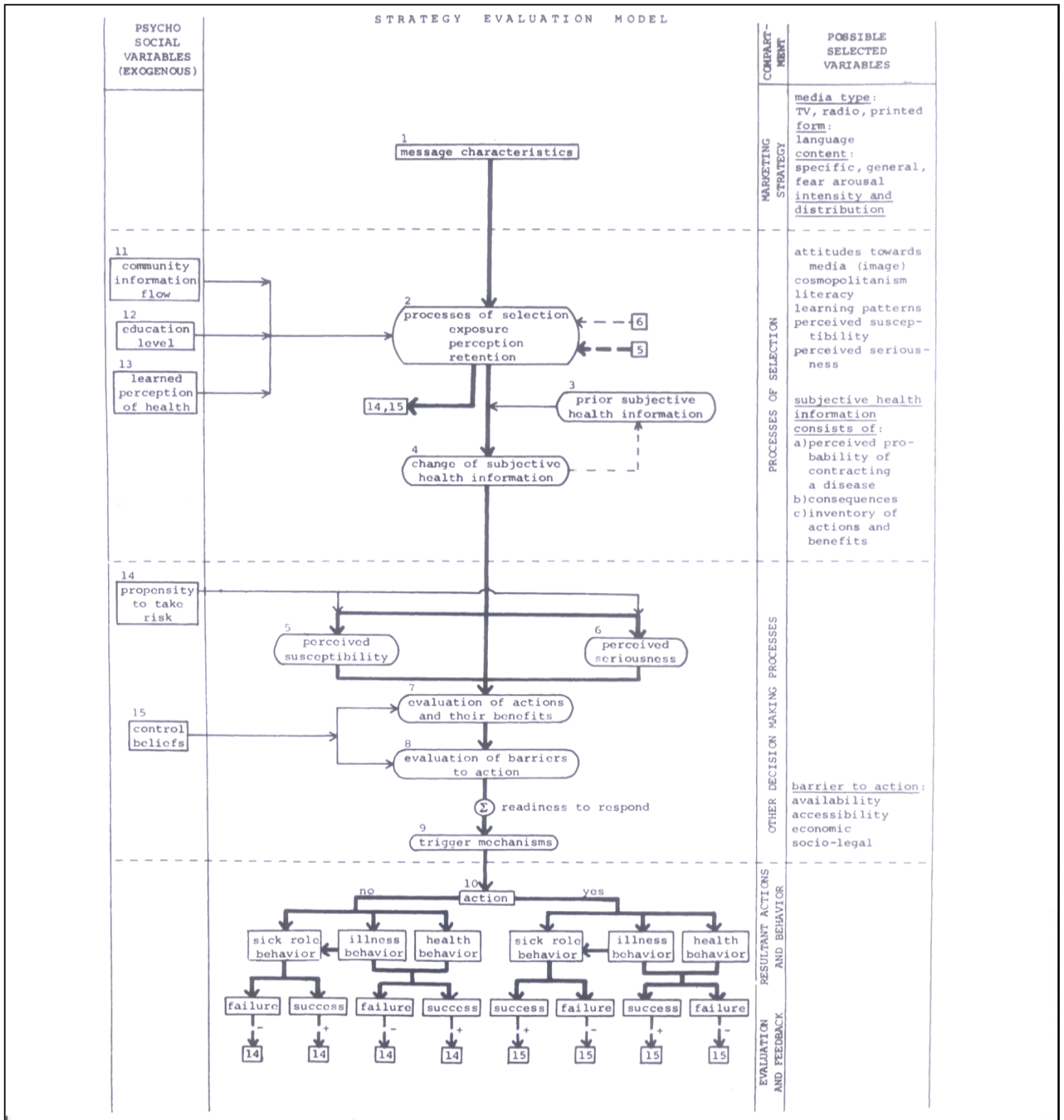


Source: Martin Roth, 1994

3.1.6.1.6. The Psychosocial Health Related Behaviour Model:

The left-hand side of this model represents exogenous psychosocial variables, whereas the central section depicts the major processes and phenomena of the overall health decision-making process, and the right-hand column shows factors frequently found to be operative in a health context but not as consistent or powerful as the exogenous psycho-social variables (Gerald Zaltman and Ilan Vertinsky, 1971)⁸⁶.

Figure Number 3.12: The Psychological Health Related Behaviour Model



Source: Gerald Zaltman and Ilan Vertinsky, 1971⁸⁶.

Moreover, health care purchase had been affected by the increasing health care cost and thereby health care expenditures. Insurance, in general, and health insurance, in particular, is one of the mechanisms which assist the health care customers to meet their health care requirements. The buying decision process pertaining to these health care mechanisms is as presented below:

3.1.7: Insurance Services Buying Decision Process:

Deborah J. Chollet (2000)⁸⁷ had examined the profile of the consumers in the individual insurance market and has compared them with the uninsured and employer-insured populations, and had also considered the differences between the operation of individual and group markets including variations related to the structure of sellers in the market, as well as had offered the rationale for the different impact of regulation on the basis of the review of the state regulation of individual insurance markets.

Ferber (1973)⁸⁸ had identified and reviewed relevant studies in the three related areas of financial management, viz., money management, savings behaviour and the asset management.

John J. Burnett and Bruce A. Palmer (1983)⁸⁹ had examined various characteristics associated with individuals' tendency to have a regular life insurance agent and relying on them even for their insurance purchasing decisions, versus those that do not with the major concern on understanding the relationship between the agent and the consumer. The authors found that the customers of the life insurance who rely on agents for making their life insurance purchase decision were young females, who were single and concerned of their health. They were not amongst the opinion leaders but considered insurance to be very important, consequently were found as buyers of life insurance and policies of large values.

Steven Taylor (2001)⁹⁰ had explored the customer service quality, satisfaction, and trust judgments within the context of service recovery and relationship marketing practices in an insurance setting, and has offered important contributions to the body of knowledge specific to the insurance industry. Gary W. Eldred (1976)⁹¹ had attempted to provide some insights into the consumer opinions with respect to the insurance decision making process.

Rafaeli and Sutton (1987)⁹² had explained the likely effect of the emotions expressed by the service provider on the customer's status and self-esteem and had suggested that the expression of positive emotions and support enhances the customer's status and self-esteem.

Victor Iglesias (2004)⁷⁰ had investigated the effects of the pre-conceptions about services types on the customers' perceptions and on their overall evaluation of service encountered and concluded that the insurance services being intangible are not observable by the customer before the customer actually purchases the product, and consequently, the pre-decisional evaluation, therefore, depends on the various factors, such as the prestige of the company, recalled attributes of the product, or prior overall judgments (Lynch, Marmorstein, and Weigold, 1988)⁹³.

