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AN ANALYSIS OF THE INFLUENCE EXERTED BY
THE PHARMACIST AND PHARMACY ASSISTANT
IN THE PURCHASE DECISION OF HEALTH AND
BEAUTY AID PRODUCTS

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CHAPTER 1THE STUDY OF CONSUMER BEHAVIOUR1.1 INTRODUCTION

The 1980s have ushered in an era of extreme competitive pressure for the modern business organisation. In previous times many business organisations have succeeded simply because of the excellence of their products, with little concern or attention being paid to the wants and needs of potential customers. As the business environment has become more competitive, however, the point of focus has changed. There is ample evidence which suggests a correlation between success in business and firms which have adopted a marketing-orientated philosophy of business. 1, 2, 3

The evolution of marketing as a discipline has been hastened in recent times by the need of the firm to survive in the face of increasing competition. Philip Kotler elaborates on this aspect as follows:-

"As human history speeds toward the year 2000, with its awe-inspiring problems and opportunities, the subject of marketing is attracting increasing attention from companies, institutions and nations."⁴

This "increasing attention" is occurring because of the realisation that sheer product excellence alone will not necessarily mean that the firm will succeed in establishing a group of satisfied customers in the long term. It is the adoption of the so-called "marketing concept" which provides the opportunity for the firm to develop a competitive edge which will

more likely eventuate in success. The marketing concept is more fully discussed later in this chapter, but Kotler raises the following argument for the adoption of a marketing orientated philosophy of business.

- "1. The assets of the firm have little value without the existence of customers.
2. The key task of the firm is therefore to create and hold customers.
3. Customers are attracted through promises and held through satisfaction.
4. Marketing's task is to define an appropriate promise to the consumer and to ensure the delivery of satisfaction.
5. The actual satisfaction delivered to the customer is affected by the performance of the other departments.
6. Marketing needs influence or control over these departments if customers are to be satisfied."⁵

Marketing is essentially a study of exchange processes and relationships and has developed because of issues neglected by sciences such as economics.⁶ Marketing, in fact, occurs whenever one social unit strives to exchange something of value with another social unit.⁷

In order to more fully understand the importance of a marketing orientated philosophy of business, it is useful to examine selected definitions of marketing. For the purposes of this study, the terms "business organisation" and "firm" are used interchangeably.

1.2. THE IMPORTANCE OF MARKETING

The following definitions have been selected from the literature because they represent a cross-section of writers from differing backgrounds and yet common threads exist in all of these definitions.

1.2.1 Marketing defined

Kotler's definition of marketing is rooted in human behaviour. This is appropriate because of the relevance of human behaviour to the study of consumer behaviour which is discussed more fully later. Kotler defines marketing as "human activity directed at satisfying needs and wants through exchange processes".⁸

Rosenberg, on the other hand, defines marketing as follows:-

"Marketing is a matching process based on goals and capabilities, by which a producer provides a marketing mix (product, services, advertising, distribution, pricing etc.) that meets consumer needs within the limits of society."⁹

McCarthy refers to "micro-marketing" as being:

"The performance of activities which seek to accomplish an organisation's objectives by anticipating customer or client needs and directing a flow of need-satisfying goods and services from producer to customer or client."¹⁰

Stanton's definition of marketing completes the selected list of definitions. Stanton defines marketing as:-

"A total system of interacting business activities designed to plan, price, promote and distribute want-satisfying products and services to present and potential customers."¹¹

There are elements within the definitions which are common to all five definitions. They are:-

- Identifying and satisfying customer's needs and wants.
- The performance of interacting activities.
- An exchange process involving the firm and its customers.

Each of these common elements will be examined in turn:

(a) Identifying and satisfying customer's needs and wants

Because the business environment is very competitive, this element is important to the success of the firm. It is the imperative to identify the needs and wants of customers and then satisfy them, that has ensured the survival and growth of the marketing orientated firm in competitive times. Kotler refers to the importance of needs and wants as follows:-

"The starting point for the discipline of marketing lies in human needs and wants. Mankind needs food and water, clothing and shelter to survive. Beyond this, people have a strong desire for recreation, education and other services. They have strong preferences for particular versions of basic goods and services." ¹²

If the firm is aware of those "preferences" and produces goods and services in accordance with the preferences, that firm is likely to build up a loyal group of customers and therefore overcome competition.

(b) The performance of interacting activities

The activities are often referred to in the literature as the marketing mix which McCarthy defines as "the controllable variables which the company puts together to satisfy this target group."¹³ This is also often referred to as "the four P's of marketing" which involve product development, pricing, promotion (advertising) and place (distribution).

These are the set of activities which are undertaken in the marketing process but with the needs and wants of customers of prime importance at all times.

As McCarthy states, "it is not to supply goods or services which are convenient to produce ...".¹⁴ The activities of the various departments within the firm should have one common objective which should follow as a direct result of the directions given by the marketing department. As stated previously the wants and needs of customers will determine the direction of the marketing department. McCarthy confirms this as follows:-

"This does not mean that marketing should take over production, accounting and financial activities. Rather, it means that marketing - by interpreting consumers' needs - should provide direction for these activities and seek to co-ordinate them."¹⁵

(c) An exchange process involving the firm and its customers

Within the marketing process, the customer's needs and wants are identified and goods and services are developed to satisfy those needs and wants. This occurs in the set of activities known as the marketing mix. The marketing process is, however, incomplete unless an exchange process takes place. Kotler suggests that there are four conditions necessary for exchange to occur:

- "1. There are two parties.
2. Each party has something that could be of value to the other.
3. Each party is capable of communication and delivery.
4. Each party is free to accept or reject the offer."¹⁶

It is then up to the parties to find the terms of exchange that will leave them both better off and if so, an exchange takes place.

All of the marketing definitions which have been examined have merit because they either directly or indirectly embrace the three elements of what is known as the marketing concept.

1.2.2 The Marketing Concept

The emergence of the marketing concept has evolved from a new way of business thinking which is geared to satisfying customer needs. Stanton defines the marketing concept as follows:

"The marketing concept is based on three fundamental beliefs. First, all company planning, policies and operations should be oriented toward the customer. Second, profitable sales volume should be a goal of a firm. Third, all marketing activities in a firm should be organisationally integrated and co-ordinated." 17

The marketing concept therefore is based on:

- (a) Customer or consumer orientation.
- (b) Profit orientation.
- (c) Integration.

These fundamental beliefs are now examined further.

(a) Customer or Consumer Orientation:

The two terms, customer and consumer, are used interchangeably in this study. The consumer is defined by Walters and Paul as follows:-

"A consumer is an individual who purchases or has the capacity to purchase, goods and services offered for sale by marketing institutions in order to satisfy personal or household needs, wants or desires." 18

The consumer orientated firm will busy itself with identifying the needs and wants of consumers and produce goods and services to satisfy those needs and wants. The product-orientated firm, on the other hand, "pays allegiance to its product and embodies a philosophy which seems to say, 'we sell what we can make'."19

However, the marketing concept is also often confused with the selling concept. The two concepts are contrasted by Levitt as follows:

"Selling focuses on the needs of the seller, marketing on the needs of the buyer. Selling is preoccupied with the seller's need to convert his product into cash; marketing with the idea of satisfying the needs of the customer by means of the product and the whole cluster of things associated with creating, delivering and finally consuming it."20

Consumer orientation is therefore a central element of the marketing concept as the following authors point out:-

Gordon Foxall

" ... Firstly, the success of any firm depends above all on the consumer and what he or she is willing to accept and pay for; secondly the firm must be aware of what the market wants well before production commences and, in the case of technological industries, long before production is even planned; and thirdly consumer wants must be continually monitored and measured so that, through product and market development, the firm keeps ahead of its competitors."21

Zaltman and Wallendorf:

"Consistent with contemporary marketing thought consumers are the focal point of any marketing activity."22

Clearly, anyone can be a consumer but what is significant about their role is:

- (i) Different consumers will not necessarily demand the same goods or services.
- (ii) Choice on the part of the consumer is an essential element of the consumer process. In exercising his choice the consumer must play the role of decision maker.
- (iii) The needs of the consumer will only be satisfied once two conditions have been met: first, these needs must be identified through the use of relevant marketing activities, and, second, products or services must be designed and marketed specifically to meet those needs.

Therefore in today's competitive business environment there is little doubt of the need to develop a greater understanding of the consumer especially in his capacity as a decision maker.

The vital role of the consumer is confirmed by Schiffman and Kanuk as follows:

"As consumers we play a vital role in the health of the economy - local, national and international. The decisions we make concerning our consumption behaviour affect the demand for basic raw materials for transportation, for production, for banking; they affect the employment of the working and the deployment of resources, the success of some industries and the failure of others. Thus, consumer behaviour is an integral factor in the ebbs and flows of all business in a consumer-oriented society such as our own."²³

(b) Profit Orientation

The profit motive is a necessary part of the marketing concept for it provides an answer to the question of how far a firm should go in trying to satisfy the needs and wants of consumers. No firm can survive in the long term, even by totally satisfying consumer needs and wants, without making a profit. This is confirmed by Miller et al who state that "the whole raison de'etre for the existence of a firm in a capitalist system is to make profits".²⁴

The inclusion of the profit motive within the marketing concept has an additional benefit for the firm that adopts the marketing concept. It ensures that there is not a preoccupation with achieving large volumes of sales with no regard being given to profit. Rosenberg emphasises the importance of long-term profits as follows:-

"Under the marketing concept, it is long-run profits that should be sought. Because of large production or marketing expenses called for in launching a product, profits may be low or even non-existent in the short run. Long-run profits are often used to measure the balance between customer satisfaction and the organisation's financial efficiency."²⁵

(c) Integration

Miller et al define marketing as "... total systems of interacting business activities designed to plan, price, promote and distribute ...".²⁶ It is apparent from this definition that marketing constitutes a combination of activities which make up the marketing mix and which must complement one another. In addition to the need for the various elements of the marketing mix to be well integrated, it is essential that, for the marketing concept as a philosophy of business to be effective, it permeate the whole business organisation.

The advantage to the firm of integrating all departmental activities towards the marketing concept, is discussed by McCarthy in a comparison between conditions in a production orientated firm and one which has adopted the marketing concept:

"Ideally all managers should work together - because the output from one department may be the input to another. But managers in production-orientated firms tend to build 'fences' around their own departments ... Each department runs its own affairs for its own benefit. There may be meetings to try to get them to work together - but usually each department head comes to such meetings with the idea of protecting his own department's interests ... In a firm that has accepted the marketing concept, however, the fences come down. There are still departments, of course, because there are efficiencies in specialisation. But the systems effort is guided by what customers want - instead of what each department would like to do."²⁷

In addition the adoption of the marketing concept within the organisation will benefit key members of staff in establishing a unity of purpose as described by Sessions:

"Thus unity of purpose and outlook will create a situation in which the key executives feel at home, no matter where they are in the company"²⁸

Having established the importance of the marketing concept to the firm, it is appropriate to examine the environment in which the consumer goes about his transactions and purchasing activities. This "consumer environment" is better known as a market which is discussed in the next section.

1.3 THE DEFINITION OF A MARKET

The following definition of a market is attributed to Stanton:

"A market may be defined as a place where buyers and sellers meet and function, goods and services are offered for sale, and transfers of ownership of title occur."²⁹

The definition of a market clearly incorporates the conditions of exchange discussed in a previous section. Stanton goes on to state that "a market may also be defined as an aggregate demand by potential buyers of a product or service."³⁰ However, for the purposes of this study, perhaps the most useful definition of a market is, "... people with needs to satisfy, the money to spend and the willingness to spend it."³¹

Any successful marketing programme must be based on both a thorough quantitative as well as a qualitative analysis of the market. The quantitative as well as a qualitative analysis of the market. The quantitative aspects of a market are those which give an indication of the size of the market, both in terms of the number of consumers and amount of purchasing power.

In terms of the definition of a market expressed above, the quantitative aspects relate to:

- (a) people with needs to satisfy, and
- (b) the money to spend

More specifically, a quantitative analysis of a market will be concerned with the following types of demographic and socio-economic factors:

- (i) Regional population distribution e.g. geographic location
- (ii) Urban - suburban - rural populations
- (iii) Age
- (iv) Sex

- (v) Family life cycle such as marital status
- (vi) Other categories such as race, religion, nationality, education and occupation.
- (vii) Distribution of disposable income
- (viii) Allocation of disposable income amongst various categories of goods and services.

The qualitative analysis of a market will help to identify in broad terms, potential opportunities and threats for the marketer. As Miller et al state, however:

"... when it comes to determining which particular brands or products consumers are going to purchase, or when it comes to designing elements of the marketing mix so as to maximise the possibility of consumers buying a particular brand rather than some other brand, conventional socio-economic data are of little predictive value. One now needs to examine qualitative aspects of the target market. These qualitative aspects refer to consumers' behaviour in the purchasing process."³²

Thus the qualitative aspects of a market ie consumer purchasing behaviour is of great significance to the development of successful marketing programs. Consumer behaviour, as it is known from here on, is defined and discussed in the next section. As this study progresses, it will become apparent as to why there is an increasing emphasis and research in this subject. The importance to the marketer is best summed up by Walters and Paul as follows:

"... a better understanding of people in the process of consuming can lead to more efficient marketing operations".³³

It is now appropriate to define and discuss the subject of consumer behaviour.

1.4 CONSUMER BEHAVIOUR

The literature abounds with many definitions but the Engel, Blackwell and Kollat version is chosen for its simplicity and clarity:

"... those acts of individuals directly involved in obtaining and using economic goods and services including the decision processes that precede and determine these acts."³⁴

The important elements of the definition are:

- (a) The individual
- (b) Obtaining and using economic goods and services
- (c) The decision processes that precede and determine product purchase and use.

These elements are now more fully discussed:

(a) The Individual

The "individual", referred to in the definition, can have several roles such as purchaser, initiator, influencer or user. This is summarised by Loudon and Della Bitta as follows:

"Some purchase situations involve at least one person in each of these roles, while in other circumstances a single individual can take on several roles at the same time. For example, in one situation a wife (initiator and influencer) may ask her husband (buyer) to pick up a particular cereal on his shopping trip because their child (user) said she wanted it. At another time the husband could act as the initiator, buyer and user by purchasing the cereal for himself."³⁵

Because of the complex relationship that could arise out of the interaction of these respective roles of the consumer, the focus of this study will be on the buyer, the individual who actually makes the purchase. This, however, is not to deny the importance of personal influence etc., and the persons who bring that influence to bear on the buyer in the purchasing process.

The "individual" consumer may be divided into two classes viz. household or personal consumers and industrial consumers. The basic difference between these two classes of consumer is to be found in their reasons for purchase. The household or personal consumer purchases goods and services for his own direct personal use, while the industrial consumer will purchase goods or services for resale. For the purposes of this study, the household or personal consumer will be the focus of attention.

(b) Obtaining and using economic goods and services:

This is the process of consumption which may be defined as follows:

"Consumption is a process which begins well before a product is purchased and which extends well beyond it."³⁶

(c) The decision processes that precede and determine product purchase and use:

In the previous paragraph reference was made to the consumption of goods and services. However, the decision process which surrounds product consumption begins long before any action such as "purchasing" or "using" occurs and continues long after consumption itself.

As Loudon and Della Bitta state:

"... consumer behaviour is seen to involve a mental decision process as well as physical activity. The actual act of purchase is just one stage in a series of mental and physical activities that occur over a period of time. Some of these activities precede the actual purchase, while others follow it. However, since all are capable of influencing the purchase, they will be considered as part of the consumer's behaviour."³⁷

The above analysis of consumer behaviour indicates that there is an obvious relationship between human and consumer behaviour. The next section discusses this relationship.

1.4.1 Consumer and human behaviour:

There is a clear link between consumer and human behaviour. James McNeal, for example, believes that "consumer behaviour is a sub-division of human behaviour",³⁸ while Loudon and Della Bitta maintain that: "viewing consumer behaviour in such a broad context suggests that it is actually a subset of human behaviour".³⁹ Schiffman and Kanuk also maintain that: "consumer behaviour is simply a subset of the larger field of human behaviour."⁴⁰

The importance of this conclusion is that the student of consumer behaviour has at his disposal a set of well developed disciplines in the field of human behaviour. These are known as the behavioural sciences and include: psychology, sociology, social psychology, social anthropology and economics. Accordingly these disciplines have a major contribution to make towards the study of consumer behaviour both in an explanatory and investigatory sense as Schiffman and Kanuk stress:

"Although the study of consumer behaviour is of relatively recent origin, its underpinnings are rooted in strong scientific evidence that has emerged from many years of research by scientists specialising in the study of human behaviour."⁴¹

The study of consumer behaviour is thus firmly rooted in human behaviour and in the next section the importance of the study of consumer behaviour is discussed.

1.4.2 The importance of the study of consumer behaviour:

The importance of the study of consumer behaviour can be summarised as follows:

- (a) Marketing decision-making is aided by a knowledge of not only "what" consumers need or desire but also "why" they desire or need the goods and services they buy, and how they behave in the purchasing process. In fact, in the absence of a study of consumer behaviour with regard to a particular brand or product class the most appropriate product mix can only be designed by accident.
- (b) As a direct result of this ((a) above) the quality of life is improved through a continual revision and development of goods and services offered by marketing-orientated firms to their customers.
- (c) As an academic exercise, there is an overall better understanding and appreciation of the complexity of decisions facing consumers and, at the same time, a better understanding of motives and decision processes as consumers.

- (d) Zaltman and Wallendorf add the perspective that the field of consumer behaviour is relatively unexplored and is an excellent context in which to develop and test theories from virtually every scientific area concerned with human behaviour.⁴³
- (e) The study of consumer behaviour has brought about a realisation that the consumer has certain rights to be protected. For example, the right to be protected from product failure, the right to product safety and the right to expect full satisfaction from his purchase.

Breach of these rights can be extremely serious when dealing with certain categories of products such as pharmaceuticals and drugs, for example, where serious side effects are detected only after a period of time in the market. The consumer's inalienable right to be protected has in many ways led to the rise of consumerism made popular by Ralph Nader and others in the United States of America.

The study of consumer behaviour is thus an important tool for marketing.

1.5 SUMMARY AND CONCLUSION:

Consumer behaviour itself is an emergent subject of study with the majority of effort coming in the last 30 years. The study of consumer behaviour has developed in tandem with the emergence of the marketing concept and the consumer-orientated (marketing) philosophy of business. In fact this is best summed up by Walter Woods in his attempt to explain the development of the scientific approach to the study of consumer behaviour.

"The late emergence of systematic knowledge and theories of consumer behaviour was not due to a previous lack of consumer problems or of problems in dealing with consumers, but rather to the fact that other problems had taken precedence. Historically, the highest priority had been given to problems associated with obtaining and producing consumables. Humans have been so preoccupied with finding, growing, extracting, capturing or producing consumables, that only secondary consideration has been given to the nuances of why and how people consume."⁴³

Thus having established the reasons for studying consumer behaviour and its importance to marketing, it is now possible to proceed to analyse the role of the consumer as decision maker within models of consumer behaviour. This is the subject of the next chapter.

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CHAPTER 2MODELS OF CONSUMER BEHAVIOR2.1 INTRODUCTION:

Having introduced and defined the study of consumer behaviour in Chapter 1, it is now possible to introduce models of consumer behaviour. Chapter 2 will begin with a general look at various models of consumer behaviour and will culminate in the choice of model to be used as a framework for the empirical component of this study.

2.2 THE USE OF MODELS FOR CONDUCTING RESEARCH:2.2.1 The nature of a model:

Engel et al define a model as follows:

"A model is a replica of the phenomena it is intended to designate; that is, it specifies the elements and represents the nature of the relationships among them. As such, it provides a testable "map" of reality, and its utility lies in the extent to which successful prediction of behaviour or outcomes is made possible."¹

Walters and Paul state their definition as follows:

"A model can also be considered to be any simplified expression (in mathematics, words or symbols) of related phenomena."²

In the context of consumer behaviour the area in which prediction is required is in the area of decision making. Therefore, a consumer behaviour model is "a simplified replica of consumer decision-making phenomena."³

As Zaltman and Wallendorf comment on consumer behaviour models

"Usually the modelled behaviour is the decision-making process. A model tells us something about the properties or activities of the phenomenon of consumer behaviour. Thus it is a framework, a schema, a representation of what is believed to actually occur when consumers make decisions about purchases."⁴

The popular style of depicting models of consumer behaviour is in elaborate flow charts and although these can be confusing, the use of models of consumer behaviour offers a significant number of advantages even if finite detail of the exact relationships among elements is not available due to a lack of research.

It is now appropriate to examine the advantages and uses of Models of Consumer Behaviour.

2.2.2 Advantages and Uses of Models of Consumer Behaviour:

Several advantages and uses of models of consumer behaviour have been identified. Engel et al list the following:

- (1) Explanatory Variables are Specified: Because of this, explanation and prediction of the factors that shape consumer motivation became possible.
- (2) Research Findings can be Integrated into a Meaningful Whole: - In the absence of a well formulated model, the literature can become "a bewildering maze" while the model provides a discrimination system to determine relevant factors.

- (3) Explanations- are Provided for the Performance of the System - Because a model is able to refer to the functional relationship between the variables, behavioural predictions are possible with some degree of accuracy.
- (4) Avenues for fruitful research are revealed - The process of determining accurate models leads to the opening of research opportunities where gaps in knowledge are found.⁵

Gordon R. Foxall adds to the list of advantages as follows:

- (5) "Models are capable of drawing together, integrating and inter-relating research results which have been collected in a variety of contexts and of which the separate explanatory power is limited."
- (6) "... (Models) can also assist in the forecasting of aggregate consumer demand and in the prediction of the buying decisions that will be made by specific segments of heterogenous markets."
- (7) "...finally, the use of models has pedagogical advantages in that it allows knowledge to be structured and simplifies explanation."⁶

While there are many advantages and uses of models, perhaps the most important is their ability to identify and specify the relationship between the constituent variables. However, the use of models also carries with it certain disadvantages and these will be discussed in the following section.

2.2.3 Disadvantages, Anomalies and Impracticalities of Models of Consumer Behaviour:

Zaltman and Wallendorf refer to the "dysfunctional consequences" of modelling consumer behaviour:

- (1) "... many of the models are greatly simplified and make the study of consumer behaviour appear less complex than it truly is."
- (2) "... models draw artificial distinctions between concepts that in actuality are inseparable".⁷

Other shortcomings of models are:

- (3) Only limited or small scale testing of consumer behaviour models has taken place and because of inadequate "state of the art" testing, it will continue to be difficult to adequately test the more complex models.⁸
 - (4) It is felt because of their "abstractness", models of the "consumer choice process" are unlikely to aid the management decision process. This is because of the "abstractions from reality" which render models of consumer behaviour "poor guides to the 'real world'".⁹
 - (5) "The relationships between the variables which are included in a given model frequently seem arbitrary, indicating that the models could be fundamentally restructured if rather different weightings were accorded to one or other of many factors which are known to influence actual consumer decisions."¹⁰
- This is again part of the problem of trying to empirically measure the validity of consumer behaviour models.

Notwithstanding all the above stated shortcomings, the use of models in consumer behaviour is necessary and justified. As Engel et al conclude, the objectives of any model, namely to encompass relevant variables, specify relationships and attempt to explain a process, can still be met even in the absence of empirical validity:

"Models are an absolute necessity and the lack of definitive empirical verification does not invalidate them if the constructs and hypothesis taken by themselves, are consistent with present knowledge of the behaviour process. The heuristic value in itself warrants the whole effort."¹¹

Having analysed the advantages and disadvantages of models of consumer behaviour, it is now possible to examine selected consumer behaviour models. In the next sections the discussion will be divided into two parts, namely, a simple model of consumer decision making and then more comprehensive models of consumer behaviour.

2.3 A SIMPLE MODEL OF CONSUMER DECISION MAKING:

It is useful in order to aid understanding, to look at a simple model of consumer decision making, before progressing to the more complex and comprehensive models. The model, shown in Figure 2.1 and designed by Schiffman and Kanuk¹² was never designed to address all situations or to "provide an exhaustive picture of the complexities of a consumer decision".¹³

Its value, rather, is that it represents a summary of the most relevant concepts in Chapters 1 and 2 of this study.

A SIMPLE MODEL OF CONSUMER BEHAVIOUR.