Also, the customer is encountered by the scarcity or inadequate processing resources are likely to base a decision on an affective process, that is, on the basis of the affect rather than on cognition according to Shiv and Fedorikhin (1999)⁹⁴.

As well as, according to Mantel and Kardes (1999)⁹⁵ in order to deal with the another service characteristic, that is, heterogeneity, the evaluation of the insurance services shall not be based exclusively on the attribute-based processing, as key role may be played by various other facets such as, moods, affects, attitudes, and prior overall judgments in the behaviour of the service customers. While, according to Jessie X. Fan (2000)¹⁴, borrowers are also found to spend more money on health insurance and prescription drugs and medical equipment, possibly due to poor health.

3.1.8: Health Insurance Buying Decision Making:

Marketing literature on consumer behaviour has generally concentrated towards the at-need purchase that is the goods that are purchased only when its needs are felt. The products that are purchased in anticipation of their future use have been categorized as the pre-need generally are the collection of the products and services which fulfills set of felt-needs likely to be experienced by a target market at some future point in time unlike those purchased only when its needs are felt. However, the innovative marketers have identified this pre-need niche and evolved the marketing strategies to generate the demand for a variety of the products and services, such as, legal service, burial plots, mortuary services and variety of health insurance plans, have been considered as being sold under the pre-need basis. The pre-need goods marketers are segmenting a clearly identifiable segment, which has been emerging, especially in developed economies where consumers have the luxury to plan over a longer time horizon, which will further enhance the understanding of the consumer behaviour by introducing time horizon as a relevant variable in the consumer-decision making process (C. Jayachandran and Myroslaw J. Kyj, 1987)⁹⁶.

David Blumenthal and John A. Rizzo (1991)⁹⁷ had made an attempt to bridge the gap in the health and highlighted that there exists marked variations in physician involvement with uninsured patients by considering specialty class, employment status, and other practice characteristics. Conceptually, access to medical care is dependent on the consumer demand that is, of ability to pay and individual preferences as well as the physician's willingness to supply that care. The actual amount of care delivered has been determined by the blend of these demand-and supply-side factors.

While, Davis and Rowland (1983)⁹⁸ and Robert Wood Johnson Foundation (1986-1987)⁹⁹ had found that as compared to the insured patients, the uninsured patients have fewer physician visits annually.

Bruce Stuart and James Grana (1995)¹⁰⁰ had examined the influence of insurance coverage on the selection of the Over-The-Counter (OTC), and prescribed medicines, that is, Rx, in treating less serious health problems.

They have also discussed on the implications of the findings in the context of the national health reform and the Food and Drug Administration policy regarding Rx-to-OTC switches. Certain researchers have even focused on the organizing and financing of the primary medical services. Samuel Wolfe et. al. (1972)¹⁰¹ had made the contribution in this area through the book entitled as “The Family Doctor”. They had provided the job definition of the family doctor in the community. They had attempted to place the work of one group of doctors into the context of the work of all doctors under an insurance plan that covers an entire population, and into the context of the direct implications for national health insurance in both Canada and United States.

As discussed in the stages on the buying decision process in general, the information sources have crucial importance on the consumer buying decisions. The issue of the post purchase behaviour in case of the health insurance purchase has been subjected to many criticisms in the case followed by the dissatisfaction to the policy holders or the patients too have been discussed by various experts that have been also reviewed. James R. Bettman (1971)¹⁰² had compared the different information processing models of the same consumers' decisions and utilities of the findings through clinical judgment which had provided the information about the structure of consumer choice processes.

Joachim Winter, et al., (2006)¹⁰³ had conducted research study on new Medicare Part D drug insurance program considering the use of information, prescribed drugs and intensions for enrollment in the program by Medicare populations and found that they have the information and major part of them has planned to enroll for the same despite the offers made by the private insurance for competing plans under Part D.

Mark Schlesinger, Shannon Mitchell, Brian Elbe (2002)¹⁰⁴ had emphasized on the growing ability of the patients to act as effective consumers due to incorporation of the market perspectives for achievement of the goals of the consumer empowerment as the informed consumers can protect themselves from inadequate or inequitable treatment, and their action can provide incentives for health plans to improve the quality of care. They had assessed the voicing in response to the problems with health plans, by developing a theoretical framework and specific hypotheses regarding the characteristics of problems, patients, and settings that might inhibit effective voicing. They had also recognized the impact of State regulations which were intended to enhance voice, specifically the factors related to consumers' willingness and ability to voice their grievances to their health plan as well as to pursue alternative forms of voicing. They had viewed the consumers' voice as the product of three sequential cognitive processes, viz., the assessment, attribution, and prediction, of which, assessment requires that consumers must judge whether their experiences have fallen short of reasonable expectations; attribution involves determining the parties who were responsible for the problem, and, finally, prediction meant that they must be able to predict the worth of expressing their dissatisfaction to their time and effort (Hirschman, 1970)¹⁰⁵.

Moreover, before the concept implementation of the health insurance portability, switching plans had been very burdensome, that even if the individual had the choices, the enrollees preferred to stay in their plan despite the history of unsatisfactory treatment, generally in case of enrollees suffered from the chronic health problems the change of plans would had the danger of being disrupted by the continuity of care with their physicians (Schlesinger, Druss, and Thomas 1999)¹⁰⁶ which had been the main reason that encouraged the policyholders to reinforce the consumers' ability to voice their dissatisfaction directly to their health plans (Dallek and Pollitz 2000; Miller 1998, and Rodwin 2001)^{107, 108, 109} thus, have recognized the importance of voicing the response of dissatisfaction.

According to Rosenthal and Schlesinger (2002)¹¹⁰, the consumers with more serious chronic health conditions were less likely to complain even about blameworthy problems. Moreover, the patients many times, are reluctant to complain about the services they poorly understand (Brennan, Sox, and Burstin, 1996)¹¹¹, due to the fear of their dismissal of claims on the grounds of being considered as foolish or unrealistic. Hence, according to Coyle (1999)¹¹² and Rodwin (2001)¹⁰⁹ the attributions of the responsibility in the medical settings has been challenging as compared to that for the other goods and services.

According to Jeffers, James R., et al.(1971)¹¹³ the demand for the medical services have been determined by the market behaviour as related to the consumers' wants, prices of medical services, prices of other goods, and financial resources, and according to Grossman (1972)¹¹⁴ the demand for health insurance has been derived from the demand for health services.

According to Besley (1991)¹¹⁵ the demand for health, health services and health insurance are built on the conventional economic theory of demand. In terms of demand for health services, in addition to the influence of income, education, and health status, other characteristics such as, age, aversion to receiving health care and the availability of health-related information has also been influencing the demand for the health services of which many of the factors are not being easily observed.