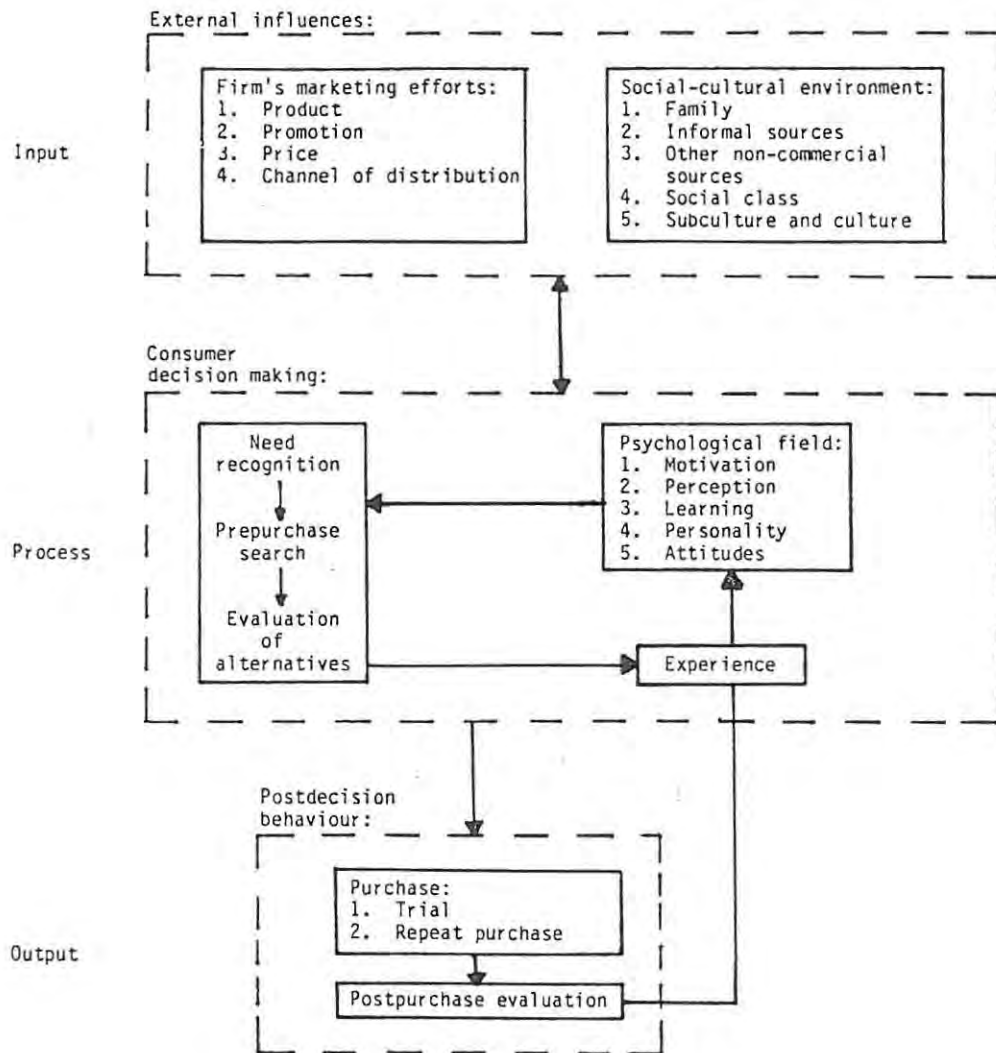


FIGURE 2.1 A SIMPLE MODEL OF CONSUMER BEHAVIOUR

SOURCE: Schiffman L.G. and Kanuk L.L.

CONSUMER BEHAVIOUR

Prentice - Hall Inc., Englewood Cliffs

U.S.A. - 1978 p. 438

This model consists of 3 phases as illustrated in Figure 2.1

(a) Phase One - Input:

This phase represents the source of data about particular products which influences the values, attitudes and behaviour of the consumer towards those products. It is the source from which the consumer actively or passively gathers information about the products. This phase consists of Marketing Inputs such as elements of the marketing mix which are product, media advertising, pricing and distribution. It also consists of Social-cultural Inputs which consist of non-commercial influences such as family, informal sources, social class, culture and so on. For example, it is reasonable to expect that opinions and pressure from peer groups exert some influence on purchase behaviour.

Referring to Figure 2.1, it is important to note that, as illustrated by a two-way arrow, the consumer may actively seek brand information or the brand information may be directed at the consumer.

(b) Phase Two - Process:

It is in this phase that the internal influences of the psychological field become part of the decision process by affecting what the consumer feels, needs or wants.

The process component consists of the following elements:

Need recognition

This is when the consumer realises that, "there is a difference between what is and what should be."¹⁴ It is essentially the beginning of the problem solving mode of this model.

Prepurchase search

Having become conscious of a need, the consumer will then begin to search his environment to find ways and means of meeting that need and reducing the state of tension in which he finds himself. In this prepurchase stage the consumer needs to gather information to enable him to:

- (1) Identify the different brands from which the choice will be made.
- (2) Identify the criteria that ought to be used in evaluating alternative brands.
- (3) Reduce any perceived risk which may be associated with the product class in question.

The extent of information gathering for (1) above will depend on the consumer's previous knowledge and experience and the extent of the problem and perceived risk. The criteria the consumer will identify in (2) above will normally comprise product attributes that are important to consumers generally. The perceived risk in (3) above may be either of a social, economic or physical nature or even a combination of all three.

Evaluation of Alternatives

In this stage of the model, all information gathered during the prepurchase search is evaluated and the various benefits of the alternatives assessed by the consumer. As stated, this will be done according to a set of criteria that was also established in the prepurchase search stage.

If after this, a choice is made, the process phase is complete. However, if a choice from the alternatives is not made, the information passes into the experience of the consumer and is stored in the psychological field.

(c) Phase Three - Output

This phase consists of (1) purchase behaviour and (2) post purchase evaluation. These stages should increase the consumer's satisfaction with his purchase.

These stages are amplified below:

(1) Purchase Behaviour

There are 2 types of purchase that the consumer can make:

(i) Trial Purchase:

A small quantity of a product is bought by the consumer to "try the product for the first time". Schoemaker and Shoaf conclude as follows:

"Research evidence indicates that when a consumer purchases a new brand about which he may be uncertain, he tends to purchase a smaller quantity, that he would if it were a familiar brand."¹⁵

This is of particular interest and relevance to the subject of this study especially as to where that consumer chooses to make that trial purchase.

(ii) Repeat Purchase:

This is self-explanatory and relates to the important concept of brand loyalty which is a state desired by most firms because of the attendant benefit of stability in the market place.

(2) Postpurchase Evaluation:

With the purchase of any product, but particularly with the trial purchase, post-purchase evaluation takes place.

Should there be any lingering uncertainty or doubt, the consumer is at this stage subjected to post purchase cognitive dissonance. This uncertainty or doubt really arises out of an initial condition of risk perception of the consumer. James W. Taylor describes the situation as follows:

"The central problem of consumer behaviour is choice. Since the outcome of a choice can only be known in the future, the consumer is forced to deal with uncertainty or risk."¹⁶

Although the consumer is at this stage aware of the outcome, some uncertainty can still exist. This post purchase dissonance is defined by Zaltman and Wallendorf as follows:

"Cognitive dissonance is a state of psychological discomfort due to the disequilibrium or dissonance between two cognitive elements."¹⁷

While Festinger defines "cognitive elements" as:

"... any knowledge, opinion or belief about the environment about oneself or about ones behaviour."¹⁸

The consumer will attempt to reduce this post-purchase cognitive dissonance in several ways:

- (a) By rationalising the decision as wise;
- (b) Seeking out information from advertisements that support his purchase decision;
- (c) In order to confirm his purchase decision the consumer will try to persuade others to follow his purchase example;
- (d) Other owners of the same brand will also be important sources of reassurance.

However, if the product finally disappoints, the consumer will discontinue its use and the information will be fed back through to the psychological field as experience which will in turn influence future purchases of products of a similar nature.

Shelby Hunt cites the following as a "prescription for action ... based on cognitive dissonance theory."¹⁹

"The existence of possible negative post-purchase feelings indicates the marketer might benefit from directing some of his communications to the recent buyer, rather than all of them to the potential buyer. The recent buyer may need assurance that he has made the right choice. If he is in the dissonant state, he will be looking for supportive evidence in the forms of advertising and other communications."²⁰

In summary, the simple model of consumer behaviour is not intended to be all-encompassing but rather will serve as a useful summary of the concepts used in the more complex models. It is necessary now to proceed to those more complex models which specifically deal with decision processes.

Three models have been chosen for discussion here. The first of the three (1) The Nicosia model was one of the first comprehensive models of its kind and is included because of the strong impact that it had when it was published. The other two models are: (2) The Howard-Sheth model and (3) The Engel, Kollat, Blackwell (E.K.B.) model.

These last 2 models have been continually revised to reflect changes in the discipline. Also, as Engel et al state, these two models:

"... receive the lion's share of citations in published literature reviews and empirical studies, thus further justifying their inclusion in this context."²¹

2.4 THE NICOSIA MODEL

According to the literature, the Nicosia model is the only one which specifically includes the selling firm. This is a part of the dyadic approach of the Nicosia Model where, although the emphasis is on the consumer's half of the system, the firm is still specifically included. The relationship therefore between the firm and the consumer is highlighted in this model. The conclusion is that the model is interactive because the firm affects the consumer, (through its advertising messages) and the consumer affects the firm (through purchase responses).

This is confirmed by Walters and Paul²² as well as Zaltman and Wallendorf²³ and Schiffman and Kanuk²⁴.

The Nicosia Model is divided into four major fields viz: (1) the span between source of a message to the consumer attitude; (2) search and evaluation; (3) the act of purchase, and (4) feedback.²⁵

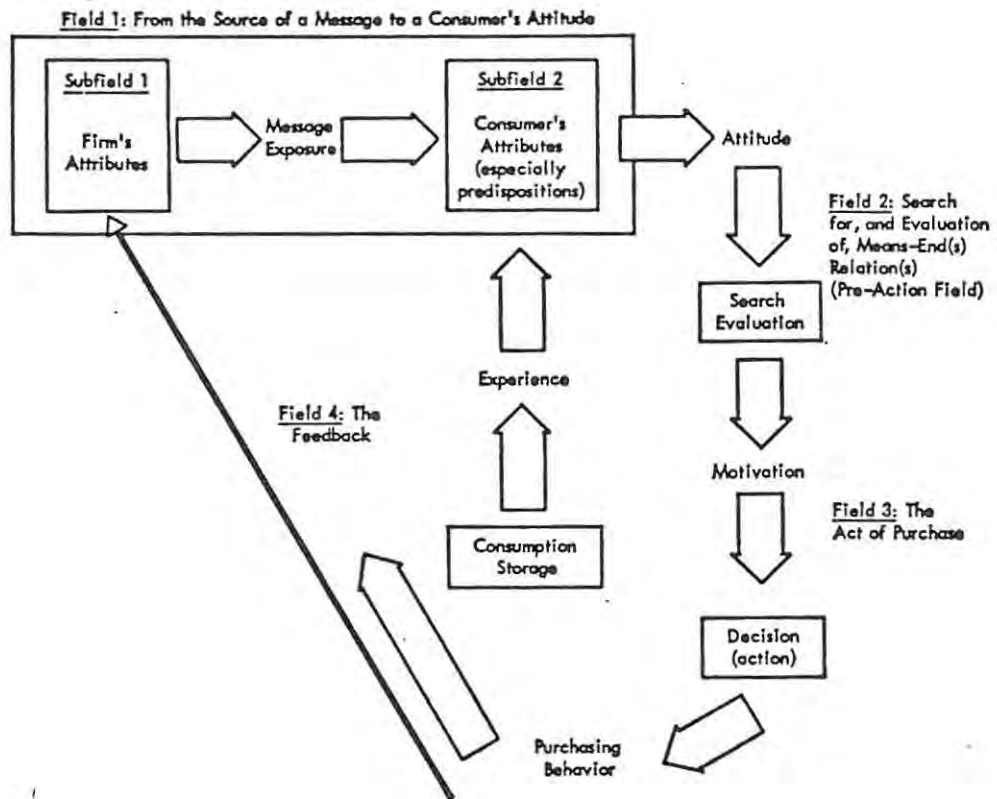


FIGURE 2.2 THE NICOSIA MODEL

SOURCE: Nicosia F.M.

CONSUMER DECISION PROCESSES

Prentice-Hall Inc., Englewood Cliffs - 1966

p.156

2.4.1 Field One : From the source of a message to the consumer attitude:

The literature appears to view the Nicosia model as being formulated along the same lines as a computer program. This is proposed by Schiffman and Kanuk:

"The Nicosia Model is an elaborate computer flowchart of the consumer decision making process."²⁶

Walters and Paul use similar terminology to describe the interaction of the firm's attributes and the consumer's attributes, the output of which is an attitude towards the firm's product based on the consumer's interpretation of the message:²⁷

"In the subfield 1, the attributes of the firm and the consumer's attributes are programmed into the model in much the same manner as a computer program".

Therefore, based on the information gained in subfield one, the consumer forms an attitude in subfield two and then proceeds to search and evaluate.

2.4.2 Field Two : Search and Evaluation:

The consumer now searches for relevant information and gathers in the information of the firm's brand and other alternatives and evaluates the information. The model then illustrates a positive response to the firm's brand and the output of this field is motivation.

2.4.3 Field Three : Act of Purchase:

The consumer, now suitably motivated, purchases the firm's product from a specific outlet.

2.4.4 Field Four : Feedback:

The results of the purchase are now fed back to the firm as a stimulus (sales data) and also to the consumer as he goes through the process of storing and using the product. The information is fed through as experience which in turn in future will affect the consumer's attitudes and predispositions concerning future messages from the firm.²⁸

2.4.5 Evaluation of the Nicosia model:

Engel et al state:

"The Nicosia model had a strong impact when it was published, but it has never received necessary elaboration and empirical support."²⁹

While this shortcoming is important, the same authors highlight a bigger deficiency:

"Furthermore it is (sic) has never been revised to reflect changes in this discipline."³⁰

For example, the model assumes a constant positive attitude towards the firm's brands from subfield two onwards. No provision is made for rejection of the brand after this point. This is particularly important as in the Nicosia model the consumer appears to be following a favourable path and no need exists to consult others in his purchase decisions.

Zaltman and Wallendorf offer the following advantages of the Nicosia Model:

- (1) The Model recognises the many steps that lie between attitude formation and actual behaviour.

- (2) The Model is also strong in showing change in consumer attributes due to the experience of considering, choosing, purchasing, and using a product.³¹

The same authors however list the following weaknesses:

- (1) The model presents problems when used to make predictions. The linkages show flows rather than causation.
- (2) The model is not very explicit in describing how and when the consumers' or firms' attributes function. To be explanatory, the model needs more elaboration on this point.³²

The model is of little use for the analysis of personal influence as it largely ignores this aspect of consumer behaviour. This weakness is overcome to a great extent in the following two models which are outlined in next sections.

2.5 THE HOWARD-SHETH MODEL:

The literature hails the emergence of the Howard-Sheth model as the leader in "sophisticated theory of consumer behaviour".³³ Other authors such as Schiffman and Kanuk also favourably describe the model as follows:

"The Howard-Sheth Model is a major revision of an earlier systematic effort to develop a comprehensive theory of consumer decision making."³⁴

The Howard-Sheth model was first published in 1969 and then revised in 1974. For the purposes of this study the latter, revised version is selected for discussion because of its detail and relevance. The 1974 revised model incorporated the important element, "exogenous variables", which was omitted from the versions published by Schiffman and Kanuk³⁵ and Zaltman and Wallendorf³⁶. The 1974 revised model illustrates the important interaction between the exogenous variables and the other elements of the model.

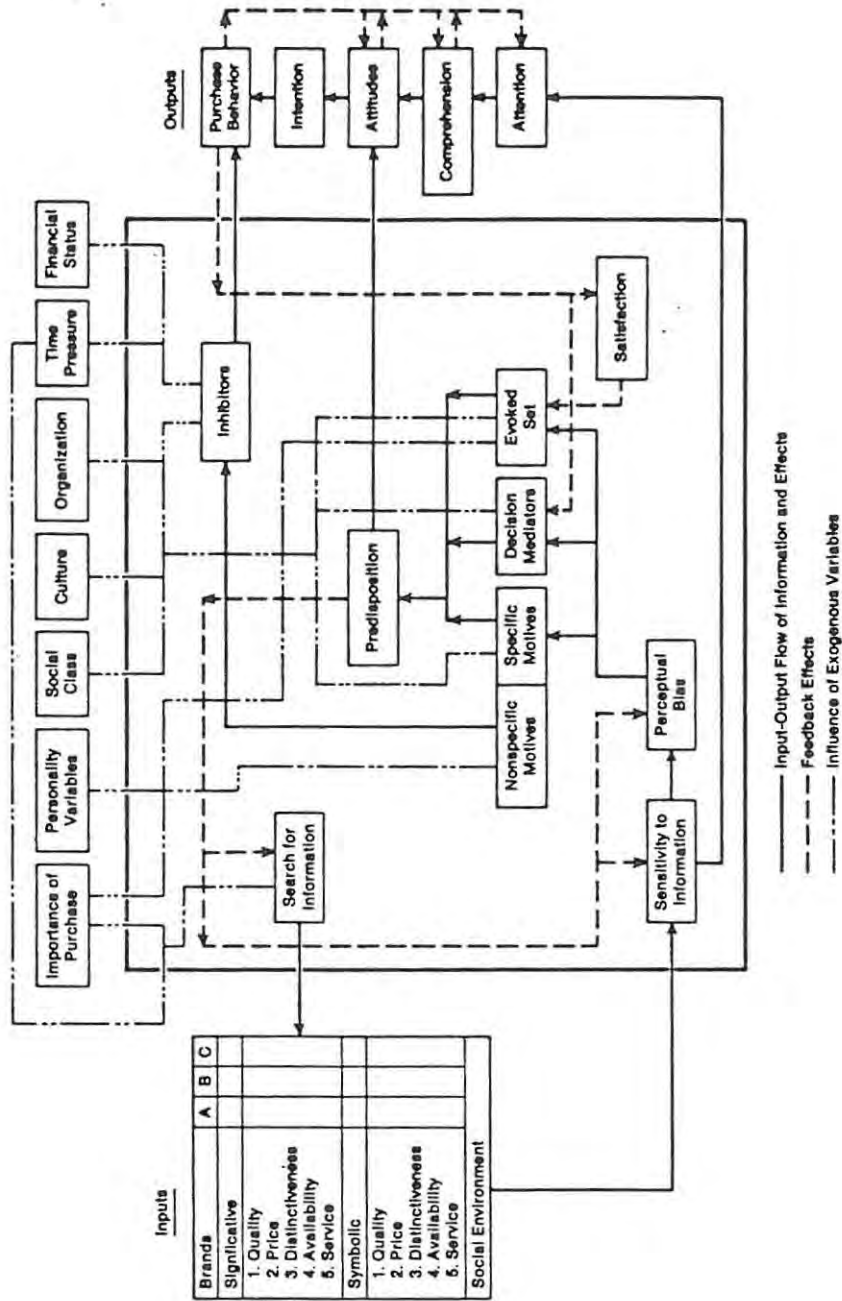


FIGURE 2.3 THE HOWARD-SHETH MODEL
SOURCE: Howard J.A. and Sheth J.N. "A THEORY OF BUYER BEHAVIOUR".
 Kassarian H.H. and Robertson T.S. PERSPECTIVES IN CONSUMER BEHAVIOUR
 Scott Foresman, Glenview, Illinois 1973.
 p. 523

Howard and Sheth explain the assumptions on which their theory is based as follows: ³⁷

2.5.1 The Assumptions:

- (1) "We assume that brand choice is not random but systematic and the task we have undertaken in developing this theory is to formulate a structure that enables us to view it as a system".
- (2) "First, we assume that buying behaviour is rational in the sense that it is within the buyer's "bounded rationality"
- (3) "Second, we are attempting to build a positive theory and not an innovative theory".
- (4) "Third, if brand choice behaviour is assumed to be systematic, then it can be observed in certain standard ways".

2.5.2 Four Major Components:

Four major components are used by Howard and Sheth to explain brand choice behaviour over time. These components are as follows:

- (1) Input variables
- (2) Output variables
- (3) Hypothetical constructs
- (4) Exogenous variables

(1) Input variables

These variables include the actual make-up of a brand with which the consumer comes in contact. These are price, quality, availability etc. and are known as significant stimuli.

Included here as well are those symbolic stimuli normally depicted in picture or symbol such as in advertising.

Finally social stimuli are generated by the social environment and the most obvious example is "word of mouth" communication.

(2) Output Variables:

Although most of the literature refers to "OUTPUT VARIABLES" Howard and Sheth refer to these variables as "RESPONSE VARIABLES", the use of which is described below:

"The wide variety of consumer responses can be easily appreciated in the diversity of measures used to evaluate advertising effectiveness."³⁸

These responses or output variables are said to be: "... the buyers observable responses to stimulus inputs."³⁹

These output variables in order of response are:

- (a) Attention: This is a buyer's response that indicates the magnitude of the buyer's information intake.
- (b) Comprehension: This is the store of knowledge about a brand that the buyer possesses at any point in time.
- (c) Attitude: This denotes the buyer's attitude towards a brand. It is an evaluation of the brand's potential to satisfy the buyer's motives.
- (d) Intention: (ie. to buy a particular brand). This is the buyer's forecast of which brand, the buyer will purchase.

- (e) Purchase Behaviour: This is the overt manifestation of the buyer's predisposition, in conjunction with any inhibitors that may be present.

In Figure 2.4 the functional relationship between the variables is shown. The solid lines depict the direction of the behaviour sequence while the dotted lines depict feedback.

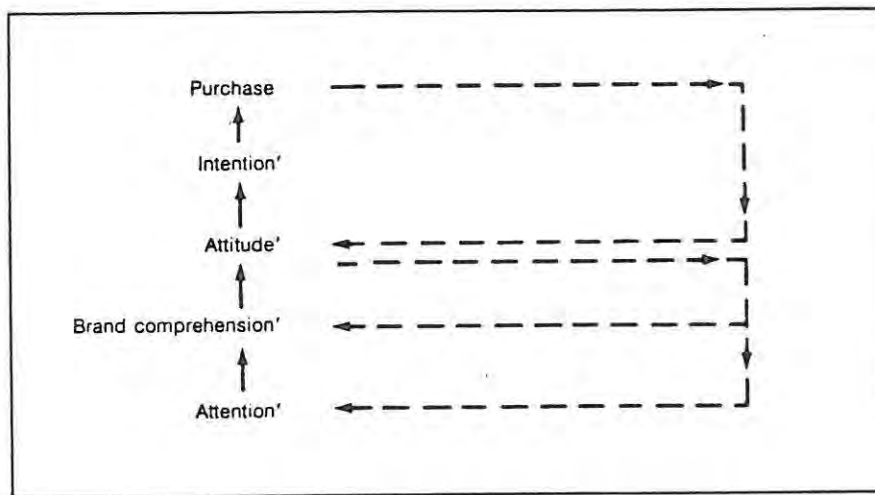


FIGURE 2.4 FIVE OUTPUT VARIABLES IN HOWARD-SHETH MODEL

SOURCE:

Zaltman G. and Wallendorf M.

CONSUMER BEHAVIOUR : BASIC FINDINGS AND MANAGEMENT
IMPLICATIONS

John Wiley and Sons, U.S.A. 1983.

p. 626

(3) Hypothetical Constructs:

Within the processing unit, are a number of intervening variables which are represented by hypothetical constructs. These constructs are to do with (a) PERCEPTION and (b) LEARNING.

(a) Perceptual Constructs:

These constructs serve the function of information obtaining and processing. The information can come from any one of the three stimuli mentioned under "input".

These perceptual constructs consist of:

- (i) Sensitivity to information - the degree to which the buyer regulates the stimulus information flow.
- (ii) Perceptual Bias - Distorting or altering information according to bias. The consumer may well distort the information as it enters his experience.
- (iii) Search for information - Searching actively for information about different brands and/or their different characteristics. When this happens and an active rather than passive search for information is carried out, perceptual bias is reduced.

(b) Learning Constructs:

In this phase there are 6 defined learning constructs all of which serve the function of concept formation which is a major component of decision making.

- (i) Motive - This is an impetus to action and raises the buyer's general motivational state, thereby rousing him to pay attention to environmental stimuli.

(ii) Brand Potential of the evoked set -

Narayana and Markin refer to the "evoked set" in their study as follows:

"... the consumer is likely to reduce his deliberative dilemma by narrowing the category further and making his purchase selection from a smaller group of brands, often referred to as an evoked set." 40

A buyer who is familiar with a product class has an evoked set of alternatives from which he may choose in order to satisfy his motives. This is the buyer's perception therefore, of the ability of brands in the evoked set to satisfy goals.