Kronick and Gilmer (1999)¹¹⁶ had considered healthcare expenditure of the household as another important variable affecting health insurance purchase. The health expenditure may not indicate much about the health burden on household, but health expenditure as a percentage of the total expenditure may provide a better idea about the health burden on the household.

Joseph G. Eisenhauer and John A. Nyman (2006)¹¹⁷ had critically evaluated the theory of demand for health insurance and had stated that although the model makes a valuable contribution to the theoretical literature on moral hazard and debates over national health insurance, it fails to provide a robust alternative to the conventional theory, in terms of the general explanation of the demand for health insurance.

Ramesh Bhatt and Nishant Jain (2006)¹¹⁸ using the probit model had analyzed various factors that determines the demand for private health insurance in a micro insurance scheme setting by applying the two stage model, that is, (i.) by determining the factors affecting the insurance purchase decisions, and (ii.) by studying the factors affecting the amount of insurance purchase. The study had indicated that income and health expenditure was the significant determinants of health insurance purchase along with the age, coverage of illness and knowledge about insurance. Also, the other factors, viz., income, number of children in the family, age, and perception regarding future health care expenditure were also found to be significant determinants of the amount of health insurance purchases. While, the set of various demographic and economic variables, viz., employment, age, marital status and gender, along with the various socio-economic factors, viz., age and education are the important factors affecting health insurance purchase.

Cameron et al. (1988)¹¹⁹ had put the demand for health care and health insurance in the format model had concluded that income is the better predictor of health insurance purchases in comparison to the health status. In Ghana, Asenso Okyere et al. (1997)¹²⁰ had found that the willingness to pay for social health insurance increases with income, high health expenditures, and difficulties in making payments which is an indication of the adverse selection. However, according to Mathiyazhagan (1998)¹²¹ better education and being male also affect the willingness to pay.

Scotton (1969)¹²² and Savage and Wright (1999)¹²³ had also suggested that income has been one of the important determinants of purchase of health insurance. However, according to the Ramesh Bhatt and Nishant Jain (2007)¹²⁴, at the higher level of income the household purchase of insurance decreases which indicates the willingness of the households to retain the risk. John F. Sheils and Patrice R. Wolfe (1992)¹²⁵ had suggested that the choice of insurance plan has been influenced by the various factors, viz., the benefits offered, the cost of the plan, and the freedom to choose providers. According to Hopkins and Kidd (1996)¹²⁶ and Barrett and Conlon (2003)¹²⁷, the health status of the family is another important factor which influences the health insurance purchase decision.

Harmon and Nolan (2001)¹²⁸ had concluded that contradictory to the theoretical predictions, the good health status has been positively associated with the probability of purchase and had suggested the importance of the analysis as well as the recognition of better data on the health status. While, Davidson, Sofaer, and Gertler (1992)¹²⁹ had examined the relationship of seniors' knowledge of health insurance and health status with regard to type of insurance purchased. While, various other experts, namely, Propper (1989)¹³⁰; Cameron and Trivedi (1991)¹³¹; Harmon and Nolan (2001)¹²⁸ had found that the health status has not been statistically significantly influencing the purchase decisions.

David Litaker and Randall D. Cebul (2003)¹³² had examined the selection between the managed care activity and individuals' access to care, to assess the differences in its relationship by insurance status. They had found that the access to health care as reflected by an ability to meet one's health needs was also found to be influenced by an individual characteristics and the environment. They had concluded that greater managed care activity has been associated with unfavourable patterns of healthcare access despite an individual's insurance status, and had suggested that more pervasive effects and the unintended effects shall be carefully evaluated while formulating future programs that addressed the disparities in access to care.

Lutz and Sharman (2001)¹³³ had specified that amongst others, the healthcare industry is affected significantly by the basic demographic trends, particularly the increased education of more people, higher income levels, more time spent in working, and the aging of the work force.

Kapp (1999)¹³⁴ had identified that the demographic variables, viz., gender; marital status; education; ethnicity; income and health status, and seniors' buying behaviour concerning their healthcare coverage have been the part of the healthcare studies viz., Consumer Assessment of Health Plans (2000)¹³⁵. Gamble et al., (2000)¹³⁶ and Landers (1999)¹³⁷ had also examined the relationship with between various demographic variables and the purchase of the health care plans. Thompson and Rao (1990)¹³⁸ had listed the most prevalent variables, viz., gender, marital status, ethnicity, education, income level, age, geographical morbidity, and family size. Michael A. Markowitz, Marsha Gold, Thomas Rice (1991)¹³⁹ had evaluated the determinants of insurance coverage in the 18 to 24 years old population which has addressed various issues, viz., the characteristics of the insured versus uninsured, the reason given by the uninsured for not having coverage, and the role of employment status and other variables in determining insurance status with the implications for the policymakers in the identification of the mechanisms that can best enhance the insurance coverage among the young adults, to argue on whether age or usual activity has been more important in its effect on insurance status as the case may be. They had found that the employment has the strongest predictor of insurance status in all age and usual activity subgroups.

Butler (1999)¹⁴⁰ had found that the employed individuals and those at the executive positives were likely to purchase the insurance, and that the married respondents were more likely to enroll for the health care coverage with apparently little influence of the family size on the purchase decision (Cameron and Trivedi, 1991)¹³¹. Ngui, Burrows et al. (1989)¹⁴¹ had found that age has the positive and significant impact on the probability of having insurance coverage.

Elbeck (1990)¹⁴² had studied the healthcare services buying behaviour of the senior citizens with the objective to determine the role of spouses in decisions towards the recommendation for the marketing of the health care services to the senior population. Senior married couples were also studied by Hopper and Busbin (1995)¹⁴³ for their choices of healthcare insurance coverage and providers.

Education was related by Lillard et al. (1997)¹⁴⁴ to the other demographic factors in seniors' purchase decisions of healthcare plans. The role of education in health decision-making has also been well documented by Grossman (1972)¹¹⁴ and Muurinen (1982)¹⁴⁵ implying the likeliness of the better educated person being healthy requiring the lower probability of the insurance at one side, but, at the same time, s/he is likely to be better informed about both the services availability in the public hospital system, the rising costs of the private health care service, and the benefits of joining a private health insurance fund. However, according to Ramesh Bhatt and Nishant Jain (2006)¹¹⁸, in India, knowledge and awareness about health insurance, and the benefits of health insurance could be important factor for health insurance purchase decision as the information and awareness among the consumers plays an important role in insurance buying process.

Barry G. Saver and Mark P. Doescher (2000)¹⁴⁶ had studied the associations of factors including minority-group membership, education, income, wealth, and health status, had concluded that the minorities and the less educated were much less likely to buy their own health insurance even after adjustment for income and wealth. The age, aversion to receiving healthcare and the availability of health-related information has also found influencing the demand for health services.