(iii) Decision Mediators - These are the buyer's mental rules for matching alternatives with motives and ranking them in terms of their want-satisfying capacity.

(iv) Predisposition - This is a summary of (i), (ii) and (iii) above. It refers to the buyer's preference toward brands in the evoked set which is expressed as an attitude toward them.

(v) Inhibitors - These are forces in the environment which create important disruptive influences on the actual purchase of a brand. Typical examples are price and time pressures.

(vi) Satisfaction - This is the degree to which consequences of a purchase measure up to the buyer's expectation of it.

(4) Exogenous Variables:

These variables are not well defined in the model as they are external to the buyer. However, these variables can significantly influence buyer decisions. Howard Sheth wrote the following with respect to the significance of the exogenous variables.

"Incorporating the effects of these exogenous variables reduces the unexplained variance, or error in estimation, which it is particularly essential to control under field conditions."⁴¹

This concern for empirical stability is one of the features of the Howard-Sheth model and as a result the model is one of the few that has been empirically tested. Having discussed the components, it is necessary to examine the dynamics of the model.

2.5.3 Dynamics of the Howard-Sheth model:

The operation of the model is briefly as follows: With reference to Figure 2.3, the process starts when the buyer is exposed to an input stimulus and the buyer takes note. The stimulus is subjected to perceptual bias as a result of the influence of the buyer's predispositions as affected by the buyer's motives, decision mediators and evoked set. These variables will also be influenced by the modified information and the variable will influence the consumer's disposition to purchase.

The consumer's actual purchase is influenced by the consumer's intentions and the inhibitors with which he is confronted. A post-purchase evaluation then takes place and any resultant satisfaction increases the consumer's predisposition toward the brand. Thereafter, as the consumer acquires more information

about brands, there will be less external search for information and the consumer will exhibit more routine purchase behaviour.

2.5.4 Evaluation of the Howard-Sheth model:

The literature clearly acknowledges the heuristic value of the Howard-Sheth model such as discussed by Zaltman and Wallendorf:

"The Howard-Sheth model, through its heuristic power, has particularly benefitted the study of human behaviour".⁴²

However, many shortcomings are evident in spite of the fact that the model is one of few that have been empirically tested. Engel and Blackwell cast doubt on the validity of the studies that have been conducted on the model as follows:

"Most of the studies under consideration dealt only with a very small part of the total 12 equation system".⁴³

Other shortcomings cited by the literature are as follows:

- (1) The model is limited in its generality and is applicable to individual buyer behaviour rather than collective decision making.
- (2) Although one of the strengths of the model is that it has been empirically tested, the empirical research has not confirmed all of the propositions included in the model.⁴⁴
- (3) The model does not make sharp distinctions between exogenous and other variables.

- (4) When attempting to analyse a single variable, for example, opinion leadership, there are many influencing factors allowed for in the model, and their interaction is so complex, that a meaningful analysis is precluded or even impossible.⁴⁵

However, as stated, the model in general has been accepted as a "significant contribution" to the state of the art of consumer behaviour and a summary of its utility is quoted from Zaltman and Wallendorf:

"The Howard-Sheth model, despite its flaws, was a significant contribution towards understanding consumer behaviour. It unified many unrelated findings and provided the groundwork for future research. Also, it included many of the basic components of consumer behaviour."⁴⁶

2.6 THE ENGEL, KOLLAT AND BLACKWELL MODEL:

Much has been written about the value of the work of Engel, Kollat and Blackwell on the subject of consumer behaviour. In particular, their model, referred to here as the E.K.B. model, is highly respected. Loudon and Della Bitta state as follows:

"The Engel-Kollat-Blackwell model ... is the latest refinement of one of the most respected views of consumer behaviour of the last decade."⁴⁷

The E.K.B. model is illustrated in Figure 2.5.

Similar to the Howard-Sheth model, the E.K.B. model is based on learning processes. The emphasis is on the information search process.

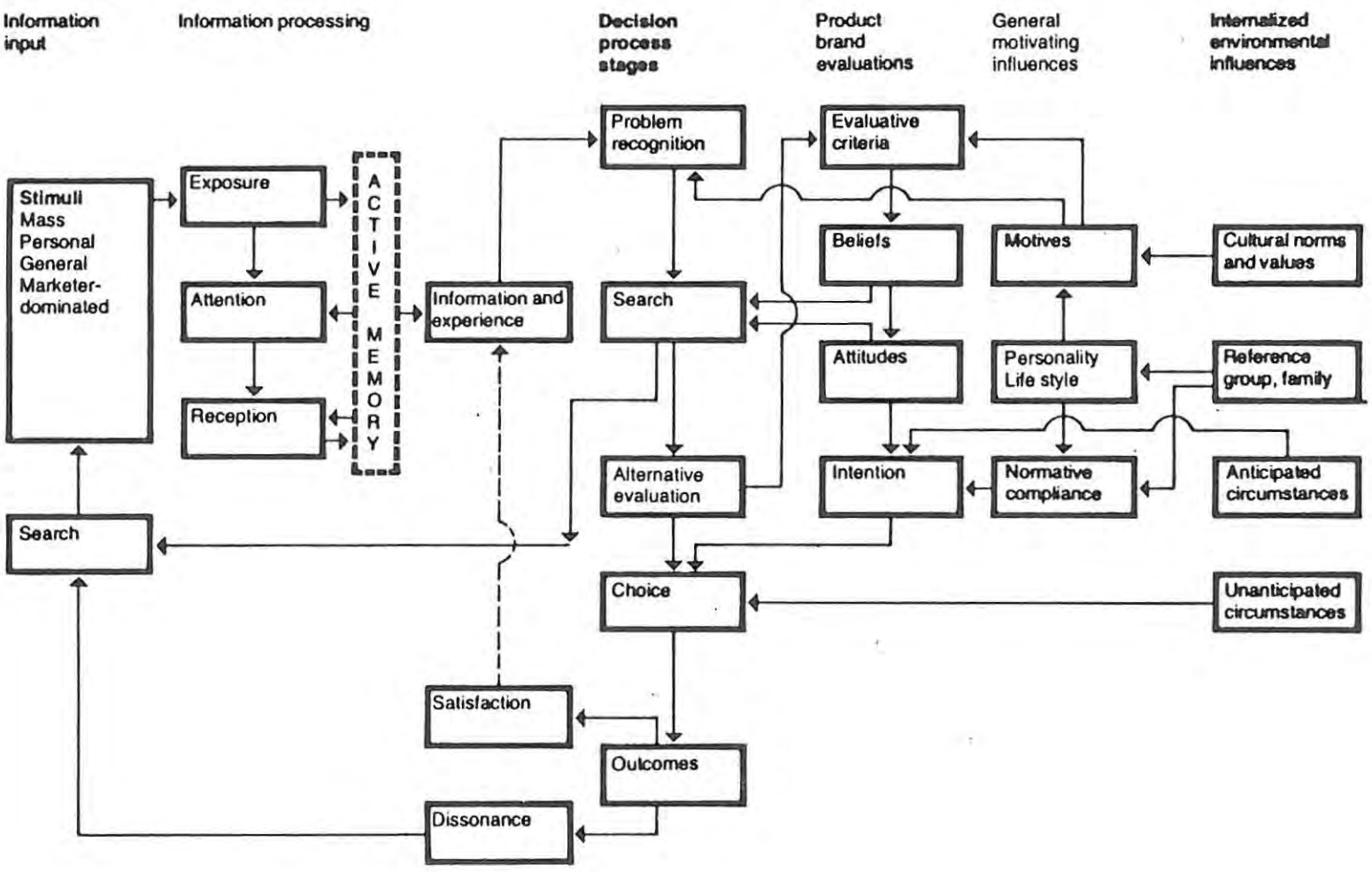


FIGURE 2.5

THE ENGEL, KOLLAT AND BLACKWELL MODEL

SOURCE:

Engel J.F., Blackwell R D, and Kollat D.T.

CONSUMER BEHAVIOUR - 3RD EDITION.

The Dryden Press, U.S.A. - 1978

p. 556.

The revised form of the E.K.B. model has the benefit of drawing from the Nicosia model and the Howard-Sheth model as well as a great deal of published research in consumer behaviour at the time. The revised model, therefore, was changed in accordance with the state of the art. The authors themselves did not expect to empirically test their model in the same way that the Howard-Sheth model had been tested.⁴⁸

As can be seen from Figure 2.5, the variables are grouped into 6 categories:

- (1) Information input
- (2) Information processing
- (3) Decision process stages
- (4) Product - brand evaluations
- (5) General motivating influences
- (6) Internalised environmental influences.

These variables impact upon the decision process which consists of five activities which occur over time:

- (a) Problem recognition
- (b) Information search
- (c) Alternative evaluation
- (d) Choice
- (e) Outcomes

The flow of arrows in the model illustrate the directions of influence that specific variables exert on the decision process.

2.6.1 The decision process variables:

These relationships are more fully discussed below.

(a) Problem Recognition

This occurs where there is a difference between the actual state of affairs of the consumer and the consumer's concept of an ideal state. This can occur as follows: (see Figure 2.5).

- (a) Through internal activation of a motive
- (b) Confronting external stimuli which have influenced the consumer's information and experience.

Action occurs when the consumer perceives a large enough difference between the actual and ideal states.

(b) Information Search

This stage of the decision process is fundamentally important to the research presented in chapter 3, 4 and 5, as it is here that the consumer begins the activity of collecting information. This starts with a rapid and largely unconscious review of information and experience stored from beliefs and attitudes which have influenced the consumer's preference towards brands.

If there is not sufficient information from internal sources, an external search is made. The consumer is exposed to a variety of informational inputs called stimuli which can arise out of personal sources. This is where the "word of mouth" opinions and advice of "opinion leaders" can be so important. In the next chapter, the role of the "opinion leader" will be examined. Other stimuli can also be the mass media.

One of the major roles performed by opinion leaders is the reduction of perceived risk on the part of consumers. Bauer describes the concept of perceived risk as follows:

"Consumer behaviour involves risk in the sense that any action of a consumer will produce consequences which he cannot anticipate with anything approximating certainty".⁴⁹

The consumer is thus confronted in a perceived risk situation with two dimensions, namely, uncertainty and consequences. Within those dimensions, the degree of risk that a consumer perceives will influence his purchase decision.

Perceived risk is considered to be subjective for, as Loudon and Della Bitta state:

"... the risk involved in a purchase decision is perceived by the consumer and may or may not bear a strong relationship to what actually exists."⁵⁰

The kinds of risk that a consumer perceives in a purchase situation falls into the following categories:

- (a) Financial risk - The consumer stands to lose money if the brand does not perform or needs unexpected maintenance.
- (b) Performance risk - The brand may not work properly.
- (c) Physical risk - The brand may be a threat to health, or dangerous.
- (d) Psychological risk - the brand may not suit the consumer's self-image.
- (e) Social risk - The brand may negatively affect the way others think of the consumer.
- (f) Time loss risk - Brand failure can cause a waste of time, convenience and effort.⁵¹

When the consumer perceives risk in a purchase situation he is very likely to search for information to help reduce the perceived risk. Engel et al confirm this by stating that, " ... as a generalization, the greater the degree of perceived risk ... the greater the propensity to search."⁵² Ross concurs by stating that, " ... engaging in word-of-mouth communication about a product is an important way of reducing risk".⁵³

All informational inputs are subjected to information processing activities which, as can be seen from Figure 2.5 are used by the consumer to derive meaning from the external stimuli. The information processing stage is highly selective in nature and can significantly alter the meaning consumers derive from stimuli in the external environment. Therefore, if a very influential person, ie. an opinion leader passes on advice at this stage, it is likely to have a profound influence on the purchase of a particular brand.

(c) Alternative Evaluation

Information plays a critical role in evaluating alternatives through influencing evaluative criteria and beliefs. Evaluative criteria are standards by which various brands are judged. The evaluative criteria are derived from the consumer's underlying goals or motives and from information derived from the environment.

Beliefs are the consumer's estimation of the degree to which alternative brands possess the evaluative characteristics that the consumer has identified.

Prior to choice, the consumer's attitude comes into account. This is a negative or positive evaluation of the consequences of using a brand. The attitudes will influence a consumer's purchase intentions, which are the

subjective estimate of whether a particular purchase will be made. Other influences on purchase intentions are normative compliance, the extent to which the consumer is influenced by others and anticipated circumstances. Normative compliance is yet another factor where the influence of an opinion leader can be felt.

(d) Choice

Just prior to the choice of brand being made, unanticipated circumstances can temporarily or permanently delay the choice, for example, a sudden drop in income. However, if this does not occur, a purchase usually follows.

(e) Outcomes

If the outcome is positive, this results in satisfaction which is stored in information and experience for future use. If, however, the outcome is negative, the result is dissonance. This doubt often generates the need for more information and so a secondary search takes place.⁵⁴

2.6.2 Evaluation of the E.K.B. model:

The following are considered by Loudon and Della Bitta to be the strengths of the E.K.B. model:

(a) The model considers many variables influencing consumers and the emphasis on the conscious decision making process.

(b) "Also the flow of the model is easy to follow and is quite flexible. For example, the authors recognise that in numerous purchase decisions, many of the detailed steps are passed through very quickly or are bypassed, as in the case of habitual purchase behaviour"⁵⁵.

- (c) Zaltman and Wallendorf point out in addition that the E.K.B. model serves as a framework for integrating and reporting findings of empirical research in consumer behaviour.⁵⁶
- (d) Sternthal and Craig sum up the positive aspects of the E.K.B. model by stating:

"The model is a useful device for the purpose it was intended to achieve; it organizes the vast knowledge about consumer behaviour."⁵⁷

Loudon and Della Bitta however also criticise the E.K.B. model as follows:

"The primary drawback appears to be a vagueness regarding the role of some variables. For example, the influence of environmental variables is noted, but their role in affecting behaviour is not well specified."⁵⁸

Zaltman and Wallendorf concur with this view⁵⁹ and add that, "the E.K.B. model has never been tested, and it is not clear that it could be".⁶⁰

However, these criticisms do not destroy the validity of the E.K.B. model, particularly in terms of its predictive ability. The model is undoubtedly one of the most refined available and as such, it has escaped relatively unscathed from the critical attentions of authorities in the field of models of consumer behaviour.

2.7 CONCLUSIONS AND SUMMARY:

The general conclusion is that among the models described in this chapter, the E.K.B. model is best suited to provide a

framework for the study conducted by the writer and outlined in chapters 3, 4 and 5. This conclusion is drawn from the following factors:

- (a) The Nicosia model is rejected because of the shortcomings that have been discussed earlier in this chapter but particularly because the model largely ignores personal influence. The comparisons below are therefore between the E.K.B. and Howard-Sheth models.
- (b) The E.K.B. model devotes considerable attention to information searching and intention to purchase. This is, according to Zaltman and Wallendorf, "the major contribution of the Engel, Kollat and Blackwell model".⁶¹ This aspect is of great importance to this study particularly as it is in the information stage, that the consumer is able to gather information to reduce perceived risk. This aspect does not have the same emphasis and prominence in the Howard-Sheth model.
- (c) The decision process stages are clear and well defined in the E.K.B. model. This is not the case in the Howard-Sheth model as Loudon and Della Bitta confirm: "The large number of interacting variables and their involved definitions are perhaps too complex for maximum usefulness".⁶²
- (d) An important difference between the E.K.B. and Howard-Sheth models is the treatment of attention and search which the Howard-Sheth model considers as being identical.

The E.K.B. model, on the other hand, "explicitly hypothesizes the prior activation of an internal search which shows the present state of belief and attitude to be inadequate for a purposeful decision".⁶³ The E.K.B. model is of greater use to this study because it accepts

consumer uncertainty in the pre-choice stage. Personal influence and opinion leadership is given an opportunity to play an important part in gathering information for the "purposeful decision".

- (e) In the same way the Howard-Sheth model ignores the variable of dissonance which in the E.K.B. model is a function of choice and beliefs.⁶⁴ Dissonance on the part of the consumer can lead to further information search at which point personal influence and opinion leadership can play an important role.

Although the above factors weigh heavily in the favour of the selection of the E.K.B. model, either model could be used as a basis for this study and by the same token, both have shortcomings. Engel et al themselves state that "any model will fall short ... given present knowledge of the subject and problems encountered in conceptualization and measurement".⁶⁵

The choice of model, however, is based on the factors discussed above and as Engel et al state, according to, "individual taste and preference ... given the high degree of similarity between the leading contenders".⁶⁶

SUMMARY

This chapter has sought to introduce the concept of buyer behaviour models and has concentrated on those models concerned with the decision making process. An analysis of the Shiffman and Kanuk model of Consumer Decision-making was examined before moving through to the more complex Nicosia model.

The two later models, the Howard-Sheth model and the E.K.B. model, conclude the chapter with the choice of the E.K.B. model as the framework for this study.

In the next chapter, the concepts of Personal Influence and Opinion Leadership will be examined in the context of information search, evaluation of alternatives, and, finally, the product or brand choice.

CHAPTER 2

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CHAPTER 3PERSONAL INFLUENCE AND OPINION LEADERSHIP3.1 INTRODUCTION:

In chapter 2, the EKB model was identified as giving particular emphasis to the information search and intention to purchase stage in the overall consumer purchasing process. It was established that the consumer is very likely to search for information to help reduce perceived risk, and to assist him in making purchasing decisions within particular classes of product or service.

Loudon and Della Bitta explain why the consumer might search external sources of information after having searched his own experience and internal sources of information:

"... if an internal search does not provide sufficient information about products, or how to evaluate them, the consumer will engage in an external information search and more extensive problem-solving behaviour. This results in exposure to a variety of informational inputs called stimuli, which can arise from personal sources (friends and salespeople) as well as published or mass-media sources".¹

Midgley emphasises the relevance of the Howard-Sheth and the E.K.B. models to the external search process:

"The idea that consumers may undertake external (overt) search for information prior to a purchase decision, has been widely popularized by conceptual models such as those of Howard and Sheth (1969) and Engel, Kollat and Blackwell (1973). These models imbue the concept of search with certain connotations of a systematic approach to decision making, utilizing a variety of information sources and with clear evaluative criteria."²

In this chapter, the subject of personal influence is introduced and the opinion leader as a specific source of external information is examined.

3.2 PERSONAL INFLUENCE

In chapter 2, it was established that the consumer will enter into an information search process when confronted with a brand choice, when there is insufficient information for that choice and when there is an element of perceived risk. It has also been established that, having sifted his own experience, the consumer is likely to search among external sources for that information. Another stage of the EKB model where "information search" can take place is at the "outcome" stage, where, if the consumer experiences dissonance, a search for information takes place in an attempt to confirm the wisdom of the choice.

As identified by Loudon and Della Bitta, there are two categories of external information: personal, such as friends and sales people, and non personal, such as the mass media. With regard to personal sources of external information, what is of great importance is the proposition that the consumer is also likely to seek information and advice from persons whom they perceive will render reliable advice. These are people whom the consumer will normally respect and either consciously or subconsciously aspire to emulate. Their impact as "opinion leaders" should not be underestimated.

The interest of students of consumer behaviour in interpersonal communications over the years is expressed by Reynolds and Wells:

"Marketers, public administrators, and consumers all recognise the need to understand this phenomenon and have begun to probe for answers to such questions as: Under what circumstances do consumers turn to others for advice in preference to or to the exclusion of advertising? What determines how many sources of information consumers consult before they buy or reject a product? and what sources are consulted for what products."³

The significance of interpersonal communications is further enhanced by the following contribution from Foxall:

"An intriguing and influential theory about the role that is played by groups in the communications process arose from Lazarsfeld's studies of the 1940 U.S. Presidential election. The fears of many intellectuals that the mass media were unduly influential in moulding public opinion were shaken by the finding that virtually no voters in that election appeared to have been influenced through formal channels of communication. It became apparent from empirical investigations of the process of mass communication, that 'people come to the media as to other messages, seeking what they want, not what the media intend them to have' and further that as people have considerable choice between the media's offerings and because people are distant from the sources of messages reaching them through the media, they rely greatly on their social groups for a context within which to interpret messages received via the formal communications system."⁴

3.2.1 Interpersonal Influence between Consumers:

This potentially influential source of information for the consumer is defined by Walters and Paul as follows:

"Interpersonal influence refers to the fact that the attitudes, feelings, actions and so on, of individuals are affected by communications from others with diverse social and cultural backgrounds."⁵

It is important to understand how communications take place between the consumer, the marketing firm and any potential person who may be consulted by the consumer.

3.2.2 Models of Communication:

There are 3 views of how communication takes place between consumers and the marketer. These are represented by the following models:

- a. One-Step Model
- b. Two-Step Flow Model
- c. Multistep Model

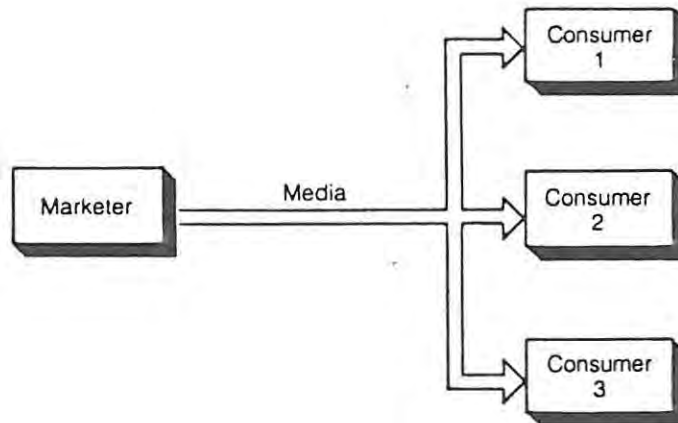
a. One-Step Model

FIGURE 3.1 ONE-STEP MODEL

SOURCE: Loudon D.L. and Della Bitta A.J.
CONSUMER BEHAVIOUR
 Mc Graw Hill Book Company
 p.266

Figure 3.1 shows how marketers first perceived the process of communication as being one way from the marketer to consumers. The expectation, for example, is that the consumer will notice an advertisement, absorb the content, be persuaded by it and finally buy the product. This view is obviously naive and is criticised by Loudon and Della Bitta as follows:

"This model has been criticised, however, for its simplification. First of all, few messages actually reach consumers and those that do are not likely to elicit a response directly. Product sales are influenced by many other marketing and extraneous variables in addition to the promotional communication."⁶

The next stage of development in communication research was to recognise that there were both impersonal channels (such as mass media) and personal channels (such as individuals) of communication between the marketer and the consumer. This was the development of the Two-step flow model.

b. Two-Step Model

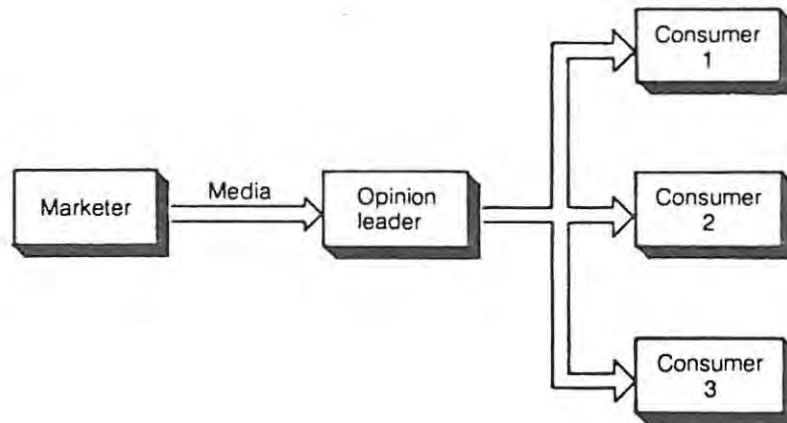


FIGURE 3.2 TWO-STEP FLOW MODEL
OF COMMUNICATION

SOURCE: Loudon D.L. and Della Bitta A.J.
CONSUMER BEHAVIOUR
Mc Graw Hill Book Company
p.267

The Two-step flow model represents the intermediate stage between the one-step and multi-step models and moves away from the theory that communications between the marketer and the consumer moved in an exclusively direct flow.

Cognisance was now taken of a "two-step" process whereby one influential individual received information from the mass media and then passed this onto consumers. This is described by Hawkins et al as follows:

"While information is ultimately processed by an individual, in a substantial number of cases one or more groups filter, interpret or provide the information for the individual."⁷

While an improvement on the one-step model, the two-step model was considered to be, "... too simplistic to account for most communication flows".⁸

Loudon and Della Bitta added their criticisms as follows:

- "1. It suggests that an absolute leader exists for each informal group, when actually all group members have some amount of opinion leadership.
2. Information is assumed to flow only from the mass media who disseminate it to followers - actually followers are also in touch with mass media but not to the same degree as leaders.
3. It is not always influence that is transmitted interpersonally but in some cases simply information, which may be relatively free of influence."⁹

Because of these limitations, the multistep theory described in part (c) of this section, is more readily accepted as an accurate representation of personal influence.¹⁰

c. Multistep Model

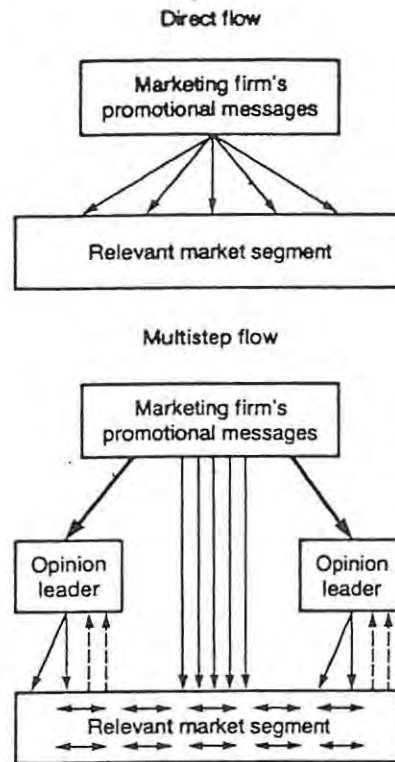


FIGURE 3.3 THE MULTISTEP FLOW OF COMMUNICATION
SOURCE: Hawkins D.I., Best R.J. and Coney K.A.
CONSUMER BEHAVIOUR - IMPLICATIONS FOR
MARKETING STRATEGY
Business Publications, Inc. Texas
p.220

In figure 3.3 the mass media feeds information to the influential individuals, called opinion leaders, who process the information, interpret it and pass it onto some consumers. Of course, these consumers are also receiving information from the mass media and from non-opinion leaders known to them.

There is, therefore, an exchange of information between consumers and often a request from consumers to opinion leaders for more information.

This theory is more suitable to this study and is supported by research evidence.¹¹ What is of prime importance here is the

interaction between the consumer and the so-called "opinion leader" and, having established a workable model of communication flow between marketer and consumer, it is appropriate to proceed to a discussion of opinion leadership.

3.3 OPINION LEADERSHIP

It is necessary in the first instance to define the concept of opinion leadership. Engel et al define opinion leadership as follows:

"Opinion leadership refers to the degree to which an individual influences others in a given choice situation. Those who do a disproportionately large amount of influencing are called "opinion leaders" in those situations in which they exert influence."¹²

Of opinion leadership, Kassarian and Robertson wrote the following:

"One of the most researched roles in the marketing literature is that of the opinion leader i.e. the individual within a group, to whom others turn for information and advice."¹³

Therefore, for opinion leadership to evolve, it is necessary for persons (called opinion leaders), to influence others (called opinion receivers) on a subject of mutual interest. This is summed up by Schiffman and Kanuk in their definition of opinion leadership:

"Opinion leadership is the process by which one person (the opinion leader) informally influences the actions and attitudes of others who may be opinion seekers or merely opinion recipients."¹⁴

What sets opinion leadership apart from other forms of communication is that, in this instance, the communication takes place between two or more people, none of whom represents a commercial selling institution.

The literature is unanimous about the existence of individuals who will usually be dominant in terms of offering advice or information about a specific product or product category. That person is the "opinion leader" referred to in this study. Glock and Nicosia add their perspective about the importance of opinion leaders:

"Opinion leaders act not only as channels of information but also as a source of social pressure toward a particular choice, and of social support to re-inforce that choice once it has been made."¹⁵

Therefore, the opinion leader also functions as a source of information at the important stage of post purchase search for information to overcome post purchase dissonance.

Having established from the literature that opinion leaders exist, it is necessary to determine which characteristics are most common among opinion leaders.

3.3.1 Characteristics of Opinion Leaders:

The conclusion of the literature is that in general, the opinion leader will belong to the same group that he is likely to influence but will probably have a higher social status within that group.¹⁶

Berelson and Steiner concur with the statement that:

"Opinion leaders exist in virtually all primary groups. By and large, opinion leaders are like the rank and file of their associates but of slightly higher educational or social status; they give much greater attention to the mass media on the topics of their opinion leadership; they are better informed, more partisan, and more active than their associates. Opinion leaders differ for different topics ... but they have in common their channeling of the impersonal content of mass communications in the personal stream of influence."¹⁷

What is clear, is that opinion leaders normally exist for every facet of life and, while a certain amount of overlap occurs, their scope and range of influence tends to be confined to a specific category. This aspect is discussed more fully later in this chapter.

Irrespective of the category in which the opinion leader is influential, there are common characteristics which can be found in most opinion leaders. Here again, the literature is fairly unanimous in its analysis of the characteristics of the opinion leaders.^{18,19,20,21,22,23,24,25,26,27,28,29,30,31.}

3.3.1.1 Social Standing and Group Belonging:

- a. The opinion leader is likely to be part of the general group that he influences but will be at a higher social status.
- b. He will tend to have more social participation than his followers.
- c. He will be more norm abiding and more loyal to group standards and values.
- d. He will be more cosmopolitan than his followers, that is more oriented beyond the community of the group.
- e. He will be a person who closely personifies the group's values and norms and is likely to have greater empathy with members of the group which he influences.
- f. He will be a person with greater organizational membership and participation and will have greater participation in formal and informal social activities than non-leaders.

3.3.1.2 Knowledge and Interest:

- a. Generally, opinion leaders will have a greater interest in and knowledge of the area of influence. In the same way, an individual who is very knowledgeable about a topic valued by the group will probably be an opinion leader.

An opinion leader's knowledge is of particular value with regard to those products with which a large amount of perceived risk, whether economic, social or physical, is associated for those products with which little or no perceived risk is associated, consumers may not go to the trouble to interact with opinion leaders but may simply rely on information gleaned from non-personal sources.

- b. The opinion leader will have a higher degree of self involvement in his subject than his followers and will thus be a more avid reader of material on related issues. The opinion leader will also be more knowledgeable about related new product development.
- c. A qualification in a particular subject will enhance an individual's role as an opinion leader in that subject.
- d. Opinion leaders have greater exposure to mass media than non-leaders. This is especially true when relevant to their own area of competence or interest. At the same time, the opinion leader tends to use more impersonal, technically accurate and widespread sources of information than do his followers.

3.3.1.3 Personality Traits:

An area in which debate is taking place is the extent to which it is possible to identify common personality characteristics of opinion leaders. While some studies have found few, if any, common characteristics, others have identified certain

distinguishing personality characteristics of opinion leadership. The latter, however, have tended to be in specific instances rather than in a general sense.

The literature however, is fairly consistent in considering the following personality traits as characteristics for opinion leaders.

- a. Opinion leaders tend to be more gregarious than non-leaders and accordingly, people find it easy to relate to opinion leaders.
- b. Opinion leaders have been found to be more emotionally stable, assertive and likeable. They are also less depressive or self deprecating and tend to be more self-confident.
- c. Opinion leaders have a positive self-image insofar as they perceive themselves as more interested in the area for which they are opinion leaders than do non-leaders.

3.3.1.4 Innovation:

- a. Opinion leaders tend to have more favourable attitudes toward both new products as a concept and new products within their specific area of influence.
- b. As a result, opinion leaders will be more likely to try new products than non-leaders and will reflect greater commitment to trying new products than non-leaders.

3.3.1.5 Availability and Information Flow:

- a. An individual who is available and readily accessible and active in the interpersonal communications process will have a better chance for a leadership position.

- b. By being available, the opinion leader creates the opportunity for a flow of information and influence to and from himself. In order for this communication to take place and for the person in question to qualify as an opinion leader, one or more of the following characteristics will apply:
- i) Non-leaders will normally ask for advice from the opinion leader about the subject in question.
 - ii) The opinion leader will be accustomed to spontaneously giving advice on the subject in question without asking or prompting.
 - iii) Non-leaders will usually heed the advice of the opinion leader.
 - iv) Non-leaders will usually spontaneously pass on the advice of the opinion leaders to other "non-leader" friends or acquaintances.
 - v) The opinion leader will always, or most often, be the logical problem solver for the subject in question for the non-leader.

Thus by referring to the characteristics above, the opinion leader can be identified. This will be especially important when the role of the pharmacist and pharmacy assistant as opinion leader is discussed later. It is important to understand the extent of influence of the opinion leader which is discussed in the next section.

3.3.2 The extent of the Influence of the Opinion Leader:

The question arises here as to whether opinion leaders will be "general opinion leaders" ie. able to influence others on a wide variety of subjects or "specific opinion leaders", appealing on a limited specialised basis only.

Engel et al refer to "monomorphic", that is, product specific influence and "polymorphic", that is, influence overlapping many product areas. Their conclusion is that although in early times, opinion leadership was held to be monomorphic, there is a growing body of evidence to support a more polymorphic theory. This is based on a premise that there are opinion leaders for related products but not all products.³²

Other authors, such as Joseph R. Mancuso, are less optimistic about the polymorphic theory. He quotes Katz and Lazarsfeld as follows:

"Similarly Katz and Lazarsfeld found in another study that there was little over-lapping among opinion leaders from product to product which suggests that different products are associated with different leaders."³³

However, the general conclusion that can be drawn from the literature is that opinion leadership will at best be category specific with the overlap being confined to a limited degree across subjects. This conclusion is summed up effectively by Loudon and Della Bitta:

"The existence of generalised opinion leaders or more precisely, opinion leadership overlap, does not mean, however, that such individuals are opinion leaders for all product categories. One study of seven product interest areas, for example, found that only about 3 percent of the respondents were opinion leaders for at least five of the items."³⁴

Having examined the extent of the influence of the opinion leader, it is important to understand the significance of the opinion leader and to what extent the marketer can make use of opinion leaders for his products.

3.3.3 The Importance and Uses of Opinion Leadership:

The significance of opinion leadership is best summed up by Walters and Paul as follows:

"The significance of opinion leaders on consumer behaviour cannot be overestimated. The opinion leader is a trend-setter who accepts risk and uncertainty of new products, services and market innovations. The opinion leader then interprets, evaluates and guides the general acceptance by other consumers of new ideas."³⁵

Therefore the opinion leader provides the important bridge between the marketer and the consumer. This enables the marketer to use opinion leadership to full effect in terms of the following:

- a. The marketer can use opinion leaders to disseminate new product information.
- b. If the marketer can convince relevant opinion leaders of the excellence of his products, an important chain of word-of-mouth advertising will have been initiated.
- c. The marketer, knowing the characteristics of opinion leaders for his products, can more easily reach opinion leaders and test his products among them.
- d. The marketer has the option to create opinion leaders for his products, particularly if the profile of those opinion leaders is well-established. An example of this occurred with the establishment by record companies of

Teen Boards to review records and discuss their findings with friends. Those chosen were invariably class presidents, sport captains, etc.³⁶ In an actual experiment of this nature, the result was that several records which were under review reached the top ten charts in the trial cities where this experiment took place. They did not reach the top ten charts in other cities.³⁷

The importance and use of opinion leaders has thus been illustrated by the points above. It is now important to examine a framework for exploring consumer's acceptance of new products because of the importance of new products to both the marketer and the consumer. This is called the "diffusion of innovations" and is discussed in the next section.

3.4 THE DIFFUSION OF INNOVATIONS

Robertson discusses the importance of the literature and research on the diffusion of innovations as follows:

"The diffusion literature, as developed across a number of disciplines offers for consideration a fairly well-developed theoretical framework which applies to the flow of information, ideas and products. It is the integration of this framework with the traditional marketing framework which can advance our understanding of how new products gain consumer acceptance, and can suggest means of improvement in new-product marketing strategies."³⁸

Although there have been many empirical studies on the adoption of new products, Everett Rogers developed the basic structure for diffusion research.³⁹

This view is confirmed by Engel et al as follows:

"The most influential researcher in the diffusion literature is Everett Rogers, whose book Diffusion of Innovations provided the basic structure for diffusion research in marketing and other disciplines."⁴⁰

The diffusion process which is based mainly on Rogers' work consists of three elements:

1. The Innovation
2. The Adoption
3. Categories of Adopters

Each of these elements is discussed in the following sections:

3.4.1 The Innovation:

It is clear from the literature that there has been a great deal of difficulty in defining an innovation, that is, what constitutes something which is new.^{41,42} To overcome this problem, Thomas Robertson developed a range of newness based on the product's effect on established consumption patterns. This is as follows:

1. Continuous innovation:

This is minimally disruptive of established behavioural patterns and normally involves the introduction of a modified product rather than a totally new concept. An example of a continuous innovation is fluoride toothpaste.

2. Dynamically continuous innovation:

This is somewhat more disruptive, but is not likely to disrupt established behavioural patterns. It may require a new product or merely a major modification of an

established product. An example of a dynamically continuous innovation is an electric toothbrush.

3. Discontinuous innovation:

This requires the establishment of new behavioural patterns. Examples of discontinuous innovations are televisions and new high technology products such as personal computers.⁴³

3.4.2 The Adoption:

The process of adoption is depicted in figure 3.4 and is also drawn from Thomas Robertson's work.⁴⁴ The stages of innovation adoption are as follows:

i) Awareness:

Here the potential adopter finds out about the existence of a product. He has little information and no well formed attitudes about it.

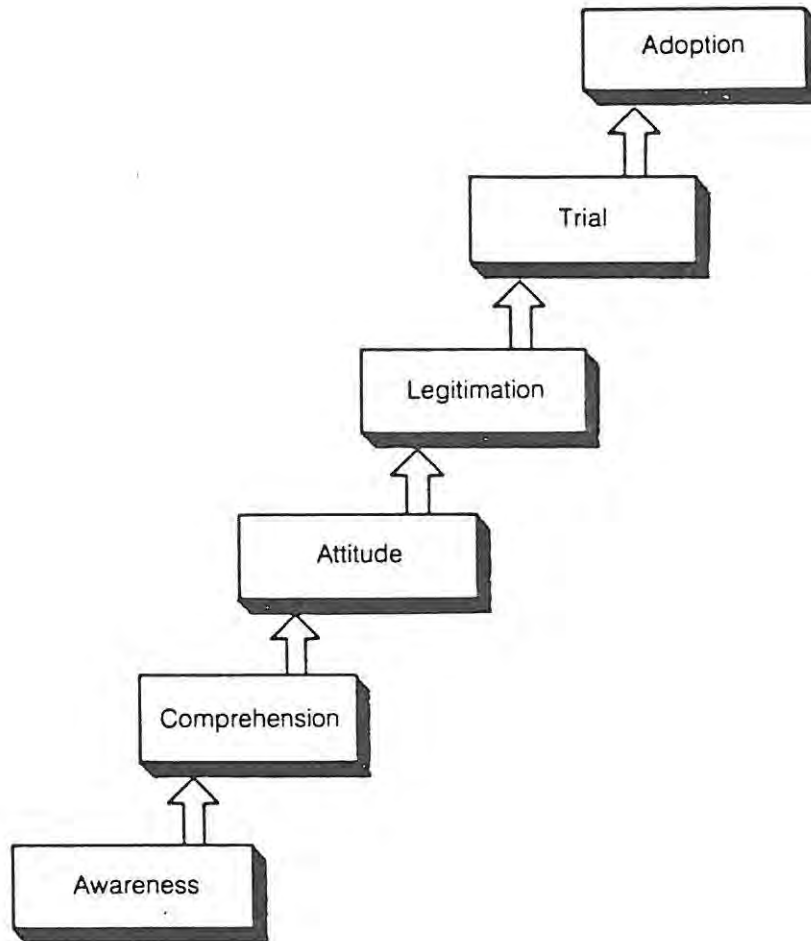


FIGURE 3.4

SOURCE:

THE ADOPTION DECISION PROCESS

ROBERTSON T.S.

INNOVATION BEHAVIOUR AND COMMUNICATION

Holt, Rinehart and Winston-New York 1971

p.75

ii) Comprehension:

This is where the consumer becomes aware of what the product is and can do.

iii) Attitude:

The adoption process usually stands or falls at this point where the consumer develops an attitude towards the product. An unfavourable attitude at this point can terminate the adoption process.

iv) Legitimation:

This stage depends on a favourable attitude toward the innovation on the part of the consumer who now becomes convinced that the product should be adopted. In order to do this, the consumer draws on current knowledge or gathers additional knowledge.

v) Trial:

If trial of the product is not possible, the consumer might use it in a hypothetical situation or in a limited way.

vi) Adoption:

At this stage, the consumer decides whether to use the product on a full-scale, full-time basis. Continued purchase or use of the product fulfills the adoption process.

The opinion leader can be very influential in the adoption process, particularly at the awareness, comprehension and legitimation stages when information is sought by the consumer.

3.4.3 Categories of Adopters:

In general, different people will not adopt an innovation at the same time and a useful classification of adopters is on the basis of time of adoption. Each of the classes or groups is summarized below,⁴⁵ and is illustrated graphically in Figure 3.5.

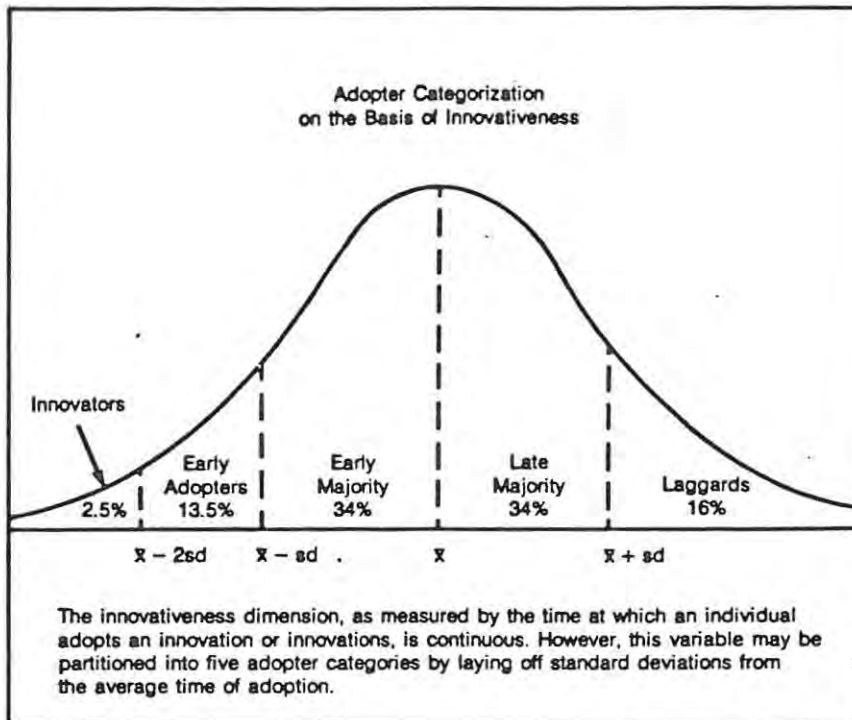


FIGURE 3.5

ADOPTER CATEGORIZATION ON THE BASIS
OF INNOVATIVENESS

SOURCE:

Rogers E.M. and Shoemaker F.F.
THE COMMUNICATION OF INNOVATIONS:
A CROSS CULTURAL APPROACH
The Free Press, New York, 1971.
p.23

a. Innovators:

This group has been found to represent 2,5% of a market. They are the first to try a product and are quite venturesome and eager to try out new ideas. They are often opinion leaders but are not necessarily so. They have greater risk capital than others, are well educated, and are cosmopolitan. They are also disseminators of information as described by Engel, Kegerreis and Blackwell:

"Innovators, compared with the general population perceive themselves to be more active disseminators of new products information than most people. These self-ratings were verified by the new fact that 90% of those using a new automotive diagnostic centre told at least one other person about it, and the overwhelming majority were highly satisfied."⁴⁶

b. Early Adopters:

This group normally accounts for 13,5% of a given market. This group is the first to adopt the new idea after its general release. This group is also more likely to have the greatest degree of opinion leadership in most social systems and is also well integrated within the local community.^{47,48} This group enjoys greater social status than the later adopters and are overprivileged in terms of education, remuneration and occupation compared with other community members.⁴⁹ Their role tends to be one of "watching the innovator" and adopting the innovation when it appears to be a success.

c. Early Majority:

This group represents 34% of a given market. Their dominant characteristic is one of "deliberateness" and this group tends to be more conservative than the early adopters. They have slightly above-average education and social status. They will tend to wait for evidence of successful adoption and use by others before considering adoption.⁵⁰

d. Late Majority:

This group also accounts for 34% of a given market. Their dominant characteristic is "scepticism" and they will not adopt until majority opinion legitimises the new product's utility.⁵¹ The late majority are above average

in age and below average in education, social status and income. They belong to few formal organisations and tend to exhibit little opinion leadership. This group relies in the main on informal sources of information and influence.

e. Laggards:

This group constitutes 16% of the market. Their dominant feature is one of tradition.⁵² They are lowest on social status, income and education. Laggards are suspicious of innovation and often of those who offer it. Their point of reference is the past and they tend to be more family and religion orientated. They rely very little on mass media for information but will rather consult friends who hold similar beliefs.

These adopter categories can be of use to the marketer in developing a framework for managing an innovation's diffusion, particularly if he is able to identify and reach his innovation's potential innovators and early adopters with advertising, sampling or other means of getting these two groups to experiment with the innovation. This would, in effect, begin the process of the diffusion of innovations.

The opinion leader can play an important role in providing the link between the marketer and the consumer by disseminating positive information about the innovation if he is an innovator or early adopter of the innovation.

It is now possible to conclude this chapter with a discussion on the role of the pharmacist and/or the pharmacy assistant as a possible opinion leader.

3.5 THE PHARMACIST AND PHARMACY ASSISTANT AS AN OPINION LEADER

The crux of the research presented in the following chapters is to determine whether the consumer perceives the pharmacist and/or the pharmacy assistant as an opinion leader. In order to do this, a comparison should be made between the characteristics of the pharmacist and pharmacy assistant and the characteristics of opinion leaders in general as listed previously.

Before such a comparison can be accomplished, it is necessary to define the pharmacist and pharmacy assistant for the purposes of this study.

The Pharmacist:

The pharmacist will be defined for the purposes of this research as, "the person who fills prescriptions in the pharmacy and who is normally found in the dispensary". The pharmacist has the relevant professional qualification and is usually the owner of the pharmacy.

The Pharmacy Assistant:

The pharmacy assistant will be defined for the purposes of this study as the sales assistant behind the counter in a pharmacy. It is not usual for this person to be qualified in any way past high school.

By applying the characteristics established earlier, it should be possible to conclude whether or not the pharmacist and/or pharmacy assistant qualifies as an opinion leader. This will be empirically tested in the research study in Chapters 4 and 5.

Much has been written about the role and importance of the pharmacist in his relationship with the public. Straughn, for example, wrote of the pharmacist filling a "buffer zone" between patient and doctor:

"The pharmacist operates in a type of 'buffer zone' where he relates to both patient and doctor. As regard to the patient, he is in the best possible position to see medicines in daily use and action among his customers. He deals with queries on side-effects. He is trained to discern interactions which may injure the patient's health. He can perceive if a therapy is failing to live up to expectation."⁵³

Meyer and Vassilatos, however, found in their study that respondents were less complimentary about the role of the pharmacist:

"A chemist is no more than a glorified merchant ... I go to my chemist often for shampoo, a moisturizer, sweetners and sometimes a prescription. In the latter case, the lady brings me my medicine ... The white-coated pharmacist himself remains something of an enigma behind his barrier of bottles and pills .. Quite frankly, I have no faith in any pharmacist. For any ailment I consult my doctor. After all - he is a professional - isn't he."⁵⁴

The divergent nature of the two quotations above will be resolved by deciding whether the pharmacist and/or pharmacy assistant qualifies as an opinion leader as discussed above. This will be further resolved by the empirical results of the research study.

3.5.1 Characteristics of Opinion Leadership - with reference to the Pharmacist and Pharmacy Assistant:

The following sections are comparisons drawn from the discussion on characteristics of opinion leaders in section 3.3.1. The known characteristics of the pharmacist and

pharmacy assistant have been compared with the characteristics in section 3.3.1. The conclusion will be whether or not the pharmacist and/or pharmacy assistant can be considered to be opinion leaders.