Generally, it is assumed that factors affecting the purchase will affect the renewal decision. However, Ramesh Bhatt and Nishant Jain (2007)¹²⁴ had hypothesized that the factors affecting renewal could be different from factors affecting purchase decision and concluded that income emerged as the most significant factor in influencing the insurance purchase decision at the first place, but becomes less significant in renewal decision.

In spite of the particular socio-demographic characteristics appearing to be initially accounted as determinants of individual choice there are certain socio-demographic characteristics may be associated with a particular pattern, it cannot be validly concluded that these characteristics are causal determinants of individual choice (Mathew Jowett, 2004)¹⁴⁷.

Many studies have been undertaken to analyze the relationships and association between the seniors' healthcare buying behaviour and wide range of demographic factors.

Thompson and Rao (1990)¹³⁸ had observed contradictory results about such association, and suggested that assumptions about the buying behaviour should not be made from demographic data alone and had concluded that demographic research may not be the best type of research for examining healthcare decisions, while, the use of behavioural models allows for the study of consumer attitudes, perceptions, intentions and personal commitments.

Jeff Ritter (2004)⁴⁶ had explored the selected demographic characteristics of seniors in relation to the dependent variables of their beliefs, attitudes, and intentions about healthcare plan purchase, based on Fishbein and Ajzen's (1975)⁴¹ model of reasoned action with reference to buyer behaviour.

Unquestionably, health services utilization has been determined primarily by a person's health status and the process of utilization (Anderson, Ronald, and Newman, 1973)¹⁴⁸.

Besley, Hall et al. (1999)¹⁴⁹ had found that perceived service quality, measured in terms of waiting times, and the hotel aspects of health services are important factors motivating the purchase of health insurance. Harmon and Nolan (2001)¹²⁸ had suggested that the health insurance purchases are driven more by a taste for quality than by aversion to risk. The decision to purchase health insurance is explained by the utility theory, which states that the individuals compare the benefits of purchasing insurance with their health care expenditures without insurance, given their risk preference. If the benefits of insurance are greater than the cost, the household generally purchases the health insurance. The decision to purchase health insurance also depends on individuals' reactions to risk, as increasing risk aversion increases the probability of purchasing insurance (Kreps D., 1990)¹⁵⁰.

3.2: CONSUMER CHOICE:

The mental process of judging the merits of multiple options and selecting one of them comprises the choice of an individual, which can be often made by imagined options or multiple options or real options and followed by the corresponding action. Choice has been regarded as the good thing by most of the people, however, a severely limited or artificially restricted choice can lead to discomfort with choosing and possible, an unsatisfactory outcome (<http://en.wikipedia.org>; Accessed on 25/03/09)⁴. The choice has been characterized by conflict, uncertainty, and cognitive activity, and related psychological processes can be observed which generally occurs. In other words, choice can be explained as the individual is thinking or exposed to information that is when s/he is reading listening to a message, or talking, an individual face certain amount of uncertainty and conflict (Fleming Hansen, 1972)¹⁵¹.

Fleming Hansen (1976)¹⁵² had presented an overview of the psychologist's approaches to consumer choice and has generated several hypotheses for studying the choice process in different situations. Although, psychologists have not been directly concerned with the consumer behaviour, the psychological theory has been applied to the study of consumer choice by the marketers.

According to Walter A. Woods (1960)¹⁵³, all consumer behaviour is motivated, but actual choices made to satisfy motives may depend on other psychological variables. The consumer choice is being determined by the two sets of factor, (i) personality of the purchaser, and (ii.) the character of the product which are the consumer variables referring to the differences among the consumer in their habit, cognitive structure, and motives, causing them behave differently in buying situations, and differences among the products in demand character referring to become more ego involved with some products than with others.

3.2.1: Consumer Information:

Consumer information is very critical to the firm's strategic decision making (Moorthy et al. 1997)¹⁵⁴. The choice is a central phenomenon for study in consumer research as well as the internal and external search by consumers in order to make the wise choice (Jay P. Carlson, John W. Huppertz and Presha E. Neidermeyer, 2008)¹⁵⁵.

3.2.2: Memory factors:

The another obvious major role played in the consumer choice is that of the memory factors as the specific inferences derived by the consumers from the marketing stimuli depends largely on the content and organization of the memory. Memory has been postulated as of having different types of memory storage systems with varied functions and properties, viz., sensory store, a short-term memory store, and the long-term memory store (Atkinson and Shiffrin, 1968)¹⁵⁶. A portion of that information when processed adequately, it can be transferred to the long term store which is essentially with unlimited capacity and a permanent repository of information (James R. Bettman, 1979)²⁷.

3.2.3: Memory Usage:

Moreover, an individual should also be aware about how s/he uses memory that is the ways in which the control processes pertaining to how and what has to be processed; what to be stored in the long-term memory and how it is to be stored and retrieved (Atkinson and Shiffrin, 1968)¹⁵⁶.

Craik and Lockhart (1972)¹⁵⁷ had proposed that individuals have limited processing capacity allocated to the incoming information processing and they had argued that the capacity can be allocated to yield various levels of processing ranging from simple sensory analysis, is printed in red type to more complex semantic and cognitive elaborations of the information. While, according to the activation model of Collins and Loftus (1975)¹⁵⁸, the general conception of memory shall not require the multiple stores as there is one memory store and only limited portions of that store can be activated at any one time. This is used only for current processing. Such activation is temporary and exits if the efforts are not devoted in maintaining it. John G. Lynch, Jr. and Thomas K. Srull (1982)¹⁵⁹ had focused on the memory and attention processes that may occur below the level of consciousness. According to James R. Bettman (1979)²⁷ in order to understand the consumer choice, the importance of its relevant parts of the memory literature with reference to the consumer choice has to be explored it in the light of the various consumer tasks.

3.2.4: Choice Set Size:

Many studies of consumer decision making have examined choices among alternatives described on the same set of attributes. However, in actual choices, consumers rarely have full information (Dick, Chakravarti, and Biehal 1990)¹⁶⁰. Ran Kivetz and Itamar Simonson (2000)¹⁶¹ had recognized that only little has been known about the effects of missing information on consumer choice.

Slovic and Mac Phillamy (1974)¹⁶² had demonstrated that a tendency to give more weight to attributes on which all considered options assigned values. They had shown that buyers tend to interpret missing attribute values in a way that supports their favour purchase of the option that is superior on the common attribute. L. Epstein (1975)¹⁶³ had considered the standard two-period consumer choice problem, where current consumption must be decided upon subject to uncertainty about the future income and prices.

3.2.5: Comparable and Non-Comparable Alternatives:

Many experts have also conducted research on another subset of choice that is the comparable alternatives. But, the consumer choices are not limited to the comparable alternatives only, as they vary in comparability, in which alternatives are described or represented in the same attributes differently. The other subset of choices which has been overlooked is the non-comparable alternatives (Michael D. Johnson, 1984)¹⁶⁴. Ravi Dhar and Steven J. Nowlis (1996)¹⁶⁵ had found that the percentage of the buyers choosing an alternative having unique good pairs of alternative was greater comparison to the existence of unique bad pairs of alternative.

Tversky (1977)¹⁶⁶ had proposed a model based on the feature-matching process for the comparison process involved in judgments of similarity wherein the similarity judgments are assumed to be the result of the linear combination of the shared and distinctive features of the objects being compared, highlighting the possibility of emphasizing on the unique features of the paired items as compared that on the common features. Moreover, in case the consumers focus mainly on unique features of the alternative, the decision not to choose will be greater for the choice set consisting of unique bad pairs than for a choice set made up of unique good pairs due to the variation in the attractiveness of the preference in varied contexts as indicated by the feature-matching model by Houston, Sherman and Baker (1989)¹⁶⁷.

3.2.6: Time Factor and Choice:

The choice made by an individual consumer is also affected by the time factor involved in the choice process. Ravi Dhar and Stephen M. Nowlis (1999)¹⁶⁸ had investigated the effect of time pressure on choice deferral and had focused on the systematic impact of the time pressure on the choice deferral by increasing the use of non-compensatory decision rules in the selection decision and by increasing the relative emphasis placed on the unique features in the deferral decision that is whether to choose. Various studies have conducted research to examine how the choice is affected by pressure of time and have found the three general ways of response of people to the time constraints includes consumers' inclination to speed up the rate at which the information can be examined for decision making under time pressure; the tendency of the consumers to filter the information to focus on the more important attributes and the attention devoted to negative information as well as, the tendency of the consumers to alter the decision strategy (Ben Zur and Breznitz, 1981)¹⁶⁹.

Svenson, Edland, and Slovic (1990)¹⁷⁰ had suggested that a general reaction to time constraints for making decision is to move from using compensatory to non-compensatory decision rules which require less effort (Simon, 1981)¹⁷¹. Edward E. Schlee (1990)¹⁷² had analyzed the effect of increase in risk aversion on a general consumer choice model with multiple sources of risk.

3.3: CHOICE MODELS:

The models provide an overview or framework for marketers to use in addressing complex or new challenges. A model simplifies the decision-making process which further helps the marketer in better understanding the major factors that should be assessed and considered, and thus, to scientifically approach to the solutions (Jay P. Carlson; John W. Huppertz and Presha E. Neidermeyer, 2008)¹⁵⁵. The choice modeling attempts to develop model of the decision process of an individual or segment in a particular context can also be used to estimate non-market environmental benefits and costs, and sometimes the well specified choice models are also able to predict the individuals' reaction in the particular situation (<http://en.wikipedia.org>; Accessed on 25/03/09)⁴.

The modelling has been in parallel developed by the economists and the cognitive psychologists. The origins of choice modeling can be traced to Thurstone's research into the food preferences in the period of 1920s and to the random utility theory. Undoubtedly, all decisions to some degree involve choice. The choice modelling posits that the human choice has been underlined by the rational decision making process with the functional form. Depending on the behavioural context, a specific functional form, Multinomial Logit Model commonly used as the approximation of the economic principle of utility maximization as human beings strives to maximize their total utility (ibid).

Marcel L. Corstjens and David A. Gautschi (1983)¹⁷³ had discussed the four categories of formal choice models, viz., the Neo Classical Economic Theory as extended by Lancaster, the Risk-Preference Theory of choices under uncertainty, the Strict Utility theory and the Random Utility Theory in a unified framework consisting of theory generation, parameterization, and estimation issues. Fleming Hansen (1976)¹⁵² had discussed the framework commonly used by the psychological models of choice and had analyzed the conflict situation as a system because before the conflict obsessions are inherent in the individual and at the time of the conflict influence of situation is observed on the individual. The Information Processing Model developed by James R. Bettman (1979)²⁷ which can be considered as basic standard model for determining choice of consumers based on choice of product and not the service choices, representing a Weberian-like ideal-type of model including virtually all the potential aspect involved in information search behavior of consumers of consumer information searches regardless of presence of all of the elements of the models during all the efforts of consumer searches.

The behavioural science literature has largely focused on the choices made by the individuals under varying conditions such as effect of the varying amount of information; certainty during search for information and amount of availability time to the decision maker, without the concern for the individual characteristics or group membership. While, on the other side, the economic literature have been limited considering theory of utility in the area of choice or information search behavior regardless of choice is made by a firm or an individual or by the agent's most economical and beneficial decision (ibid).

Criticisms are made for literature on behavioural sciences on the ground that it is more stimulus dependent and criticisms are made for economic literature for being reductionist. The empirical data related to usage of information by consumers and choice of consumers provided by marketing literature which involves the characteristics of individuals and group memberships but not sufficient in choosing effective format for presenting the information about choice of consumers (ibid).

Marcel L. Corstjens and David A. Gautschi (1983)¹⁷³ had reviewed of the literature of the formal theories of the individual choice models integrated with the marketing familiar terminology to address the problems, and issues as studied in the marketing. The formal theories of the individual choice refers to those theories of choice which has incorporated explicit conditions, axioms, or postulates addressing the nature of preferences, the nature of choice alternatives, the choice rule, and the nature of the choice outcome. Most of the work in the individual choice analysis in Economics, Marketing, and Psychology is based on the assumption that most decision problems can be modeled in terms of multi-attribute choice systems which link objective measures of the attributes of options to observed choices assuming that the process of choice can be described by three fundamental component relations (Louviere, 1988 and Lynch, 1985)^{174, 175}, viz., the valuation rules mapping objective measures of product attributes to their perceived attractiveness; the integration rules mapping perceptions of the attractiveness of attributes to overall impressions of attractiveness and the choice or behavioural rules mapping overall impression to overt behaviour, most commonly choices.

A new model proposed by Puroshottam Papatla (1996)¹⁷⁶ which offers and incorporate the benefits offered by the fixed effects models and does not emphasized on long purchase histories. This is different in two ways from the classic formulation , (i.) The common effects as well as fixed effects related to consumer purchases have been standardized sequentially rather than simultaneously by this proposed model, and, (ii.) rather than incorporating the fixed effects in additive form the proposed model incorporates the fixed effects in a multiplicative form.