3.5.1.1 Social Standing and Group Belonging:

a. The Pharmacist:

On a prima facie basis the pharmacist appears to satisfy the characteristics under this heading as he is likely to be part of the general group of "health care advisors" such as doctors, dentists and para-medics, and will likely have a higher social status because of his professional qualifications. Because most pharmacists belong to at least one formal pharmaceutical organisation, such as the Pharmaceutical Society of South Africa, they have the opportunity at least to have greater participation in formal organisations.

It is difficult to draw conclusions on limited knowledge and evidence on whether the pharmacist will likely personify the group's values or whether he will be norm abiding or not.

b. The Pharmacy Assistant:

The position of the pharmacy assistant as opinion leader is not as clear cut as that of the pharmacist.

There is no evidence to show that the pharmacy assistant is likely to exhibit any of the characteristics under the heading of social standing and group belonging. It is reasonable to assume however, that the pharmacy assistant is likely to be selected from the same group as the customers of the pharmacy.

3.5.1.2 Knowledge and Interest:

a. The Pharmacist:

The pharmacist again clearly qualifies as an opinion leader in this area as he undoubtedly would have a greater interest in and knowledge of the area of influence. Similarly, the pharmacist would have a high degree of self-involvement in his subject and would likely be an avid reader of specialist pharmaceutical media. His academic qualification obviously adds to the weight of opinion leadership and while no comment can be made about his exposure to mass media, a safe assumption would be that he would tend to use more impersonal, technically accurate sources of information by virtue of the nature of his business.

The conclusion here is that the pharmacist qualifies easily as an opinion leader which is further confirmed by Hawkins et al as follows:

"For some product categories, there are professional opinion leaders ... Pharmacists are important opinion leaders for a wide range of health care products."⁵⁵

This is confirmed by Nel in her study using respondents in the Western Cape Area.

"They (the consumers) consider that the benefits of shopping at their community pharmacist are: Expert advice, wide range of merchandise, convenience and hygienic, clean and hassle free atmosphere."⁵⁶

b. The Pharmacy Assistant:

Here again a conclusion is difficult. It is however, reasonable to assume that the pharmacy assistant by virtue of her position might be perceived to have a greater interest and knowledge in the area in which they work. The extent of this will be tested empirically in the next chapters.

However, the pharmacy assistant will not normally hold any academic qualification in pharmaceuticals and no conclusion can be drawn regarding her exposure to mass media or subject specific material.

3.5.1.3 Personality Traits:

This is a difficult area for generalisation for either pharmacists or pharmacy assistants and the only conclusion is that by the nature of their occupation, the success of their business will depend to a great extent on the relationship between their customers and themselves. This is because the consumer is more likely to heed the advice of someone with whom he has a good relationship.

3.5.1.4 Innovation:

Here again, a similar conclusion can be drawn for both the pharmacist and pharmacy assistant. This is that they are both likely to have an interest in and hopefully a favourable attitude towards new products and concepts in their field.

The pharmacist would have this attitude because of the potential benefit to his business and the pharmacy assistant because of the nature of her tasks. This is also important because of the number of possible queries about new products from potential customers.

3.5.1.5 Availability and Information Flow:

a. The Pharmacist:

Clearly, the pharmacist as health care professional is more readily available to the public than for example a doctor. In addition, the pharmacist's services as advisor are free. By being available, the pharmacist creates the opportunity for the flow of information to the consumer. He is positioned as a "junior doctor".

The extent to which the pharmacist's advice is sought, heeded and passed on, is part of the research study and no conclusion can be drawn at this stage.

b. The Pharmacy Assistant:

The pharmacy assistant is also readily available to the general public but here doubt exists as to the extent to which the general public will heed advice given by the pharmacy assistant. This too, will be part of the research study.

3.6 SUMMARY AND CONCLUSION:

This chapter has focussed on the subject of personal influence and its application within the EKB model. The significance of personal influence as a form of interpersonal communication was stressed and the models of communication were discussed.

The concept of opinion leadership was introduced through these models and this concept was thoroughly analysed, resulting in a list of characteristics of opinion leadership.

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CHAPTER 4THE OBJECTIVES OF THE RESEARCH, HYPOTHESES AND
RESEARCH METHODOLOGY4.1 INTRODUCTION

The theoretical base to this study having been laid in the previous three chapters, this chapter is devoted to discussing the specific objectives of the empirical section of the study, the formulation of the hypotheses and the underlying research methodology.

4.2 THE OBJECTIVES OF THE STUDY4.2.1 The main objective:

- (i) TO ESTABLISH WHETHER WHITE, FEMALE CONSUMERS WITHIN THE JOHANNESBURG METROPOLITAN AREA PERCEIVE THE PHARMACIST TO BE AN OPINION LEADER FOR PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS.

- (ii) TO ESTABLISH WHETHER WHITE, FEMALE CONSUMERS WITHIN THE JOHANNESBURG METROPOLITAN AREA, PERCEIVE THE PHARMACY ASSISTANT TO BE AN OPINION LEADER FOR THE PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS.

4.2.2 The secondary objectives:

- (i) TO ESTABLISH WHETHER PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE RELATED TO TIME FACTORS, THAT IS, IS THE PHARMACY CHOSEN AS A PURCHASE POINT AS A TIME SAVING MEASURE?

- (ii) TO ESTABLISH WHETHER PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE RELATED TO ECONOMIC FACTORS, THAT IS, IS THE PHARMACY CHOSEN AS A PURCHASE POINT IN ORDER TO SAVE MONEY?
- (iii) TO ESTABLISH WHETHER THE WHITE, FEMALE CONSUMER IS MORE LIKELY TO CONSULT A PHARMACIST OR PHARMACY ASSISTANT ABOUT THE PURCHASE OF PRODUCTS THAT ARE PROFESSIONAL OR ETHICAL IN NATURE AS OPPOSED TO THOSE WHICH ARE OF A DAILY HYGIENE NATURE.

4.3 THE FORMULATION OF THE HYPOTHESIS

Gordon Davis identified that the thesis project represented a process of reducing uncertainty.¹ The same author expands on this view by stating that, "the student must reduce the uncertainty by reducing the number of possibilities he is going to consider".²

Crisp defines the hypothesis as "a tentative theory or supposition set up and adopted provisionally as a basis for explaining certain facts or relationships and as a guide in the further investigation of other facts or relationships".³

The hypothesis, therefore, is the important tool which develops the framework for the study and sets up the objectives to go about reducing the uncertainty of the subject of the study.

In the previous chapter a survey of the literature was used to substantiate a number of assumptions on which the hypotheses were based. In Chapter 1, the role and importance of the consumer as a decision maker and business influencer was examined in terms of the marketing concept. The examination culminated in a discussion of consumer behaviour and its relevance to the study.

In Chapter 2, the discussions on consumer behaviour were expanded into an analysis of models of consumer behaviour in order to establish a decision-making model which would serve as a framework for determining the role of personal influence in decision making.

In Chapter 3, the importance of personal influence in purchase decision making was determined. This led logically to a discussion of opinion leadership. Having identified the major characteristics of an opinion leader it was then possible to compare the roles of the pharmacist and pharmacy assistant respectively, as potential opinion leaders for the purchase of health and beauty aid products.

The conclusions to be drawn from the literature survey is that there is evidence to suggest that the pharmacist qualifies as an opinion leader as stated above, while judgement on the pharmacy assistant was reserved, pending the outcome of the empirical study.

Arising out of this is the following major hypothesis and secondary hypotheses:

4.3.1 The major hypothesis:

THE PHARMACIST IS PERCEIVED AS AN OPINION LEADER BY WHITE, FEMALE CONSUMERS IN THE JOHANNESBURG METROPOLITAN AREA FOR THE PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS.

THE PHARMACY ASSISTANT IS PERCEIVED AS AN OPINION LEADER BY WHITE, FEMALE CONSUMERS IN THE JOHANNESBURG METROPOLITAN AREA FOR THE PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS.

4.3.2 The secondary hypotheses:

- (i) PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE UNRELATED TO TIME FACORS, THAT IS, A PHARMACY IS NOT CHOSEN AS A PURCHASE POINT AS A TIME SAVING MEASURE.

- (ii) PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE UNRELATED TO ECONOMIC FACTORS, THAT IS, THE PHARMACY IS NOT CHOSEN AS A PURCHASE POINT IN ORDER TO SAVE MONEY.
- (iii) THE WHITE, FEMALE CONSUMER IN THE JOHANNESBURG METROPOLITAN AREA IS MORE LIKELY TO CONSULT A PHARMACIST OR PHARMACY ASSISTANT ABOUT THE PURCHASE OF PRODUCTS THAT ARE PROFESSIONAL OR ETHICAL IN NATURE AS OPPOSED TO THOSE WHICH ARE OF A DAILY HYGIENE NATURE.

4.3.3 The secondary hypotheses explained:

(i) Time and economic factors:

This refers to secondary hypotheses (i) and (ii). The major hypothesis proposes the pharmacist and pharmacy assistant opinion leaders for the purchase of health and beauty aid products. Secondary hypotheses (i) and (ii) propose, therefore, that the consumer will not purchase health and beauty aid products in a pharmacy because of time (convenience) or economic (price) factors. The prime motivation for using the pharmacy as a place of purchase would be one of information searching and risk reduction.

(ii) Health and beauty aid products:

The choice of health and beauty aid products for inclusion in the hypothesis owes itself to the fact that this category of products is consistently available both in pharmacies and in other store types such as supermarkets, cafes or general dealers.

The spread of products chosen within this category for the purpose of analysis is described below:

(a) Headache remedies

This product category, because of its ethical nature, would probably require some professional endorsement or advice from a quasi-medical source such as a pharmacist. This is because the consumer would want to reduce the perceived risk of purchasing a headache remedy. As has been established in previous chapters, an opinion leader can play a positive role in helping to reduce perceived risk.

(b) Sun protection products:

This category appeals to those who require protection from sunburn rather than those seeking a "golden suntan". Here again endorsement or advice would probably be sought from a quasi-medical source who would function as an opinion leader in helping to reduce perceived risk.

(c) Toothbrush:

While this product category would benefit from medical or dental endorsement, a toothbrush also lends itself to "impulse" purchasing where the consumer might use previous experience and information as a basis for the purchase decision in store. The degree of perceived risk experienced is likely to be less than the previous two categories.

(d) Beauty shampoo:

This is a specialised beauty category, being distinct from the "family-type" shampoo. The purchase decision is likely to be drawn from advice and experience from various sources with no obvious opinion leaders being apparent. Perceived risk is therefore likely to be reduced through personal experience and trial and error.

(e) Deodorants:

This is another product category which is personal in nature and the purchase decision for which is also likely to be made on a personal experience and information basis. There is again no obvious opinion leader to assist in reducing perceived risk.

By determining the degree to which the consumer is influenced by the pharmacist or pharmacy assistant in the purchase decision of the above categories, it will be possible to establish:

- (i) The degree of opinion leadership by product category.
- (ii) The validity of secondary hypothesis (iii) as stated in section 4.3.2.

4.4 DEFINITION OF THE POPULATION

Kinnear and Taylor define a population as being, "... the aggregate of all the elements defined prior to the selection of the sample."⁴

This definition is complemented by the definition of a universe (used interchangeably with population) by Boyd and Westfall:

"The universe is the entire group of items which the researcher wishes to study and about which he plans to generalise".⁵

It is important to clearly identify the target population and then select a sample of that population within which to conduct the research. The calculation of the sample size and the sampling method used are discussed later under "survey design".

In terms of the major hypothesis formulated in section 4.3.1, the population was restricted to white, female consumers. This

choice was supported by the All Media and Product Survey (AMPS) which found the heavy users of toiletries and health and beauty aid products to be white females.⁶

This was further confirmed by a research study conducted by Readers Digest in 1978 which showed that in excess of 80% of toiletries were purchased by white, female consumers.⁷

4.5 THE SURVEY DESIGN

It was clear that a great deal of data had to be collected to test the hypotheses. In order to gather the data, a survey technique had to be designed in accordance with the objectives of the main research study. As Crisp states, "the survey technique is widely used to gather from external sources, different types of information not otherwise available".⁸

The questionnaire is the most widely accepted method of data collection - The importance of the questionnaire is summed up by Kinnear and Taylor:

"Data collection forms are a central component of most studies. All three communication media - personal, telephone and mail interviews - rely on a questionnaire".⁹

Kinnear and Taylor define the questionnaire as, "a formalised schedule for collecting data from respondents".¹⁰

The other commonly known method of data collection is observation. This method is not as commonly used as the questionnaire method and has certain weaknesses. In terms of this study, the most glaring weakness is as stated by Boyd and Westfall:

"Probably the most limiting factor in the use of observation is the inability to observe such things as attitudes, motivations and plans."¹¹

Because these variables are vitally important in the study of opinion leadership, observation was ruled out as a data collection technique.

There are three different methods of gathering information using a questionnaire:

- (i) Personal interview
- (ii) Telephone interview
- (iii) Mail

Because of the length of the questionnaire and its complex nature, the telephone interview was dismissed, particularly as the use of the telephone might have invalidated the "randomness" of the sample by excluding those potential respondents without telephones.

The nature of the study dictated that certain attitudes and opinions would have to be clearly identified in the course of the questionnaire. It would thus have been necessary to probe in certain instances and it was also necessary to obtain spontaneous answers dependent on certain information supplied by the interviewer. For these reasons, it was concluded that the mail interview would not have been suitable in these circumstances. In addition, it was recognised that in a mail survey there are always the potential difficulties of ambiguity and misinterpretation.

On the other hand, the personal interview affords the researcher a greater measure of flexibility than the other two forms of communication. In addition, the personal interview lends itself to a long questionnaire where a lot of data needs to be collected. The personal interview would also not interfere with the chosen sampling method, by upsetting the random selection of respondents.

After weighing up all the advantages and disadvantages, it was decided to conduct personal interviews.

4.5.1 The questionnaire:

The objective of the questionnaire is to collect data which will permit the major and secondary hypotheses to be accepted or rejected. The collection of objective data is dependent on the quality of the questionnaire design.

As Kinnear and Taylor have stated:

"The design of a questionnaire is more of an art form than a scientific undertaking. There are no series of steps, principles or guidelines which guarantee an effective and efficient questionnaire ... The only way to develop this still is to write a questionnaire, use it in a series of interviews, analyse the weaknesses and revise the questionnaire."¹²

In the course of designing the questionnaire, a pilot study was undertaken. Attention was paid to layout, method of data measurement and collection and type of question.

4.5.1.1 The questionnaire layout:

Because the physical layout and reproduction of a questionnaire can influence its success with respondents,¹³ care was taken to keep the questionnaire as simple as possible, notwithstanding that the interview would be conducted on a personal basis.

The questionnaire format was divided into the following sections:

Section 1

Demographic information classified according to:

Age

Language

Working/not working

Marital status

Socio-economic groups

Number of children in household

Occupation of head of household

Section 2: Question 1

This was a qualification question designed to confirm that the respondent was a recent user of health and beauty aid products.

Section 3: Questions 2 - 4

These questions were designed to develop the motivation of the respondent for purchasing health and beauty aid products in a pharmacy and in all other store types.

Section 4: Questions 5 - 9

In this section the pharmacist and pharmacy assistant were introduced as possible influences. The respondent was probed as to the extent to which these two groups influence her in her purchase habits of health and beauty aid products. This section also established the extent to which the advice was heeded and/or passed on.

Section 5: Questions 10 - 14

The questions in this section were designed to address specific issues not yet covered in sections 1 - 4. The responses of these questions were to provide clues towards proving or disproving the hypotheses.

Section 6: Questions 15 - 17

This final section was the opportunity for the respondent to sum up attitudes and opinions held towards the pharmacist and pharmacy assistant. This was done via a semantic differential technique which is elaborated on later.

4.5.1.2 Wording of questions:

In the selection and wording of the questions, care was taken to avoid the following, all of which could have distorted the results:

- (i) Ambiguous questions
- (ii) Questions exceeding the ability of the respondent to answer
- (iii) Questions which suggested an answer to the respondent.
- (iv) Questions which required an answer which the respondent was unwilling to give.¹⁴

The pilot study assisted in the process of eradicating sources of bias and ambiguity and the responses gave clues to keeping questions as simple as possible. In fact, where bias was suspected in the pilot study, many questions were changed. In the use of the semantic differential, the bipolar statements were carefully chosen so that the respondents would not feel that there was either a correct or incorrect answer. In addition, the words chosen for the scales were not always directly denotively opposite. A more detailed discussion on semantic differential follows in the next section.

4.5.2 METHODS OF DATA COLLECTION AND MEASUREMENT

It is clear that a major part of the study would be devoted to collecting and measuring attitudes of the consumer towards the pharmacist and pharmacy assistant. Although marketers are increasingly wanting to measure attitudes, the state of the art of attitude measurement is still in its infancy.¹⁵ The explanation for this is given by Boyd and Westfall:

"These problems stem from the fact that no standardized counting or measuring scales to measure attitudes have been developed."¹⁶

It is evident that traditional direct questioning techniques and observation would not be effective in the measurement of attitudes. It is difficult to measure the construct of attitude which exists in the minds of individuals and is not directly observable.¹⁷ Therefore, the emphasis shifts to the measuring instrument and the researcher is required to develop a set of "yardsticks" in the questionnaire for measuring attitudes.

It was decided to use attitude scaling, the process which "has been applied to the process of developing measuring devices... to measure the attitudes of individuals."¹⁸

Kinnear and Taylor further illustrate the value of attitude scaling as follows:

"Attitude scaling in marketing tends to focus on the measurement of the respondent's beliefs about a product's attributes (cognitive component) and the respondent's feelings regarding the desirability of these attributes (affective component)".¹⁹

Although in this study, the main area of interest is not product attributes, but rather the influence and importance of the pharmacist/pharmacy assistant in the decision of purchases of health and beauty aid products, the principles remain the same.

4.5.2.1 Scaling Techniques used:

Four different techniques were used in compiling the questionnaire. This was done because of the specific advantages offered by each technique. A specific technique was used where full use could be made of the advantages of the technique and where the disadvantages did not affect the type of question being used.

The four techniques were:

- (i) RANK ORDER SCALE
- (ii) SEMANTIC DIFFERENTIAL
- (iii) LIKERT SCALE
- (iv) VERBAL RATING SCALE

(i) RANK ORDER SCALE

When dealing with a respondent chosen purely at random, this technique presents advantages such as simplicity, ease of administration and understanding by the respondent. It has special relevance to this for "it is argued that the technique is similar to the purchase decision process and forces respondents to discriminate among products in a realistic manner".²⁰

Although when utilising this method, the quality of the measurement of attitudes is limited, the technique is particularly appropriate to Questions 3 and 5 in the questionnaire (see appendix 1) where a simple ranking of the order of importance of certain attributes is needed.

The crux of this technique is "to rank various objects with regard to the attitude in question".¹²

(ii) SEMANTIC DIFFERENTIAL

This is one of the most popular attitude measurement techniques whose main application has been in company and brand image studies.²² The technique is therefore well suited to those questions designed to identify the image of the pharmacist/pharmacy assistant in the eyes of the consumer. These are Questions 15 and 16 in the questionnaire (See appendix 1).

The technique which grew out of research conducted at the University of Illinois, originally used a great many bipolar adjectives which were employed to secure people's reactions to the objects of interest.²³

The semantic differential typically requires the respondents to evaluate an item by making a mark at the appropriate place on a seven point rating scale bounded at each end by bipolar adjectives. As stated by Churchill, however, and as it applies to this study, the use of semantic differentials in marketing studies has been different from the traditional approach:

"The approach in marketing has been somewhat different from the general thrust. First, instead of applying the basic adjective pairs to the objects of interest, marketers have generated items of their own. These items have not always been antonyms, nor have they been single words. Rather, marketers have used phrases to anchor the ends of the scale, and some of these phrases have been attributes possessed by the product. Since a negative amount of the attribute is often a meaningless notion, lack of attribute has been used as one end of the scale and a great deal of the attribute as the other. Second, instead of attempting to generate evaluation, potency, and activity scores, marketers have been more interested in developing profiles for the brands, stores, companies, or whatever is being compared, and total scores by which the objects could be compared."²⁴

(iii) LIKERT SCALE

The Likert Scale involves a list of statements related to the attitude in question. The respondents are asked to indicate the degree of agreement or disagreement with each of the statements. Each degree of agreement is given a numerical score and the respondent's total score is computed by summing these scores from all the statements.²⁵

The Likert scale is used for Question 17 and provides an extremely useful indicator of how the consumer perceives the advice of the pharmacist and pharmacy assistant.

(iv) VERBAL RATING SCALES

This is another frequently-used scale in marketing research.²⁶ Respondents are asked to indicate their position by selecting among verbally identified categories. Although there are a number of issues surrounding the construction of the rating scale, the technique is simple, yet effective.

The key strategy was to tailor-make each question to the objectives of the questionnaire. The questions which utilised this technique addressed the subject of the perceived extent of influence of the pharmacist and pharmacy assistant on the decision making process of health and beauty aid products. The relevant questions in the questionnaire are numbers 6 - 9 (See appendix 1).

4.5.3 The Sample:

The population of this study was defined in section 4.4. It is obvious that the entire population cannot be researched because of the impracticality of conducting a census which Kinnear and Taylor define a census as "all available elements of a defined population."²⁷

A sample is, therefore, drawn from the population.

The whole concept of sampling rests on the law of statistical regularity which states:

"If a small number of items called a sample is selected at random from a large number of items called a universe or population, the sample will tend to have the same characteristics as the universe and will have them in the same proportion."³²

There are two variables which will indicate the reliability of the sample:

1. The method of selecting the sample
2. The size of the sample.

These variables are discussed in the next sections.

4.5.3.1 Sampling method:

It is important that each person in the population must have an equal chance of being selected for the sample. This procedure is known as probability random sampling.²⁹ Within this procedure, the sampling is done by mathematical decision rules that leave no discretion to the researcher or field interviewer. The validity of this technique is illustrated by Boyd and Westfall:

"Probability sampling is the only sampling technique available which will provide an objective measure of the reliability of the sample estimate."³⁰

a. Area stratified sample:

In addition to drawing the sampling via the probability random sampling technique, it was decided that the sample would be further stratified by area. Stratification refers to the process of sub-dividing the universe to be sampled into groups which are mutually exclusive.³¹ In this case the stratified sample chosen was the Johannesburg Metropolitan Area. It is both logistically difficult and expensive to adequately research consumer respondents on a national basis.

The Johannesburg Metropolitan Area was selected because:

- (i) It represents a sizable portion of the health and beauty aid market.
- (ii) It is a large single city representing a cross section of the target population.

When analysing the results of the study (see Appendix 2) it is interesting to note that the only way that the sample would not be representative of White South Africans to any degree is that there was under-representation of Afrikaans-speaking respondents. The percentages appearing are, however, what would be expected of a Johannesburg-only sample.

The split between English and Afrikaans speaking people is shown below. A comparison is made between the sample in this study, the national average and the Johannesburg average:

	<u>National</u>	<u>Johannesburg</u>	<u>The Sample</u>
<u>English</u>	43%	73%	85%
<u>Afrikaans</u>	57%	27%	15%

Source: All Media and Product Survey 1984

The South African Advertising Research Foundation

However an analysis of the data reveals no significance in the results of the interviews on a language basis.

b. The selection of the sample

Because of the difficulty in conducting personal interviews among consumer respondents, a field staff was employed to conduct the personal interviews.

The control of the field staff and their activities, the design of the questionnaire, as well as the interpretation and analysis of the data were completed by the writer.

The random sample selection method is described below as this was the method used in both the main and pilot studies.

To comply with the needs of an area stratified random sample, the census was used to determine the number of households in each area to be included. These figures were used to determine the number of interviews per area. By using a random number generator, the suburbs actually to be included in the sample were selected. A random starting point in each suburb was selected for each interviewer.

A long route was drawn at random for the interviewer to follow as the interviewer counted houses to determine where the interview was to be conducted. An interviewer was not permitted to deviate from this route. A series of random numbers was drawn for each interviewer to use to determine which specific houses were to be visited to conduct the interviews. The interviewer was to return at least three times in an attempt to find the respondent at home, and the repeat visits were to be at different times of the day or evening and on different days of the week.

After three documented attempts, if the respondent still was not at home, the interviewer was to use another random number to select a replacement household.

4.5.3.2 The size of the sample:

In order to estimate the accuracy of any sample results, the normal distribution theory is employed. This states that for any large population, most of the units within that population, for any given characteristic, will cluster around the mean.³³

It is important to consider how the size of the sample affects the accuracy of the results. Closely associated with the normal distribution theory is the concept of standard deviation which indicates the measure of dispersion around the mean.³⁴

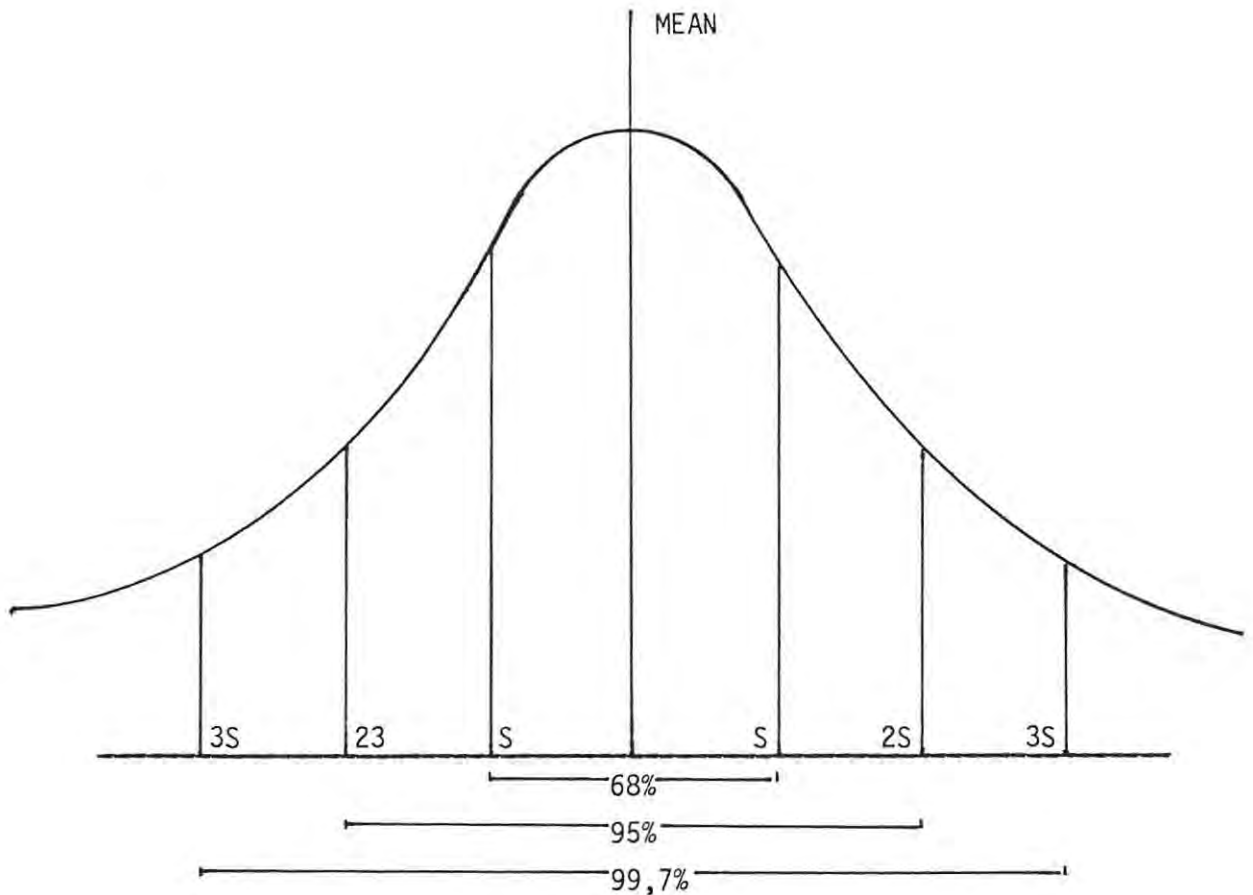


FIGURE 4.1 AREA UNDER THE NORMAL CURVE

SOURCE: Kinnear T.C. and Taylor J.R.

MARKETING RESEARCH - AN APPLIED APPROACH

McGraw-Hill Book Company - New York 1979.

p.207

With reference to Figure 4.1, it has been shown that if a sample is drawn at random from a normal distribution then:

- a. 68% of those samples would fall within ± 1 standard deviation (S) of the population's mean.
- b. 95% of those samples would fall within ± 2 standard deviations (2S) of the population's mean.
- c. 99,7% of those samples would fall within ± 3 standard deviations (3S) of the population's mean.

4.5.3.3 Confidence intervals:

Therefore, for example at 3S, the researcher is 99,7% sure that the result will reflect an accurate response from the sample. Clearly, working to S (one standard deviation) is not acceptable, for to exclude 32% of the normal distribution which falls outside S would be unreliable. The value associated with each standard error is known as the confidence co-efficient.³⁵ It must be emphasized that a confidence co-efficient of 68% indicates that the sample is accurate within certain limits called confidence intervals.

These confidence intervals can be calculated as follows:

$$6 \bar{x} = \sqrt{\frac{(P \cdot Q)(Z)^2}{N_s}}$$

Where: P = The proportion of a population processing a certain characteristic.

Q = The proportion of a population not processing a certain characteristic.

Z = The desired confidence co-efficient.

N_s = The sample size.

$6\bar{x}$ = The standard error.

The standard error is used in calculating the confidence interval. It is a measure of dispersion around the mean of the sample as opposed to a population.

Therefore, as this relates to the study, the following are the values:

$$\begin{aligned} 6 \bar{x} &= \sqrt{\frac{(.5 \cdot .5)(2)^2}{200}} \\ &= ,0707 = \underline{\underline{7\%}} \end{aligned}$$

The values for P and Q respectively are assumed to be 50% : 50%. This requires a larger sample than any other ratio, i.e. this is the worst possible situation.

The required confidence co-efficient in this case is 2S or 95%.

Therefore, with a sample size of 200, for example the researcher can be certain that the true proportion of respondents who consider the pharmacist/pharmacy assistant to be an opinion leader, lies between 43% and 57%.

Therefore: the confidence interval = 14% and the confidence co-efficient = 95%.

The confidence interval is thus affected by:

1. The values for P and Q in that the closer they approach 50% : 50%, the larger the interval.
2. The higher the confidence co-efficient so the larger the confidence interval.
3. The larger the sample size, the smaller the confidence interval.

4.5.3.4 The sample size:

Utilising the standard error/confidence interval, it is now possible to calculate the sample size to achieve valid, accurate results.

The formula is as follows:

$$N_s = \frac{P \cdot Q}{\left(\frac{AE}{Z} \right)^2}$$

Where: N_s = Sample size

P.Q. = Probability of a population possessing/not possessing a certain characteristic. The 50 : 50 maximum is assumed in the absence of any evidence to the contrary.

Z = The desired confidence co-efficient expressed in standard deviations = 2.

AE = Allowable error in the sample, that is, the desired level of accuracy between the sample and the universe = 7%.

Therefore:

$$\begin{aligned}
 N_s &= \frac{.5 \cdot .5}{\frac{(.07)^2}{\left(\frac{2}{2}\right)}} \\
 &= \frac{.25}{\frac{.0049}{4}} \\
 &= \underline{204}
 \end{aligned}$$

The required sample size is, therefore, 204 and, as can be seen by results in Appendix 2, the actual sample was 251 which incorporated an allowance for the "not at homes".

4.6 THE PILOT STUDY

The Pilot Study is the stage in the research process in which fundamental problems in a survey can be corrected.³⁶ The pilot study that was conducted, detected a number of weaknesses in the questionnaire as well as some terminology that the respondents did not understand.

By changing the questionnaire in accordance with this experience, more meaningful data was able to be collected in the main study.

Boyd et al state that pilot studies "are best done by personal interview even if the study is to be handled by mail or telephone."³⁷ Because the main study was to be conducted by personal interview, this was convenient and the respondents in the pilot study were of the same target audience and were chosen in the same random style as the main study.

A total of 20 interviews was conducted (which was 10% of the sample size) for although as Crisp says, "the scale of the pilot study need not be very large",³⁸ it was necessary to be certain that the flow and understanding of the questionnaire was assured.

The pilot study was very useful in refining the questionnaire, and changes were made in the following:

- (i) Some of the descriptions in the semantic differential were altered.
- (ii) Question 11, involving the "ideal source of advice", was added.
- (iii) Some words were simplified to aid understanding.
- (iv) More concise instructions were able to be written for the interviewers.
- (v) The ranking questions were simplified to overcome the complex nature of those questions.

The results of the pilot study did illustrate, however that the original questionnaire needed relatively few changes before going out to the field.

4.7

CONCLUSION

The questionnaire in its final form was then sent to the field and the results collected over a period of 4 weeks.

The writer believes that everything possible was done to ensure that the results obtained were an accurate reflection of whether or not the consumer perceived the pharmacist and pharmacy assistant as an opinion leader.

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CHAPTER 5THE EMPIRICAL RESULTS OF THE RESEARCH PROGRAMME5.1 INTRODUCTION

This chapter is devoted to a discussion of the responses obtained in the personal interviews conducted by the field staff employed to conduct the interviews. The majority of the data collected appears in Appendix 2 in tabular form. Where applicable some of the data is reproduced in tabular form within the text. This is done to aid understanding and prevent continual cross referencing between the text and the appendices.

5.2 RESPONSES TO THE PERSONAL INTERVIEW

A total of 251 respondents were interviewed although a sample of 204 was required. As stated, this was done to allow for the "not-at-homes". The sampling procedure is described in Chapter 4 and the field staff reported that there was less than 2% incidence of "not-at-homes" (no one home at the randomly selected homes) and that there was therefore minimal substituting. Another comment from the field staff was that the interviews ran with relative ease with most respondents exhibiting no confusion about the subject matter.

5.3 PRESENTATION OF THE RESULTS

The quantitative data obtained from the research study appears in the text in this chapter in tabular form. It is this data which was analysed and which served as a basis for proving or disproving the hypotheses established in Chapter 4. The data also appears in Appendix 2 which is a summary of raw data from the completed personal interview questionnaires. All aspects relating to the practical execution of the research study were completed by the writer. These are listed below for reference:

- (a) The design of the questionnaire
- (b) The testing of the questionnaire by means of a pilot study
- (c) The determination of the sample size
- (d) The determination of the sampling method
- (e) The determination of the area from which sample was drawn
- (f) The analysis of the raw data
- (g) Summary of raw data (Appendix 2).

5.4 INTERPRETATION OF RESULTS

5.4.1 Demographics

The demographic profile of the sample is shown in Table 1 below. As noted earlier in Chapter 4, the only way in which the sample would not be representative of white South Africans, to any degree, is that there is an under-representation of Afrikaans speaking respondents. The percentages appearing are however, what would be expected of a Johannesburg-only sample. The respective demographic breakdown between English and Afrikaans speaking people is shown in Section 4.5.3.1 (a) in the previous chapter.

TABLE 1 - DEMOGRAPHICS

PROFILE OF THE SAMPLE

	<u>TOTAL RESPONDENTS</u> 251	
	<u>No.</u>	<u>%</u>
<u>AGE</u>		
18 - 24	17	6,8
25 - 34	65	25,9
35 - 49	115	45,8
50+	54	21,5
<u>LANGUAGE</u>		
ENGLISH	213	84,9
AFRIKAANS	38	15,1

	<u>TOTAL RESPONDENTS</u> 251	
	<u>No.</u>	<u>%</u>
<u>EMPLOYMENT</u>		
WORKING	116	46,2
NOT WORKING	135	53,8
<u>MARITAL STATUS</u>		
MARRIED	193	76,9
SINGLE	17	6,8
WIDOWED/DIVORCED/SEPARATED	41	16,3
<u>SOCIO ECONOMIC *</u>		
A	35	13,9
B	107	42,6
C	93	37,1
D	16	6,4
<u>HOUSEHOLD INCOME (PER MONTH)</u>		
	<u>No.</u>	<u>%</u>
UP TO R600	9	3,6
R600 - R999	7	2,8
R1 000 - R1 599	25	10,0
R1 600 - R1 999	40	15,9
R2 000 - R2 999	58	23,1
R3 000 - R3 999	56	22,3
R4 000 - R4 999	37	14,7
R5 000 +	19	7,6
<u>FAMILY STATUS</u>		
1. SINGLE YOUTHFUL RESPONDENT	13	5,2
2. YOUNG MARRIED - NO CHILDREN	7	2,8
3. MARRIED WITH CHILDREN	155	61,8
4. OLDER MARRIED - NO CHILDREN	51	20,3
5. OLDER SOLITARY	25	9,9

* An explanation of socio-economic groups is given below for reference:

CLASS A - Homes of substantial wealth which for the most part are located in the best section of town.

CLASS B - Families living in well furnished, well kept homes, and in cities, may live in the more expensive blocks of flats. Although these homes are less pretentious than the "A", they are usually found in the better part of town.

CLASS C - This class includes the largest portion of the families in town. These homes, as a rule, will be small single dwellings and the moderately priced blocks of flats, well kept and reasonably well furnished.

CLASS D - These are families who may be living in the poorer parts of the town and in sub-economic housing schemes.

The socio-economic rating is determined by taking both the respondent's home and suburb, and the husband's occupation, into consideration.

5.4.2 The Major Hypothesis:

It is now possible to analyse the data in terms of the major hypothesis which is restated below:

THE PHARMACIST IS PERCEIVED AS AN OPINION LEADER BY WHITE, FEMALE CONSUMERS IN THE JOHANNESBURG METROPOLITAN AREA FOR THE PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS. THE PHARMACY ASSISTANT IS PERCEIVED AS AN OPINION LEADER BY WHITE, FEMALE CONSUMERS IN THE JOHANNESBURG METROPOLITAN AREA FOR THE PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS.

5.4.2.1 Qualification question:TABLE 2 : THE NUMBER OF RESPONDENTS WHO HAVE RECENTLY USED HEALTH AND BEAUTY AID PRODUCTS

Q.1a In the last 30 days (month) have you used any of the following products?

	<u>YES</u>		<u>NO</u>	
	No.	%	No.	%
Headache tablets, capsules and powders	179	71	72	29
Toothbrush	246	98	5	2
Deodorant - either aerosol, roll-on or stick	243	97	8	3
Beauty shampoo such as Flex, Milk Plus 6, Silkience, etc.	213	85	38	15

Q.1b During the last year have you used a sun protection product?

	No.	%
YES	175	70
NO	76	30

With reference to Table 2 above, the only relevant observation is the high recent usage of each of the health and beauty aid products. This is however, not surprising, as the nature of the products lend themselves to daily usage for hygiene purposes.

5.4.2.2 Usual place of purchase of health and beauty aid products:TABLE 3 USUAL PLACE OF PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS:

Q.2 Please indicate where you usually purchase each of the following products.

	<u>PHARMACY</u>		<u>SUPERMARKET, CAFE, GENERAL DEALER, OTHER</u>		<u>DON'T KNOW/CAN'T REMEMBER</u>		<u>HAVE NEVER PURCHASED</u>	
	No.	%	No.	%	No.	%	No.	%
Headache remedies	124	50	113	45	1	-	12	5
Toothbrush	42	17	207	83	-	-	2	-
Deodorant	36	14	210	84	1	-	4	2
Beauty Shampoo	31	12	201	80	1	-	18	8
Sun Protection Products	65	26	136	54	4	2	46	18

Table 3 shows where the respondents normally purchase their health and beauty aid products. It is interesting to compare the table above with the share that pharmacy holds of the same product categories according to the A.C. Nielsen Organisation ¹:

<u>NIELSEN SHARES (OF PHARMACY)</u>	<u>% SHARE OF VOLUME</u>
Headache remedies	40%
Toothbrushes	10%
Deodorant	15%
Beauty Shampoo	15%
Sun protection products	40%

As expected, the respondents are more likely to buy pharmaceutical/ethical products such as headache remedies at a pharmacy on a regular basis. Although not up to the national Nielsen average, sun protection products are purchased on a proportionately higher basis than the other 3 products. The assumption here, is, that because of the nature of the product, that is, sun protection, the respondent is more likely to require advice for that purpose, than for the purchase of the other 3 product groups.

5.4.2.3 The pharmacist and pharmacy assistant as opinion leader:

The issue regarding whether the pharmacist and/or the pharmacy assistant is perceived by the consumer as an opinion leader can now be addressed by analysing the data in Appendix 2 and referring to table 4 below.

For the sake of consistency, where possible, the difference in the position of the pharmacist versus that of the pharmacy assistant will be illustrated.

Section (a) The importance of the pharmacist's and pharmacy assistant's advice:

By referring to Table 4 (questions 6a(i) and 6b(i)) below, it is possible to analyse the relative importance of the advice of the pharmacist and the pharmacy assistant in the purchase of health and beauty aid products.

TABLE 4

THE IMPORTANCE OF THE ADVICE OF THE PHARMACIST AND PHARMACY ASSISTANT IN THE PURCHASE DECISION OF HEALTH AND BEAUTY AID PRODUCTS

Q.6a (i) Supposing you needed advice regarding the purchase of any of the following products: Have you ever sought the advice or recommendation of a pharmacist for that purchase?

	<u>YES</u>		<u>NO</u>		CAN'T REMEMBER		HAVE NEVER PURCHASED IN A PHARMACY	
	No.	%	No.	%	No.	%	No.	%
Headache remedies	120	47,8	63	25,1	4	1,6	64	25,5
Toothbrush	14	5,6	86	34,3	3	1,2	148	59,0
Deodorant	11	4,4	80	31,9	4	1,6	156	62,2
Beauty Shampoo	17	16,8	65	25,9	3	1,2	166	66,1
Sun Protection Products	56	22,3	66	26,3	-	-	129	51,4

Q.6a(ii) If "Yes", how willingly was the advice given?

	<u>HEADACHE REMEDIES</u>	<u>TOOTH- BRUSH</u>	<u>DEODORANT</u>	<u>SUN PRO- TECTION PRODUCTS</u>	<u>BEAUTY SHAMPOOS</u>
Those who have had advice from a pharmacist	120	14	11	56	17
Very willing	107	12	10	50	13
Willing	13	2	1	6	2
Reluctant	-	-	-	-	1
Very reluctant	-	-	-	-	-
Can't remember how willing	-	-	-	-	1
Have not had advice from the pharmacist	131	237	240	195	234

Q.6b (i) In the same situation, have you ever sought the advice of the pharmacy assistant?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEM- BER</u>		<u>HAVE NEVER PURCHASED IN A PHARMACY</u>	
	No.	%	No.	%	No.	%	No.	%
Headache remedies	56	22,3	122	48,6	3	1,2	70	27,9
Toothbrush	25	10,0	78	31,1	-	-	148	59,0
Deodorant	28	11,2	72	28,7	-	-	151	60,2
Beauty Shampoo	34	13,5	58	23,1	1	0,4	158	62,9
Sun Protection Products	45	17,9	72	28,7	1	0,4	133	53,0

Q.6b(ii) If "Yes", how willingly was the advice given?

	<u>HEADACHE REMEDIES</u>	<u>TOOTH- BRUSH</u>	<u>DEODORANT</u>	<u>SUN PRO- TECTION PRODUCTS</u>	<u>BEAUTY SHAMPOOS</u>
Those who have had advice from a pharmacist	56	25	28	45	34
Very willing	42	19	21	38	24
Willing	12	6	7	7	9
Reluctant	-	-	-	-	-
Very reluctant	-	-	-	-	-
Can't remember how willing	2	-	-	-	1
Have not had advice from the pharmacy assistant	195	226	223	206	217

After analysing the data, the following observations were made:

- (i) A very high proportion of respondents (47,8%) have sought the advice of the pharmacist for the purchase of headache remedies and by contrast the relative proportion of respondents, (22,3%) which have sought the advice of the pharmacy assistant is low. In absolute terms however, 22,3% can be considered a reasonably high proportion of respondents that have sought advice from a pharmacy assistant, especially in comparison with other health and beauty aid products.

The data also shows that approximately 1 in 2 persons would consult a pharmacist and 1 in 4 persons would consult a pharmacy assistant for the purchase of a headache remedy.

- (ii) The degree of advice sought over the range of health and beauty aid products reduces for the other 4 products. It is significant that for the purchase of the two products that are more for daily use, that is, the toothbrush and deodorant, the respondent is more likely to ask the advice of the pharmacy assistant than the pharmacist.

This is probably because of the less technical nature of those products, the choice of which would tend to be more subjective. Put another way, this would be termed a low-involvement purchase which does not require high-involvement purchase decision making. Hawkins et al state that "in a low-involvement purchase, one is not likely to seek an opinion leader"². This would be where there is a low degree of perceived risk on the part of the consumer.

- (iii) Point (ii) above tends to support the theory that opinion leadership is category specific as the evidence suggests that advice is sought to a greater extent in the areas such as pharmaceuticals in which the pharmacist is more qualified.

With reference to Table 4 above [question 6a(ii) and 6b(ii)] it is important to note the following:

- (i) 89% of those receiving advice from a pharmacist and 75% receiving advice from a pharmacy assistant about the purchase of a headache remedy stated that the advice was given very willingly. In fact, over a range of 406 responses only 2 could not remember how willing the pharmacist was and only 1 thought that the pharmacy assistant was reluctant to give advice willingly. The willingness to give advice is an important characteristic of opinion leadership for which both the pharmacist and the pharmacy assistant qualify in this case.

- (ii) No significance can be attached to the other products because of the small base of replies. However there was a significant response to sun protection products which follows the pattern in (i) above, albeit on a base which is approximately half the size. This pattern illustrates again, that the pharmacist and pharmacy assistant is perceived by the consumer to be willing to give advice.

Section (b) The spontaneous advice of the pharmacist and pharmacy assistant:

In Table 5 below, (questions 7a and 7b) the extent to which the pharmacist and pharmacy assistant spontaneously offer advice to consumers about their purchases of health and beauty aid products is shown. This is another characteristic of opinion leadership which was discussed in Chapter 3.

TABLE 5 THE SPONTANEOUS ADVICE OF THE PHARMACIST AND PHARMACY ASSISTANT

- Q.7a When you have been browsing or trying to decide which brand to buy, has it been the habit of the pharmacist to offer advice for the purchase of the following products without your prompting or asking?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEMBER</u>	
	No.	%	No.	%	No.	%
Headache remedies	48	19,1	189	75,3	14	5,6
Toothbrush	18	7,2	222	88,4	11	4,4
Deodorant	16	6,4	224	89,2	11	4,4
Beauty Shampoo	16	6,4	225	89,6	10	4,0
Sun Protection Products	28	11,2	215	85,7	8	3,2

Q.7b In the same situation, is it the habit of the pharmacy assistant to offer advice for the purchase of the following products without your prompting or asking?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEMBER</u>	
	No.	%	No.	%	No.	%
Headache remedies	64	25,5	179	71,3	8	3,2
Toothbrush	41	16,3	203	81,7	5	2,0
Deodorant	48	19,1	196	78,1	7	2,8
Beauty Shampoo	56	22,3	189	75,3	6	2,4
Sun Protection Products	54	21,5	192	76,5	5	2,0

The following observations were made:

- (i) There was a general low-level incidence of spontaneous advice offered by both the pharmacist and the pharmacy assistant.
- (ii) The fact that the pharmacy assistant scored higher than the pharmacist is attributable to the nature of the pharmacy assistant's day to day function where they come into contact with the public on a far more frequent basis than the pharmacist. This creates greater opportunity for offering advice.

Generally the responses to this section were too low to be significant and no conclusion could be drawn from them.

Section (c) The heeding of the pharmacist's and pharmacy assistant's advice:

Once the consumer has been offered the advice, the key to deciding opinion leadership, is the extent to which she heeds the advice. Reference is made to Table 6 below (questions 8a and 8b).

TABLE 6 THE HEEDING OF THE PHARMACIST'S AND PHARMACY ASSISTANT'S ADVICE

Q.8a To what extent do you heed the advice of the pharmacist?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	80	31,9	15	6,0	10	4,0	39	15,5	12	4,8
Often	26	10,4	3	1,2	3	1,2	13	5,2	4	1,6
Seldom	13	5,2	3	1,2	3	1,2	8	3,2	6	2,4
Never	6	2,4	5	2,0	5	2,0	5	2,0	5	2,0
Have not had advice from the pharmacist	126	50,2	225	89,6	230	91,6	186	74,1	224	89,2

Q.8b To what extent do you heed the advice of the pharmacy assistant?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	25	10,0	17	6,8	13	5,2	20	8,0	17	6,8
Often	20	8,0	11	4,4	16	6,4	21	8,4	20	8,0
Seldom	23	9,2	9	3,6	12	4,8	16	6,4	13	5,2
Never	19	7,6	15	6,0	17	6,8	15	6,0	17	6,8
Have not had advice from the pharmacy assistant	164	65,3	199	79,3	193	76,9	179	71,3	184	73,3

The following observations were made:

- (i) Here too, the only significant, positive responses were to the pharmacist's advice on headache remedies and sun protection products. For the rest, the majority of the respondents had not had advice from the pharmacist (or the pharmacy assistant for that matter).
- (ii) Of the 125 respondents who had received advice on headache remedies from the pharmacist, 64% claimed to heed the advice, "almost always". A further 20,8% would heed the pharmacist's advice "often", making a total of 84,8% positive responses to the pharmacist's advice.
- (iii) The comparable statistic for sun protection products was 80% although this was off a lower base of 65 respondents.
- (iv) In the case of the pharmacy assistant, the respondents who had received advice were split in their assessment of the advice as the table below illustrates:

	Positive	Negative
Headache remedies	51,7	48,3
Toothbrushes	53,8	46,1
Deodorant	50,0	50,0
Sun protection products	56,9	43,1
Beauty shampoos	55,2	44,8

where: positive is "almost always" and "often" and negative is "seldom" and "never".