According to John J. Bernardo and J. M. Blin (1977)¹⁷⁷, the models of consumer choice focuses on characteristics of the choice objects or characteristics of the consumer, by analyzing certain basis features often called as the attributes whose combination in particular product has been considered as the basis of choice.

Robert J. Meyer and Arvind Sathi (1985)¹⁷⁸ had proposed the model, which can be estimated by using normally available data which have been then integrated into a conventional share model or a multinomial logit to derive a multi-attribute model of choice which endogenously recognized the brand learning.

Wagner A. Kamakura, Byung-Do Kim, Jonathan Lee (1996)¹⁷⁹ had also made efforts to incorporate the heterogeneity in the brand choice models of two types, the preference heterogeneity and the structural heterogeneity by emphasizing on the varied preferences or tastes across the consumers. The preference heterogeneity refers to the individual differences in brand preferences and responses to the marketing mix which has been extensively studied as compared to the structural heterogeneity. The structural heterogeneity refers to the differences in the structure of the choice process, accounting for the fact that some consumers might follow the compensatory decision process, while others may use a hierarchical choice process. Also, the different consumers might have different choice hierarchies.

Manohar U. Kalwani, Robert J. Meyer and Donald G. Morrison (1994)¹⁸⁰ had analyzed consumer brand choice data by comparing a model's performance with that of a naive model that assumes a household's choice probability on each occasion equals the aggregate market share of each brand. They had suggested that this benchmark could form an overly naive point of reference in assessing the fit of a choice model calibrated on scanner-panel data, or any repeated-measures analysis of choice.

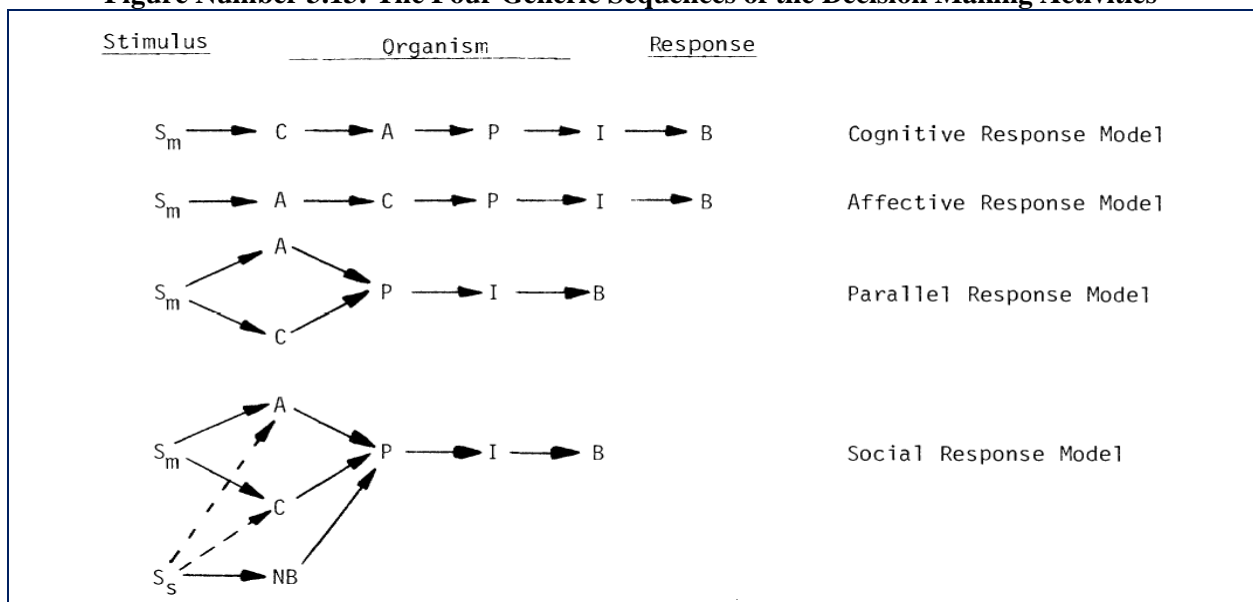
The modeling of consumer choices plays an important role in a variety of tasks but not limited to the projection of market shares. For a very longer time period the deterministic choice models were used in marketing research in order to develop model for individual choice the marketers are ultimately interested in projecting aggregate choice shares to estimate market share and/or sales (Shocker and Srinivasan, 1979)¹⁸¹.

For describing the process of consumer information search an algebraic model proposed by Robert Meyer (1982)¹⁸² which explains the consumer's search behavior during making decisions which includes description about how expectations are formed by consumers considering set of potential alternatives available for making choice, which alternative should be given weightage for making decision and updating the expectations by referring information gathered during search. The author had suggested that choice behaviour may be characterized as a recursive process involving four sequential stages which are the assignment of the ex-ante utility values to each candidate alternative; the determination of reduced set of candidates for further consideration; the selection of a candidate for inspection and the revision of utilities for each candidate in light of gathered information. The model highlights the importance of the previous experience and first impressions on consumer evaluations.

Hauser and Urban (1977)¹⁸³ had presented a normative methodology for modeling consumer choice processes and have shown the meaningful integration of the approach with the managerial decisions related to the design and introductions of new products and services. The model begins with the measurement of the consumer perceptions and their internal organization followed by a compaction phase which consists of the representation of how consumers combine perceptions with the internal standards to arrive at overall evaluations of products and their features which is further used to divide consumers into homogeneous segments and to predict their actual choices. The author had suggested the concept of relative risk attitude to segment consumers by the degree of their risk aversion or risk seeking propensities. However, the consumer response model has been conceptualized as a stimulus-organism-response that is S-O-R, by Richard P. Bagozzi (1983)²¹, offered the advantage of representing three classes of useful constructs in one overall framework. Specifically, the model incorporates, the external determinants of consumer choice, the internal processes regulating choice, and, the behaviours that constitute choice. Further, the S-O-R model can also be expanded and combined with measurements over time to build more dynamic representations of consumer response as well as the represents the complex structures and processes of consumer response.

The consumers typically go through the four generic sequences in their everyday decision making activities, namely, the cognitive response model; the affective response model; the parallel response model, and social response model as given below:

Figure Number 3.13: The Four Generic Sequences of the Decision Making Activities



Source: Richard P. Bagozzi, 1983²¹

Note: The above figure shows the Four generic models, wherein, S_m = Stimulus subject to the managerial control; S_s = Social Stimulus; C = Cognitive state or process; A = Affective state or process; P = Preference; I = Intention; B = Choice related behaviour; NB = Normative Belief

Imran S. Currim and Rakesh K. Sarin (1984)¹⁸⁴ had discussed the theory and estimation procedures for several consumer preferences models and had compared empirically the predictive accuracy in the form of the internal consistency of these models which has been basically an extension of pioneering work of Patricia M. West, Patrick L. Brockett, Linda L. Golden (1977)¹⁸⁵ had presented a definitive description of neural network methodology and have provided an evaluation of its advantages and disadvantages. These models have been very successfully applied in many diverse disciplines, including Biology, Psychology, Statistics, Mathematics, Business, Insurance, and Computer Science. They have proposed that the neural networks will prove to be valuable tool for marketers concerned with the predicting consumer choice, and provides the superior predictions regarding the consumer decision processes.