The conclusion in this section is that for those respondents who had received advice from a pharmacist, well over 80% would heed that advice indicating a high degree of opinion leadership. However in the almost 50:50 situation of the pharmacy assistant, it is difficult to come to any definite conclusion on opinion leadership.

Section (d) Passing on the advice of the pharmacist and pharmacy assistant:

Conclusions in this section are based on the data in Table 7 below (questions 9A and 9B).

TABLE 7: THE EXTENT TO WHICH THE ADVICE OF THE PHARMACIST AND PHARMACY ASSISTANT IS PASSED ON:

Q.9a Supposing you were happy with the advice given to you by the pharmacist, to what extent would you spontaneously pass that advice on to someone else?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH-BRUSH</u>		<u>DEODORANT</u>		<u>SUN PROTECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	53	21,1	11	4,4	7	2,8	31	12,4	13	5,2
Often	40	15,9	8	3,2	7	2,8	21	8,4	5	2,0
Seldom	17	6,8	4	1,6	3	1,2	5	2,0	4	1,6
Never	15	6,0	3	1,2	4	1,6	8	3,2	5	2,0
Have never had advice from the pharmacist	126	50,2	225	89,6	230	91,6	186	74,1	224	89,2

Q.9b Supposing you were happy with the advice given to you by the pharmacy assistant, to what extent would you spontaneously pass that advice on to someone else?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH-BRUSH</u>		<u>DEODORANT</u>		<u>SUN PROTECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	20	8,0	15	6,0	14	5,6	16	6,4	17	6,8
Often	28	11,2	11	4,4	14	5,6	25	10,0	22	8,8
Seldom	17	6,8	10	4,0	10	4,0	9	3,6	13	5,2
Never	22	8,8	16	6,4	20	8,0	22	8,8	15	6,0
Have never had advice from the pharmacy assistant	164	65,3	199	79,3	193	76,9	179	71,3	184	73,3

The value of advice from opinion leaders can be measured by the extent to which that advice is passed spontaneously from one consumer to another. This was the crux of questions 9A and 9B. The following observations were made:

- (i) The results were very similar to those of the previous section in that in over 80% of those receiving advice, the advice from the pharmacist was likely to be passed on while, on average, in 50% of the cases, the advice of the pharmacy assistant was likely to be passed on.
- (ii) Generally, the consumer (respondent) was less likely to pass on advice than to heed the advice herself, but this was a marginal difference.

The pharmacist again qualified as an opinion leader on this basis while it was again difficult to categorically judge the position of the pharmacy assistant as opinion leader.

Section (e) The profile of the pharmacist and pharmacy assistant:

Conclusions in this section are based on the data in Table 8 below (Questions 16a & b). In this semantic differential section, the respondents were asked to rate the pharmacist and pharmacy assistant according to several criteria/descriptions. The results are also illustrated below in Figures 5.1 and 5.2.

TABLE 8 THE PROFILE OF THE PHARMACIST AND PHARMACY ASSISTANT:

PROFILE OF THE PHARMACIST

Q.16a In dealings with pharmacists how do you rate them in terms of their influence over you and your purchases of health and beauty aids?

Influential	56	56	43	26	13	19	38	No influence
Knowledgeable in health matters	127	69	35	15	3	1	1	Not knowledgeable in health matters
Professionally up-to-date	136	67	31	12	2	3	0	Professionally behind times
Efficient	141	71	21	15	2	0	1	Inefficient
Well informed in general matters	107	70	35	35	1	1	2	Badly informed in general matters
Knowledgeable in beauty matters	22	50	47	86	11	19	16	Not knowledgeable in beauty matters

PROFILE OF THE PHARMACY ASSISTANT

Q.16b In dealings with pharmacy assistants how do you rate them in terms of their influence over you and your purchases of health and beauty aids/

Influential	27	40	40	51	23	23	47	No influence
Knowledgeable in health matters	30	28	62	56	26	22	27	Not knowledgeable in health matters
Professionally up-to-date	44	56	55	65	16	8	7	Professionally behind times
Efficient	91	69	48	29	10	2	2	Inefficient
Well informed in general matters	46	65	51	65	10	7	7	Badly informed in general matters
Knowledgeable in beauty matters	47	72	53	56	8	8	7	Not knowledgeable in beauty matters

FIGURE 5.1 THE PROFILE OF THE PHARMACIST:

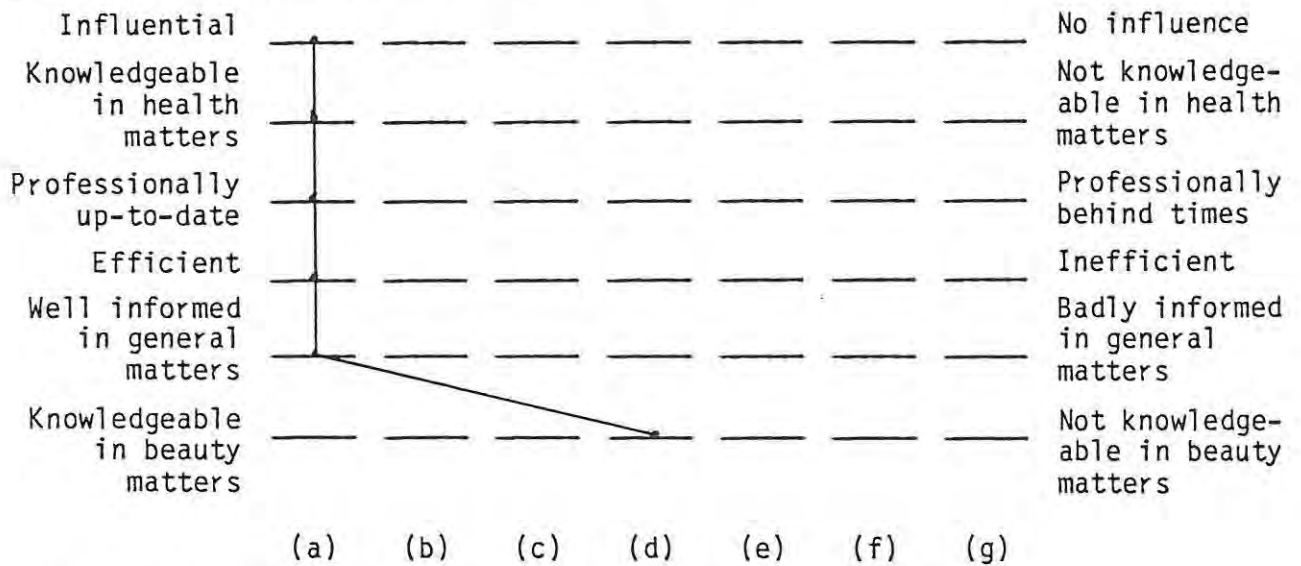
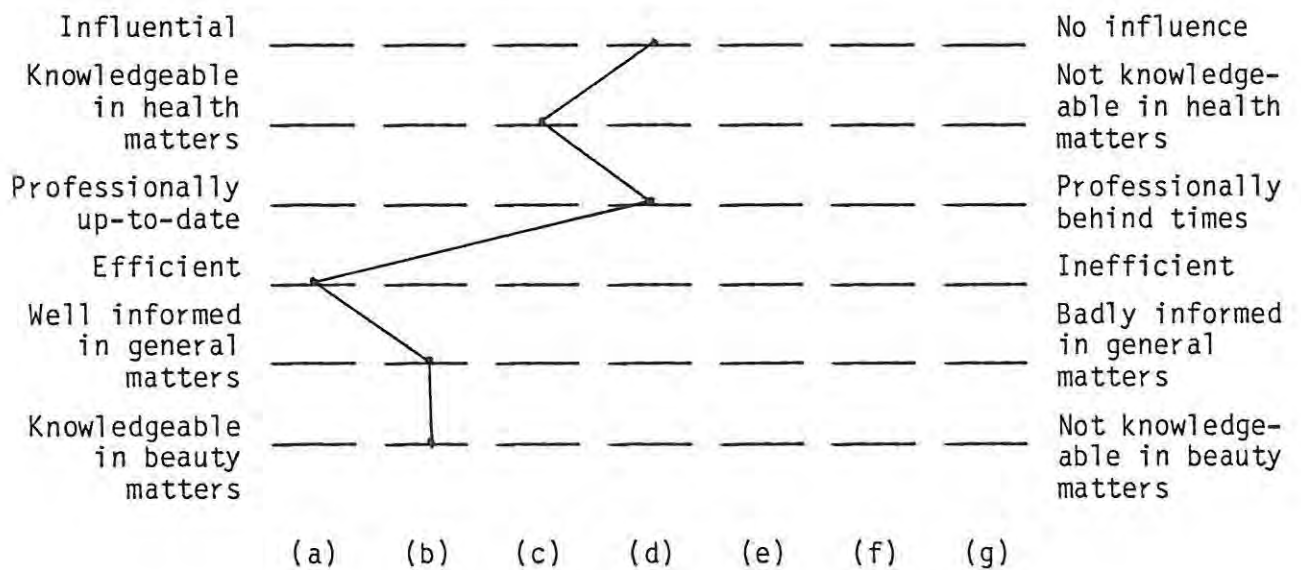


FIGURE 5.2 THE PROFILE OF THE PHARMACY ASSISTANT:



In Figures 5.1 and 5.2:

- (a) represents "extremely efficient"
- (b) represents "very efficient"
- (c) represents "efficient"
- (d) represents the point of indifference between the two extremes
- (e) represents "inefficient"
- (f) represents "very inefficient"
- (g) represents "extremely inefficient"

From Figures 5.1 and 5.2 and Table 8, the following observations were made:

- (i) There was an extraordinarily high rating for the pharmacist where the "extremely" positive description achieved the highest score by a wide margin in almost every category. The exception was the "knowledge in beauty matters" category, which while was positive in total, had the highest number of responses in the "indifference" description category.
- (ii) The pharmacy assistant also received an extremely positive rating, although not to the extent of the pharmacist. Of significance was the high rating for the efficiency and knowledge of beauty and general matters categories which achieved the highest scores in the "extremely" or "very" description categories.

Both the pharmacist and pharmacy assistant qualify as opinion leaders based on the evidence in this section by virtue of the above evidence.

Section (f) The image of the pharmacist and pharmacy assistant:

The conclusions in this section are based on the data in Table 9 below (Question 17)

TABLE 9

LIKERT SCALING : THE IMAGE OF THE PHARMACIST AND PHARMACY ASSISTANT AS ADVISOR OR STOREKEEPER/COUNTER ASSISTANT

Q.17 I am going to read some statements to you. Please indicate how much you agree with the statements.

	<u>STRONGLY DISAGREE</u>		<u>DISAGREE</u>		<u>NEITHER AGREE NOR DISAGREE</u>		<u>AGREE</u>		<u>STRONGLY AGREE</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
The pharmacist gives sound advice that can be relied upon	7	2,8	3	1,2	17	6,8	132	52,6	92	36,6
The pharmacist is no more than a storekeeper	132	52,6	99	39,4	7	2,8	12	4,8	1	0,4
The pharmacy assistant gives sound advice that can be relied upon	8	3,2	31	12,4	98	39,0	94	37,5	20	7,9
The pharmacy assistant is no more than a counter assistant	22	8,8	99	39,4	41	16,3	80	31,9	9	3,6

From this table, the following observations were made:

- (i) The pharmacist clearly has a sound credibility with the respondents with only 4% doubting the soundness of his advice. There was a strong objection to the notion that the pharmacist was "no more than a storekeeper" with 52,6% "strongly disagreeing" and 39,4% "disagreeing" making a total of 92%.
- (ii) The pharmacy assistant did not rate as highly as the pharmacist but in total achieved a high rating on sound advice with a total of 45,4% positive and 39,0% indifferent leaving only 15,6% of the respondents doubting the advice of the pharmacy assistants. The respondents also objected by a total of 48,2% that the pharmacy assistant was "no more than a counter assistant". However, the number that agreed plus those that strongly agreed with this was much closer at 35,5%.

	<u>HEADACHE REMEDIES</u>		<u>TOOTHBRUSH</u>		<u>DEODORANT</u>		<u>SUN PROTECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>		<u>TOTAL</u>	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Other (Specify)												
No-one	9	3,6	52	20,7	127	50,6	54	21,5	83	33,1	325	26,0
Would Never Buy	2	0,8	2	0,8	1	0,4	10	4,0	1	0,4	16	1,3
Advertising	-	-	2	0,8	1	0,4	2	0,8	2	0,8	7	0,6
Other Beauty Consultants	-	-	-	-	8	3,2	7	2,8	4	1,6	19	1,5

From the responses shown in Table 10, the following observations were made:

- (i) In terms of total responses, the pharmacist achieved the highest scores (24,5%) with particular significance in the headache remedy (49,4%) and sun protection (37,1%) categories. In the latter case, it is especially significant to note that the pharmacist was rated ahead of the dermatologist for advice on sun protection products. This is probably attributable to the overall availability and accessibility of the pharmacist versus the other options. This is an important characteristic of opinion leadership which was discussed in Chapter 3.
- (ii) The pharmacy assistant did not fare too well in this rating overall with only 5,8% of the total responses. However this is because of the respondents having the choice of more qualified options such as doctors, pharmacists and dermatologists.

The position of the pharmacist in this section is clearly one of opinion leader and while the pharmacy assistant achieved support for the sun protection, deodorant and beauty shampoo categories, they did not enjoy general appeal.

The data concerning the major hypothesis is thus analysed and presented and the conclusions appear in section 5.5, towards the end of this chapter.

5.4.3 The secondary hypothesis:

It is now possible to analyse the data in terms of the secondary hypotheses which are restated here for easy reference:

1. PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE UNRELATED TO TIME FACTORS, THAT IS, PHARMACY IS NOT CHOSEN AS A PURCHASE POINT AS A TIME SAVING MEASURE.
2. PURCHASES OF HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY ARE UNRELATED TO ECONOMIC FACTORS, THAT IS, A PHARMACY IS NOT CHOSEN AS A PURCHASE POINT IN ORDER TO SAVE MONEY.
3. THE WHITE FEMALE CONSUMER IN THE JOHANNESBURG METROPOLITAN AREA IS MORE LIKELY TO CONSULT A PHARMACIST OR A PHARMACY ASSISTANT ABOUT THE PURCHASE OF PRODUCTS THAT ARE PROFESSIONAL OR ETHICAL IN NATURE AS OPPOSED TO THOSE WHICH ARE OF A DAILY HYGIENE NATURE.

5.4.3.1 The importance of the reasons for purchasing health and beauty aid products in a pharmacy:

The conclusions in this section are based on the data in Tables 11 and 12 below (Questions 3 & 5). The respondents were asked to state their reasons in order of importance for purchasing the health and beauty aid products in a pharmacy.

TABLE 11 THE IMPORTANCE OF THE REASONS FOR PURCHASING HEALTH AND BEAUTY AID PRODUCTS IN A PHARMACY

Q.3 RESULTS ARE EXPRESSED IN TOTAL MENTIONS:

	HEADACHE REMEDIES		TOOTH- BRUSH		DEODORANT		SUN PRO- TECTION PRODUCTS		BEAUTY SHAMPOOS		GRAND TOTAL	
	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%
Recommendation of a friend/family	2	0,8	3	1,2	3	1,2	3	1,2	4	1,6	15	0,8
Availability of professional advice	64	25,5	15	6,0	10	4,0	30	12,2	18	7,2	137	7,8
Low cost	8	3,2	5	2,0	6	2,4	4	1,6	6	2,4	29	1,6
Convenient location	83	33,1	50	19,9	47	18,7	54	21,5	46	18,3	280	15,9
One-stop shopping	22	8,8	25	10,0	21	8,4	18	7,2	16	6,4	102	5,8
Advertising by pharmacy	2	0,8	2	0,8	5	2,0	5	2,0	4	1,6	18	1,0
Professional products should be bought from professional outlets	56	22,3	10	4,0	3	1,2	23	9,2	10	4,0	102	5,8
Availability of credit	26	10,4	18	7,2	20	8,0	17	6,8	18	7,2	99	5,6
Delivery facilities	31	12,4	18	7,2	16	6,4	17	6,8	13	5,2	95	5,4
Don't know/Can't remember	8	3,2	12	4,8	11	4,4	9	3,6	9	3,6	49	2,8
Have never purchased in a pharmacy	-	-	151	45,5	160	49,2	141	40,2	171	52,6	696	39,6
Other (Please specify)												
Only available at pharmacy	4	1,6	-	-	2	0,8	4	1,6	-	-	10	0,6
All Other	50	19,9	23	9,2	21	8,4	23	9,2	10	4,0	127	7,2

TABLE 12

RANKING QUESTION - IMPORTANCE OF OTHER OUTLETS AS A PURCHASE POINT:

RESULTS ARE EXPRESSED IN TOTAL MENTIONS:

	HEADACHE REMEDIES		TOOTH- BRUSH		DEODORANT		SUN PRO- TECTION PRODUCTS		BEAUTY SHAMPOOS		GRAND TOTAL	
	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%	<u>No.</u>	%
Recommendation of a friend/family	2	0,8	3	1,2	3	1,2	3	1,2	4	1,6	15	0,8
Availability of professional advice	64	25,5	15	6,0	10	4,0	30	12,2	18	7,2	137	7,8
Low cost	8	3,2	5	2,0	6	2,4	4	1,6	6	2,4	29	1,6
Convenient location	83	33,1	50	19,9	47	18,7	54	21,5	46	18,3	280	15,9
One-stop shopping	22	8,8	25	10,0	21	8,4	18	7,2	16	6,4	102	5,8
Advertising by pharmacy	2	0,8	2	0,8	5	2,0	5	2,0	4	1,6	18	1,0
Professional products should be bought from professional outlets	56	22,3	10	4,0	3	1,2	23	9,2	10	4,0	102	5,8
Availability of credit	26	10,4	18	7,2	20	8,0	17	6,8	18	7,2	99	5,6
Delivery facilities	31	12,4	18	7,2	16	6,4	17	6,8	13	5,2	95	5,4
Don't know/Can't remember	8	3,2	12	4,8	11	4,4	9	3,6	9	3,6	49	2,8
Have never purchased in a pharmacy	-	-	151	45,5	160	49,2	141	40,2	171	52,6	696	39,6
Other (Please specify)												
Only available at pharmacy	4	1,6	-	-	2	0,8	4	1,6	-	-	10	0,6
All Other	50	19,9	23	9,2	21	8,4	23	9,2	10	4,0	127	7,2

From the data in Tables 11 and 12, the following observations were made:

- (i) The main reason for purchasing health and beauty aid products in a pharmacy was the "convenient location" with a share of total responses of 15,9%. This, when added to the "one stop shopping" share of 5,8% gave the convenience factor a total share of 21,7%. The "availability of professional advice" and "professional products should be bought from professional outlets" achieved a total share of 13,5%.
- (ii) "Low cost" was not a popular reason for shopping in a pharmacy with only a total share of 1,6%. This was confirmed in Table 4 where the main reason for switching outlets was for one of "cheaper prices". This, significantly, was ahead of "one stop shopping".

The conclusions that can be drawn from this section are that contrary to the first secondary hypothesis, the respondents appeared to use the pharmacy to purchase their health and beauty aid products because of the convenient location and one stop shopping. At the same time, it was confirmed that the pharmacy was not used as a purchase point to save money. This confirmed the second secondary hypothesis.

5.4.3.2 Professional and ethical products:

In the third secondary hypothesis, it was stated that the respondent was more likely to ask the advice of the pharmacist or pharmacy assistant, where that purchase was of a professional and ethical nature. In order to test this secondary hypothesis, an analysis was made of the data in Table 5 (Questions 6a(i) and 6b(i)) which appeared previously in Section 5.4.2.3 (subsection (a)).

The following observations were made:

- (i) There was a definite tendency for the respondents to seek advice from the pharmacist on a larger scale for headache remedies (47,8%) and sun protection products (22,3%) than the other products such as toothbrushes (5,6%), deodorants (4,4%) and beauty shampoos (16,8%).
- (ii) The same trend occurred with the pharmacy assistant although the difference between the product groups was smaller as illustrated below:

Headache remedies	22,3%
Sun protection products	17,9%
Beauty shampoos	13,5%
Deodorants	11,2%
Toothbrushes	10,0%

It can be concluded therefore that, based on the evidence in this section, the third secondary hypothesis has been proved.

5.4.4 Additional evidence:

As an aid to drawing the final conclusions the following sections were based on various tables.

Section (a) The profile of the pharmacy:

This section is based on table 13 below (Question 15). In this section the image and profile of the pharmacy in the eyes of the respondents was determined by the use of semantic differential. The following observations were made:

TABLE 13

SEMANTIC DIFFERENTIAL SECTION : PROFILE OF THE PHARMACY

Q.15 How do you perceive conditions in a pharmacy?

Friendly/courteous	147	63	25	11	3	1	1	Unfriendly/discourteous
Competitively priced	20	24	26	41	44	47	49	Expensive products
Personal attention	125	58	25	26	5	7	5	Self service
Accessible	116	67	32	20	6	6	4	Inaccessible
Specialist	96	67	36	36	5	5	6	General dealer

(i) In general the pharmacy has an extremely attractive image with the exception of pricing where the respondents perceived the pharmacy to sell "expensive products". Of greatest significance was that 50% of respondents rated the pharmacy as offering "extremely personal attention" while a further 33% rated the pharmacy either "very personal" or "personal". This is significant in the overall assessment of opinion leadership in pharmacy because of the personal attention and availability of information which would encourage consumers to seek information in the pharmacy to reduce perceived risk about purchases of health and beauty aid products.

(ii) The respondents saw pharmacy as a "specialist outlet" and not a "general dealer outlet" by a significant margin. This too contributes to the overall image of pharmacy containing expertise that does not exist in other outlets. The accessibility of the pharmacy also rated very highly, this being another important characteristic of opinion leadership.

Section (b) Information booths in supermarkets:

The conclusions in this section are based on the data in Table 14 below (Question 12)

TABLE 14INFORMATION BOOTHS IN SUPERMARKETS

- Q.12 Do you see the need for a manned information booth in the supermarket to provide information regarding products in the health and beauty aid category (i.e. similar to the products we have listed above?)

	No.	%
<u>YES</u>	113	45,0
<u>NO</u>	99	39,4
<u>INDIFFERENT</u>	39	15,5

The following observation was made:

Although more respondents (45,0%) agreed that an information booth for information on health and beauty aid products in supermarkets was a good idea, the margin was not large. This appears to indicate that shoppers in supermarkets have probably decided on their purchases and there was not a high level of interest in having information available.

It could be concluded that the respondents are likely to look elsewhere for advice when necessary.

Section (c) The training of demonstrator ladies in supermarkets:

The conclusions in this section are based on the data in Table 15 below (Question 13)

TABLE 15

THE TRAINING OF DEMONSTRATOR LADIES IN SUPERMARKETS

Q.13 You have probably already seen the ladies in supermarkets who act as demonstrators for various companies' brands, and who hand out samples and coupons. Do you believe that if these ladies were trained correctly, you would ask their advice regarding the purchase of the following products?

	<u>YES</u>		<u>NO</u>		<u>INDIFFERENT</u>	
	No.	%	No.	%	No.	%
Headache Remedies	124	49,4	99	39,4	28	11,2
Toothbrush	137	54,6	86	34,3	28	11,2
Deodorant	139	55,4	78	31,1	34	13,5
Beauty Shampoo	149	59,4	71	28,3	31	12,4
Sun Protection Products	136	54,2	81	32,3	34	13,5

The following observation was made:

(i) The results were similar to the previous section but there was a variance in the responses to the different product groups. The respondents felt that the demonstrator ladies could perform a useful advisory role as follows:

Beauty shampoos	59,4%
Deodorants	55,4%
Toothbrushes	54,6%
Sun protection products	54,2%
Headache remedies	49,4%

This tends to confirm the conclusion that the more ethical the product, the more likely the respondent would be to seek more professional or qualified advice elsewhere.