3.3.1: Health Care Choice and Models:

From the point of view of the social sciences, the consumer choice encompasses various important areas of social dynamics, viz, acceptance of innovation, choice and decision, and social influence and communication. The influence of the society is felt more through specific organizations and channels than in terms of abstract position in a generalized social structure which is consistent with the pluralistic, differentiated nature of the social system. Dual or multiple choices has emerged as not only the wise tactic in innovation, but might also be proved as the strategy necessary for satisfaction of varied members of the society (Charles A. Metzner and Rashid L Bashshur, 1967)¹⁸⁶.

Rosenstock (1966)¹⁸⁷ had described the utilization as a process in which the individual moves through a series of stages or phases in each of which s/he interacts with individuals or events, and has asserted that the nature of these interactions at any one of these stages may increase or decrease the probability that a particular subsequent response will be made. Thus, the likelihood of the persons acting in a particular choice at any stage has been the function of past and present situation, events or choices.

Leveson (1972)¹⁸⁸ had suggested that the choice of facility is an explicit investment decision as in the human capital formulation the patient chooses the alternative source of medical care associated with the highest present value of benefits and costs.

William C. Stratmann (1975)¹⁸⁹ had examined the patient's decision to select a source of care by offering a theoretical construct of this choice process, and had provided the respondents' reasons for selecting a source of ambulatory care which collapsed into the categories that relates to the individual perceptions of the utility of cost, time, convenience, socio-psychological factors, and the technical quality of health care. According to the author, the human beings possess the unique ability to think, reason, and, make decision, with respect to the consciously identifiable goals, and thus take the most logical means toward the achievements of the goal of rationality. Moreover, it is the individuals' prerogative to identify his goals or needs. The individuals' action can be appraised with respect to these objectives on the basis of the perception of reality regardless of how distorted or erroneous that image may seem to be to another.

Thus, it may be possible that the other person may view that individual person has failed to seek the most critical information being the base for the decision making, but actually it may be the rationality of choice as applied by the decision maker in respect of the information base of the person.

A. Taher Moustafa, Carl E. Hopkins, Bonnie Klein (1971)¹⁹⁰ had presumed that the consumers' choice behaviour will tend to maximize their satisfaction, but there have been many different views of how it has been done, which can also be applied on the consumers' health plan choices to understand about how and why the consumers choose a particular health insurance plan. Usually, choice is determined by an interaction of two major dimensions, viz., (i.) the characteristics of the shoppers, including the demographic characteristics, viz., sex, age, ethnicity, family status, education, income, health status, health ideology and, (ii.) attitudes, knowledge of the plan, and the characteristics of the plans, viz., price and how it has to be paid, scope of benefits, and personal convenience of services offered.

Charles A. Metzner and Rashid L Bashshur (1967)¹⁸⁶ had compared a sample of members who chose a group practice comprehensive care group service plan against those who chose an open-panel, less comprehensive care group service plan, and it was found that the choice has not been made on the basis of general ideological commitment, but on particular valued attributes of plans.

Another extensive study of purchasers' attitudes and their reasons for choosing certain healthcare plans had been reported by the Medical and Hospital Advisory Council to the California State Employees Retirement System, whose members were offered a variety of more than ten different health insurance plans. The findings of the study recommended that the promotion of health education should include accurate and factual information on the capabilities and limitation of health plan education (Report of the Medical and Hospital Advisory Council, 1964, 1968)¹⁹¹.

Kasanoff (1969)¹⁹² had attempted to study the influence of medicare and Medicaid on the hospital's outpatient population and had suggested that the most significant reason why patients prefer the clinic was being that they felt comfortable, accepted, and liked it, and that they are loath to give it up for sometimes uncomfortable experience of visiting a private doctor, which may explain the reasons for using the care source that appears undesirable to outside observers.

Richard Tessler and David Mechanis (1975)¹⁹³ had examined the basis for the selection of the prepaid group practice in dual choice situation with the objective to better understand the aspects of health plans which were been viewed as attractive by particular groups in the population, emphasizing on the social, attitudinal, and health characteristics of populations that have influenced the varied choice decisions. The authors had attempted to understand the extent and nature of selective biases in choices among alternative plans.

Joan L. Buchanan and Shan Cretin (1986)¹⁹⁴ had analyzed the health plan selection history of the employees of a large aerospace corporation. It was found that the selection patterns of the families for Health Maintenance Organizations and Fee for Service plan were along with their socio-demographic factors classification.

While, David M. Culter and Sarah J. Reber (1998)¹⁹⁵ had compared the benefits of the insurance competition with the costs of adverse selection by using the data on health plan choices collected from employees of Harvard University, to empirically analyze the gains and losses from competitive reforms in health insurance payments.

3.3.2: Insurance Choice and Models:

The concept of choice has also been studied by the various researches in specific to the variety of the insurance plans too.

An attempt has been made to offer a brief review on it as follows.

Charles A. Metzner and Rashid L Bashshur (1967)¹⁸⁶ had examined the bases of choice between Blue Cross and Blue Shield Comprehensive Plan and Community Health Association group practice plan amongst the auto workers in the Detroit Metropolitan Area. It was concluded that most persons selected their plan on the basis of pragmatic and specific rather than ideological and general criteria.

William H. Wandel (1956)¹⁹⁶ had conducted research study which focuses on the importance of application of motivation research with reference to the insurance business in specific, and the entire business in general with the help of elaborated explanation on its implications. However, the usefulness of such research has not only restrained to persuading more people to purchase a particular kind or amount of insurance, but, it is also equally precious in providing guidance for improving coverage in developing package contracts, in establishing modes of premium payments favourable to the consumer's budget as well as in re-defining the functions of agents and in choosing the name of the company.

Lisa Lipowski Posey and Abdullah Yavas (1995)¹⁹⁷ had developed a search theoretical model for an insurance market wherein the insurers and potential policyholders search for each other to form a match on the basis of the assumption that the subset of potential policyholders, desire a policy, from the subset of insurers.

Harris Schlesinger and J. Matthias Graf von der Schulenburg (1993)¹⁹⁸ had found that although insurance contracts seems to be similar but they are not identical, as the insurance product may be heterogeneous among the suppliers as the quality of the company; its reputation; solvency characteristics; marketing methods; claims handling procedures may make the insurance products different from firm to firm. However, there can be the possibility of the unavailability of the information about the insurance products' quality and other attributes to the consumer at the time of purchase.

In comparison to the employer group market, the individual insurance market is at the greater risk of an adverse selection spiral as the individual coverage is both voluntary and unsubsidized which can be catalyzed by the insurance regulation, in either type of market by removing the contractual constraints encouraging the low-risk individuals to remain insured especially if they also impede insurers from all means of segmenting risk (Deborah J. Chollet, 2000)⁸⁷.

3.3.3: Health Insurance Choice and Models:

Dwight M. Scherban and Charles H. Nightingale (2000)¹⁹⁹ had found that factors such as level of understanding, level of perceived health, and satisfaction with the plan in terms of the hospital choice were most important.

3.3.3.1: Price:

Feldman R., Finch M., Dowd B, and Cassou S. (1989)²⁰⁰ pointed that changing prices leads to health plan switching within similar health plans. Various other studies, viz., Gibbs D. A., Sangl J. A., and Burrus B. (1996)²⁰¹, Hibbard J. H. and Jewett J. J. (1997)²⁰², Robinson S., and Brodie M. (1997)²⁰³ too had indicated that the individuals not only value price but also the benefits and the availability as well as quality of physicians under the specific health plan. David M. Studdert et. al. (2002)²⁰⁴ had attempted to determine selection of the health plan amongst the various health plans, that is, fee-for-service, health maintenance organization, or catastrophic, by surveying the managed care experts, and had also compared the choices of physician experts, non-physician experts and controls with the help of the multinomial logit model which is sensitive to the choice set availability. Frederik T. Schut, Stefan Gres, Juergen Wasem (2003)²⁰⁵ had studied on sickness fund choice by using panel data by estimating its price elasticity considering the effect of the introduction of free choice and price competition in social health insurance in Germany and Netherlands.

3.3.3.2: Health Plan Choice:

The investigation on the consumer preferences for the hypothetical health plans has been made by Jan J. Kerssens and Peter P. Groenewegen (2005)²⁰⁶ by focusing on its different features viz., premium payment, discount for no claim, deductibles, extension of insurance as well as extending help in terms of financial services, help in choosing hospitals and physicians, help-desk for medical and benefits related to dental, physical therapy, drugs prescription and homeopathy.

V.L. Lavanya (2012)²⁰⁷ analyzed the willingness of the 225 households in Coimbatore to enroll for the potential health insurance schemes by exploring the factors interfering their decisions and found that majority of the respondents were willing to join the health insurance and that there exist significant association between the demographic factors of the respondents, viz., age; education and monthly income with their willingness to pay for health insurance.

Dr. Alaka O.Chandak et al. (2012)²⁰⁸ studied the awareness of health insurance among the students of Symbiosis International University by forming two groups' viz., study group and control group. They found that the students were in the favour of the introduction of the knowledge pertaining to student health insurance scheme by their respective institute. Arvind Shamrao Gaikwad and S. G. Vibhute (2013)²⁰⁹ had attempted to understand the opinions of the 127 policyholders towards Life Insurance in the Kolhapur city in the State of Maharashtra in India with the objective to study the customer's buying behaviour towards life insurance policy in general and the preferences of customers towards insurance policy.

They had found that the LIC was major player amongst the selected customers, and, that the service quality, reputation, trustworthiness and future plans as well as vision of the insurance company were the factors that determined the selection of the insurance policy and insurance company.

Hibbard, Jewett, Engelmann and Tusler (1998)²¹⁰, and, Schub and Franklin (2001)²¹¹ had found that the seniors often have little self-knowledge with regard to their own beliefs and attitudes about their health and healthcare plans. Jeff Ritter (2004)⁴⁶ had explored seniors' behaviour concerning purchase of healthcare plans by using the Fishbein Ajzen's theory of reasoned action to examine seniors' beliefs, attitudes, and intentions in relation to their healthcare purchasing decisions. Their results had shown the applicability of the theory of reasoned action to consumer behaviour specifically to the purchase of healthcare plans which emphasized that the healthcare marketers should recognize the significant influence of seniors' beliefs and attitudes on their healthcare plan purchases.

3.4: CONCLUDING REMARKS:

Marketing revolves around the understanding of the consumers' needs as the starting and the pivotal point, and therefore the understanding of the consumers' needs and behavior that is the consumer behaviour derived from the behavioural science is at the core of the effective and efficient marketing which also provides the foundation for developing new products, product features, prices, channels, messages, and other marketing mix elements. Thus, the marketers derive from the behavioural concepts the various market analysis, plans and controls which have been applied by the marketers in the product differentiation, service offerings, competitive strategies, promotion and distribution strategies, etc.

For systematically outlining the understanding of the consumer behaviour, the determination of the general classes of the variables influencing the consumer behaviour along with their nature becomes essential which has been provided in this chapter in the form of the base of the conceptual understanding on the consumer behaviour that is factors affecting consumer behaviour and the buying decision process.

The various factors affecting the consumer behaviour have been studied by the experts in general as well as in particular for the varied range of the products, and the variety of the compositions which have also been presented in the chapter in the form of the review of literature on the factors affecting the consumer behaviour.

However, the relationships among the various variables and their influences have been studied by various experts differently on the basis of the varied assumptions which are described in the form of the various models. This chapter has attempted to cover the influence of the various factors such as the attitude of others and the unanticipated situational factors on the purchase intentions to get transformed into the actual purchase decisions along with the post purchase decisions.

It has provided concise understanding of the influence of the attitudes as well as various models of attitudes in general along with the specific review of literature on the Fishbein's Attitude Development Model which has been used extensively in order to understand the influence of the formation of beliefs, effect of the beliefs on the attitudes, and formation of the intentions that results into actual behaviour of an individual. The studies of the various experts using this model have also been reviewed in the chapter.

This chapter has further underlined the buying decision process as well as the buying decision models for the health care services as well as the insurance services in general, and the health insurance services in particular with the support of the review of literature. The various healthcare services buying decision models too have been reviewed. It has emphasized on the role of the choice factor in the buying decision process and various choice models as well as also on the health care and the insurance services purchase decisions. The experts have focused in general on the buying behaviour of the policy holders for the purchase of the health insurance type, but the studies exclusively focusing on the individual health insurance policy or the floater health insurance have been found to be very rare, in the Indian context. Moreover, the studies focusing on the choice factor as the factors affecting the mediclaim policyholders' behaviour applying the Fishbein's attitude model at Gujarat level have also been infrequently found on the basis of the review of literature that has been presented in this chapter taking into consideration for developing the proposal for the conduct of an empirical research study that has been elaborated in the chapter entitled as 'Research Methodology'.

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