Section (d) Where new brands are purchased:

The conclusions in this section are based on the data in Table 16 below (Question 14). In this section the respondents were asked to nominate the outlet they would choose if it were necessary to choose a new brand of the health and beauty aid products.

TABLE 16

WHERE NEW BRANDS OF HEALTH AND BEAUTY AID PRODUCTS ARE PURCHASED

Q.14 Suppose you develop a problem with your regular brand of the following products. Where are you more likely to go to purchase a new brand?

	<u>PHARMACY</u>		<u>SUPERMARKET CAFE, GENERAL DEALERS</u>		<u>INDIFFERENT</u>	
	No.	%	No.	%	No.	%
Headache Remedies	164	65,3	64	25,5	23	9,2
Toothbrush	79	31,5	146	58,2	26	10,4
Deodorant	72	28,7	147	58,6	32	12,7
Beauty Shampoo	74	29,5	141	56,2	36	14,3
Sun Protection Products	107	42,6	99	39,4	45	17,9

The following observation was made:

- (i) Here again the ethical/professional products achieved the highest scores in pharmacy with headache remedies 65,3% and sun protection products 42,6%. The other product groups all achieved their highest scores in supermarkets: Toothbrushes 58,2%, Deodorants 58,6% and Beauty shampoos 56,2%.

CHAPTER 5REFERENCES

1. Nielson A.C.
BI-MONTHLY TOILETRIES INDEX
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CHAPTER 6THE CONCLUSIONS AND IMPLICATIONS OF THE RESEARCH PROGRAMME6.1 THE FINAL CONCLUSIONS:

Having analysed and discussed the results of the research, possible to make the final conclusions.

6.1.1 The major hypothesis:6.1.1.1 The pharmacist:

The empirical evidence suggests an overwhelmingly positive perception of the pharmacist as an opinion leader by the respondents. This is particularly significant in the recommendation of professional and ethical products. The pharmacist qualifies as an opinion leader based on the empirical evidence discussed in detail in the previous sections. This is according to the following characteristics:

- (1) He is accustomed to being asked advice about health and beauty aid products.
- (2) He is perceived to be well qualified.
- (3) His advice is heeded by the majority of respondents.
- (4) He willingly gives advice.
- (5) The respondent is likely to pass on his advice to other consumers.
- (6) The pharmacist is perceived to be extremely knowledgeable, efficient, professionally up-to-date and influential.
- (7) The pharmacist is rated as the ideal person from whom to ask advice for the purchase of health and beauty aid products.
- (8) The pharmacist is perceived to be accessible to the general public.

It is concluded therefore, that the pharmacist qualifies as an opinion leader with the only reservation being the extent of his influence that is the extent of opinion leadership overlap over the health and beauty aid products is limited.

6.1.1.2 The pharmacy assistant:

The position of the pharmacy assistant is not as clear as that of the pharmacist. On the positive side, the respondents had the following perceptions:

- (1) A reasonably high proportion of respondents (22,3%) sought advice from the pharmacy assistant for the purchase of headache remedies.
- (2) The pharmacy assistant rated relatively higher than the pharmacist on product groups such as toothbrushes and deodorants.
- (3) The pharmacy assistant is extremely accessible.
- (4) The pharmacy assistant willingly gives advice.
- (5) The pharmacy assistant is perceived to be knowledgeable, efficient, well informed and professionally up-to-date.
- (6) The respondent's perception was that the pharmacy assistant's advice was generally sound.
- (7) The pharmacy assistant spontaneously offers advice on health and beauty aid product purchases.

However, the following perceptions by the respondents require further comment before concluding whether the pharmacy assistant qualifies as an opinion leader:

- (1) The respondents were split in their heeding and passing on of the pharmacy assistant's advice.
- (2) The pharmacy assistant did not achieve a high score as the ideal person from whom the respondents would seek advice.

In the case of the latter point, it must be conceded that the respondents would be more likely to consult a more qualified person such as the pharmacist or a doctor, given that the ideal situation exists, where these persons were easily accessible. The fact that these professions were chosen ahead of the pharmacy assistant does not rule them out as opinion leaders.

In the case of (1) above the pharmacy assistant did not rate as well as the pharmacist but in absolute terms the respondents who received advice from a pharmacy assistant would heed the advice or pass it on, in 50% of occasions. Based on this and the evidence in the previous sections, it is concluded that the empirical evidence weighs in favour of the pharmacy assistant being regarded as an opinion leader. The fact that the pharmacy assistant is very accessible and available to the general public contributes significantly to this conclusion. In addition, the overall positive perception of the pharmacy by the respondents must further contribute to this conclusion as the pharmacy assistant has a vital role to play in the setting of the tone and thus the resultant image of the pharmacy in the eyes of the consumer.

It is submitted therefore, that the major hypothesis has been proved.

6.1.2 The secondary hypotheses:

The conclusions regarding the secondary hypotheses were drawn in the discussion of the results and are summarised below:

1. It was disproved in Section 5.4.3.1 that purchases of health and beauty aid products in a a pharmacy are unrelated to time factors as the pharmacy had been chosen by the majority of respondents because of "convenient location" and "one stop shopping".
2. It was proved in Section 5.4.3.1 that purchases of health and beauty aid products in a pharmacy were unrelated to economic factors as the respondent considered the pharmacy to be expensive in comparison to food stores etc., where they shopped for "cheaper prices".

3. It was proved in Section 5.4.3.2 that the white, female consumer in the Johannesburg Metropolitan Area was more likely to seek advice from the pharmacist or pharmacy assistant about professional or ethical products than those of daily hygiene nature, as it was illustrated that advice for headache remedies and sun protection products was sought more readily than the other product categories.

The overriding conclusion is that the pharmacist and pharmacy assistant are important marketing tools to the firm. This conclusion is underlined by Meyer and Vassilatos who came to a similar conclusion in their study (but from the pharmacist's point of view).

"The retail pharmacist has not yet realized the full extent of, or achieved to full capacity, his professional role. Inadequate communication and some misconceptions on the part of the public seem to be strong contributing factors to full professional potential of the pharmacist not being tapped."¹

In view of this study and the importance of both the pharmacist and pharmacy assistant in the eyes of the consumer, the marketers of health and beauty aid products would be well advised to ensure that their products are well known by the pharmacist and pharmacy assistant.

6.2 IMPLICATIONS OF THE RESEARCH:

The discussion of the implications of the research is divided into:

- (a) The implications to the marketer
- (b) The implications to the pharmacist

(a) The implications to the marketer:

The research poses some interesting implications to the marketing organisation which markets products to the consumer through the pharmacist. These are summarised as follows:

- (i) Most marketing organisations are neglecting an important and potentially powerful force in the dissemination of good product information about their products by not making the pharmacist aware of their brands and keeping the pharmacist up-to-date.
- (ii) An opportunity exists to make greater use of the pharmacy assistant in the dissemination of product information by keeping the pharmacy assistant aware and updated on relevant product information.
- (iii) An opportunity exists to stimulate the opinion leadership position of the pharmacist by using the pharmacist to tacitly endorse products with slogans such as, "Your pharmacist can tell you more about ..." and, "Ask your pharmacist about ...".
- (iv) Based on the evidence in the research, consideration should be given to selling analgesics and sun protection products on a "pharmacy-only" basis even where a wider distribution in food stores is possible. This is to capitalise on the consumer's habit to ask advice from the pharmacist for these two product categories.
- (v) An opportunity exists to position the pharmacy assistant as a beauty and daily hygiene consultant. This is because the consumer both respects the advice of the pharmacy assistant and tends to seek advice on these product categories.

- (vi) Greater use can be made of journals which advertise to pharmacists and pharmacy assistants, to communicate product information.
- (vii) Demonstrator ladies do not represent a significant opportunity to provide the consumer with advice and/or product information.
- (viii) The supermarket remains an important distribution outlet particularly for products where there is little perceived risk in the purchase decision. This applies to products of a daily hygiene nature such as beauty shampoos and toothbrushes.

(b) The implications to the pharmacist:

- (i) If the pharmacist is unsure of his role as "junior doctor" or "storekeeper"², this research confirms the value the consumer places in the pharmacist as opinion leader.
- (ii) The pharmacist needs to capitalise on that strength and encourage the consumer to visit him for advice. This will create additional traffic through the pharmacy.
- (iii) The pharmacist could exploit the perception by the consumer of the value of the advice of the pharmacy assistant. This could be done by ensuring a high calibre of staff which is highly trained and motivated. This will encourage customers to come to the pharmacy for advice from the pharmacy assistants and thereby create more traffic through the pharmacy.
- (iv) The pharmacist needs to dispel the perception that the pharmacy is an expensive place in which to shop.

- (v) The pharmacist could make a feature of his convenience services such as location, credit facilities and deliveries. This needs to be communicated to the consumer in a creative manner.
- (vi) The pharmacist needs to capitalise on his role as health care advisor and his accessibility by continuing spontaneously to provide medical and health care advice to his customers. This is against a trend where the pharmacist is tending to withdraw from the front of the pharmacy into the dispensary. It is vital to the continuing existence of pharmacy that the pharmacist remains accessible to the public.
- (vii) In addition to (vi) above, the pharmacist should encourage the consumer to seek his advice by dealing with questions and enquiries courteously and in a helpful manner. This basic principle is often overlooked currently, as the pharmacist is tending to treat questions as "nuisance value" and time wasting.
- (viii) In terms of the profile of the pharmacy, the pharmacist would be best advised to ensure that a friendly, courteous and personal attention image of his store is retained and exploited. Current media campaigns such as "Your pharmacist can help" and "Your pharmacy is where you can get help" are going a long way to achieving this objective.

6.3 DIRECTION FOR FURTHER RESEARCH:

The fact that pharmacists and pharmacy assistants are perceived as opinion leaders in the purchase decision of health and beauty aid products opens up the following directions for further research:

- (a) To establish a correlation between pharmacists who adopt a liberal advisory attitude and service in their pharmacies and the commercial success of that pharmacy.
- (b) To establish the extent to which the consumer will switch from the pharmacy to purchasing in a supermarket after receiving advice from the pharmacist or pharmacy assistant.
- (c) To examine the future role of the pharmacy in the light of increasing medical costs and on the other hand, increasing competition from the supermarkets.
- (d) To determine the extent to which the accessibility of the pharmacist is being affected by the increasing practice to withdraw into the dispensary.

CHAPTER 6REFERENCES

1. Meyer G. and Vassilatos C.
"THE RETAIL PHARMACIST - PROFESSIONAL OR SHOPKEEPER?"
South African Pharmaceutical Journal Vol 50 December 1983.
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2. Ibid

PHARMACIST/PHARMACY ASSISTANT STUDY				IMS 185/5		Q.NO. 1-6								
AGE				LANGUAGE		WORKING	NOT WORKING	MARRIED	SINGLE	WIDOWED/ DIVORCED/ SEPARATED	SOCIO-ECONOMIC			
18-24	25-34	35-49	50+	ENG./OTHER	AFR./BOTH						A	B	C	D
7-1	2	3	4	8-1	2	9-1	2	10-1	2	3	11-1	2	3	4

Good morning/afternoon/evening. My name is _____ and I work for IMSA, an international Market Research Company. We have been commissioned to conduct a survey to assess the degree of influence exerted by the pharmacist and pharmacy assistant on consumer purchases of a group of health care and beauty products. Please may I talk to the person responsible for purchasing toiletries and health care products.

• Goeiemôre/-middag/-raand. My naam is _____ en ek werk vir IMSA, 'n internasionale Marknavorsingsmaatskappy. Ons is gevra om 'n opname te maak om die mate van invloed te skat wat uitgeoefen word deur die apteeker en apteek-assistent op inkopies van verbruikers van 'n groep van gesondheids- en skoonheidsprodukte. Mag ek asseblief met die persoon praat wat verantwoordelik is vir die aankoop van toiletgeriewe en gesondheidsprodukte.

NAME: _____ DATE: _____

ADDRESS: _____ INTERVIEWER: _____ NO.

_____ CHECKED: _____

_____ BACK-CHECKED: _____

_____ W/O: _____

TELEPHONE: (DAY) _____

(NIGHT) _____

Number of adults in household. 12

• Aantal volwassenes in die huishouding.

Number of children in household.
(AGES 18 OR LESS, LIVING AT HOME)

• Aantal kinders in die huishouding. 13

Ages of children in household.

• Ouderdomme van kinders in die huishouding.

2 years and younger • 2 jaar en jonger	14-1
3 - 5	2
6 - 9	3
10 - 12	4
13 - 15	5
16 - 18	6

Occupation of head of household. _____ 15-16

• Beroep van die hoof van die huishouding.

SHOW CARD A

Q.1a In the last 30 days (month) have you used any of the following products?

- Gedurende die afgelope 30 dae (maand) het u enige van die volgende produkte gebruik?

	YES ● JA	NO ● NEE
Headache tablets, capsules and powders ● Hoofpyn tablette, kapsules en poeiers	17-Y	X
Toothbrush ● Tandeborsel	1	2
Deodorant - either aerosol, roll-on or stick ● Deodorant - of aerosol, aanrol of stiffie	4	5
Beauty shampoo such as Flex, Milk Plus 6, Silkience, etc. ● Skoonheidsjampoe soos Flex, Milk Plus 6, Silkience, ens.	7	8

Q.1b During the last year have you used a sun protection product?

- Het u gedurende die afgelope jaar 'n sonbeskermiddel gebruik?

YES ● JA	20-1
NO ● NEE	2

IF 5 "NO'S" ARE RECORDED, TERMINATE INTERVIEW.

IF ANY ONE "YES" IS RECORDED PLEASE PROCEED TO Q.2

SHOW CARD A

Q.2 Please indicate where you usually purchase each of the following products.

- Dui asseblief aan waar u gewoonlik elk van die volgende produkte aankoop.

	PHARMACY ● APTEEK	SUPERMARKET, CAFE, GENERAL DEALER, OTHER ● SUPERMARK, KAFEE, ALGEMENE HANDELAAR, ANDER	DON'T KNOW/ CAN'T REMEMBER ● WEET NIE/ KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED ● HET NOG NOOIT AAN- GEKOOP NIE
Headache remedies ● Hoofpynmiddels	21-Y	X	0	1
Toothbrush ● Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Beauty Shampoo ● Skoonheidsjampoe	22-Y	X	0	1
Sun Protection Products ● Sonbeskermmiddels	2	3	4	5

SHOW CARD A

Q.3a If you usually or have ever purchased the following products in a pharmacy, what is the main reason why you have purchased in a pharmacy?

- As u gewoonlik of ooit die volgende produkte by 'n apteek gekoop het, vir watter hoofrede het u ooit by 'n apteek gekoop?

Q.3b What is the second most important reason?

- Wat was die tweede belangrikste rede?

Q.3c What is the third most important reason?

- Wat was die derde belangrikste rede?

Q.3d Any other reasons?

- Enige ander rede?

PLEASE MARK THE APPROPRIATE BLOCK FOR THE MOST IMPORTANT REASON WITH A "1", AND A "2" FOR THE SECOND MOST IMPORTANT REASON, ETC.

PLEASE ENCOURAGE THE RESPONDENTS TO GIVE ALL REASONS. IF NECESSARY, PROBE.

(PLEASE CONTINUE ON NEXT PAGE)

Q.3 (CONTINUED)

	HEADACHE REMEDIES ● HOOPFYN- MIDDELS (23-32)	TOOTHBRUSH ● TANDEBORSEL (33-42)	DEODORANT (43-52)	SUN PROTECTION PRODUCTS ● SONBESKERMINGS- PRODUKTE (53-62)	BEAUTY SHAMPOOS ● SKOONHEIDS- SJAMPOES (63-72)
Recommendation of a friend/family ● Aanbeveel deur vriend/vriendin/familie					
Availability of professional advice ● Besikbaarheid van professionele advies					
Low cost ● Lae koste					
Convenient location ● Gerieflike ligging					
One-stop shopping ● Eenstop-inkopies					
Advertising by pharmacy ● Advertering deur apteek					
Professional products should be bought from professional outlets ● Professionele produkte behoort aan- gekoop te word van professionele afsetpunte (winkels)					
Availability of credit ● Besikbaarheid van krediet					
Delivery facilities ● Afleweringfasiliteite					
Don't know/Can't remember ● Weet nie/kan nie onthou nie	Y	Y	Y	Y	Y
Have never purchased in a pharmacy ● Het nog nooit van 'n apteek gekoop nie	X	X	X	X	X
Other (Please specify) ● Ander (Spesifiseer asseblief)					

SHOW CARD A

Q.4 Have you out of choice ever purchased the following products at an outlet other than a pharmacy?
● Het u uit eie keuse ooit die volgende produkte by 'n ander afsetpunt (winkel) as 'n apteek gekoop?

	YES ● JA	NO ● NEE	DON'T REMEMBER ● KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED ● HET NOG NOOIT AANGEKOOP NIE
Headache remedies ● Hoofpynmiddels	12-Y	X	0	1
Toothbrush ● Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Sun Protection Products ● Sonbeskermingsprodukte	13-Y	X	0	1
Beauty Shampoo ● Skoonheidsjampoe	2	3	4	5

▽
IF YES,
GO TO
Q.5

▽
IF NO TO
ALL PRODUCTS,
GO TO Q.6

SHOW CARD A

- Q.5a If you answered "Yes" to any of the products in Q.4, what was the main reason why you purchased these products outside of the pharmacy?
 ● As u "Ja" tot enige van die produkte in V.4 geantwoord het, wat was die hoofrede waarom u die produkte buite die apteek gekoop het?
- Q.5b What was the second most important reason?
 ● Wat was die tweede belangrikste rede?
- Q.5c What was the third most important reason?
 ● Wat was die derde belangrikste rede?
- Q.5d Any other reasons?
 ● Enige ander redes?

PLEASE ENCOURAGE THE RESPONDENTS TO GIVE ALL REASONS AND IF NECESSARY PROBE.

	HEADACHE REMEDIES ● HOOPPYN- MIDDELS	TOOTHRUSH ● TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS ● SONBESKERMINGS- PRODUKTE	BEAUTY SHAMPOOS ● SKOONHEIDS- SJAMPOES
(1) Cheaper prices ● Goedkoper pryse					
(2) One-Stop Shopping ● Eenstop-inkopies					
(3) Better displays ● Beter uitstalling					
(4) Convenient location ● Gerieflike ligging					
(5) Wider range of products ● Groter verskeidenheid produkte					
(6) Advertising ● Adverteer					
(7) Did not need advice anymore ● Het nie meer advies nodig nie					
(8) Availability of credit ● Besikbaarheid van krediet					
Other (Please specify) ● Ander (Spesifiseer asseblief)					

OFFICE

1st	14-18				
2nd	19-23				
3rd	24-28				
Rest	29-33				

SHOW CARD A**PLEASE READ THE FOLLOWING OUT.**

For your information to assist you in the next questions, the following explanation is given: The person who makes up your prescription in the pharmacy and who is normally found in the dispensary is the pharmacist. The sales assistant behind the counter is the pharmacy assistant.

- Vir u inligting, om u te help met die volgende vrae, word die volgende verduideliking verskaf. Die persoon wat u voorskrif in die apteek berei, en wie gewoonlik in die apteek gevind word, is die apteker. Die verkoopsassistent agter die toonbank is die aptekers-assistent.

Q.6a(i) Supposing you needed advice regarding the purchase of any of the following products: Have you ever sought the advice or recommendation of a pharmacist for that purchase?

- Veronderstel dat u advies nodig gehad het met betrekking tot die aankoop van enige van die volgende produkte. Het u ooit die advies of aanbeveling van die apteker in u keuse van daardie aankope gevra?

	YES • JA	NO • NEE	CAN'T REMEMBER • KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED IN A PHARMACY • HET NOG NOOIT VAN 'N APTEEK GEKOOP NIE
Headache remedies • Hoofpynmiddels	34-Y	X	0	1
Toothbrush • Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Beauty Shampoo • Skoonheidsjampoe	35-Y	X	0	1
Sun Protection Products • Sonbeskermingsprodukte	2	3	4	5

▽
IF YES,
GO TO
Q.6a(ii)

▽
IF NO TO
ALL PRODUCTS,
GO TO Q.6b

SHOW CARD B

Q.6a(ii) If "Yes", how willingly was the answer given?

- Indien "Ja", hoe gewillig was die antwoord verskaf?

	HEADACHE REMEDIES • HOOF-PYN-MIDDELS	TOOTHBRUSH • TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS • SONBESKERMINGS-PRODUKTE	BEAUTY SHAMPOOS • SKOONHEIDS-SJAMPOES
Very willing • Baie gewillig	36-Y	37-Y	4	38-Y	4
Willing • Gewillig	X	X	5	X	5
Reluctant • Teensinnig	0	0	6	0	6
Very reluctant • Baie teensinnig	1	1	7	1	7
Can't remember how willing • Kan nie onthou hoe gewillig nie	2	2	8	2	8
Have not had advice from the pharmacist • Het nie advies van die apteker gehad nie	3	3	9	3	9

- Q.6b(i) In the same situation, have you ever sought the advice of the pharmacy assistant?
 • In dieselfde situasie, het u ooit die advies of aanbeveling van 'n apteekassistent gevra?

	YES • JA	NO • NEE	CAN'T REMEMBER • KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED IN A PHARMACY • HET NOG NOOIT VAN 'N APTEEK GEKOOP NIE
Headache remedies • Hoofpynmiddels	39-Y	X	0	1
Toothbrush • Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Beauty Shampoo • Skoonheidsjampoe	40-Y	X	0	1
Sun Protection Products • Sonbeskermingsprodukte	2	3	4	5

IF YES,
GO TO Q.6b(ii)

IF NO TO ALL PRODUCTS,
GO TO Q.7

- Q.6b(ii) If "Yes", how willingly was the advice given?
 • Indien "Ja", hoe gewillig was die antwoord verskaf?

	HEADACHE REMEDIES • HOOPFYN-MIDDELS	TOOTHBRUSH • TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS • SONBESKERMINGS-PRODUKTE	BEAUTY SHAMPOOS • SKOONHEIDS-SJAMPOES
Very willing • Baie gewillig	41-Y	42-Y	4	43-Y	4
Willing • Gewillig	X	X	5	X	5
Reluctant • Teensinnig	0	0	6	0	6
Very reluctant • Baie teensinnig	1	1	7	1	7
Can't remember how willing • Kan nie onthou hoe gewillig nie	2	2	8	2	8
Have not had advice from the pharmacy assistant • Het nie advies van die apteek-assistent gehad nie	3	3	9	3	9

SHOW CARD A

- Q.7a When you have been browsing or trying to decide which brand to buy, has it been the habit of the pharmacist to offer advice for the purchase of the following products without your prompting or asking?
 • Terwyl u inkopies doen, en tot 'n besluit moet kom oor watter handelsmerk om te koop, is dit die gewoonte van die apteaker om hulp aan te bied met die aankoop van die volgende produkte sonder u aansporing of versoek?

	YES • JA	NO • NEE	CAN'T REMEMBER • KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED IN A PHARMACY • HET NOG NOOIT VAN 'N APTEEK GEKOOP NIE
Headache remedies • Hoofpynmiddels	44-Y	X	0	1
Toothbrush • Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Beauty Shampoo • Skoonheidsjampoe	45-Y	X	0	1
Sun Protection Products • Sonbeskermingsprodukte	2	3	4	5

- Q.7b In the same situation, is it the habit of the pharmacy assistant to offer advice for the purchase of the following products without your prompting or asking?
- In dieselfde situasie is dit die gewoonte van die apteek-assistent om raad aan te bied met die aankoop van die volgende produkte sonder u aansporing of versoek?

	YES • JA	NO • NEE	CAN'T REMEMBER • KAN NIE ONTHOU NIE	HAVE NEVER PURCHASED IN A PHARMACY • HET NOG NOOIT VAN 'N APTEEK GEKOOP NIE
Headache remedies • Hoofpynmiddels	46-Y	X	0	1
Toothbrush • Tandeborsel	2	3	4	5
Deodorant	6	7	8	9
Beauty Shampoo • Skoonheidsjampoe	47-Y	X	0	1
Sun Protection Products • Sonbeskermingsprodukte	2	3	4	5

SHOW CARDS A AND C

- Q.8a To what extent do you heed the advice of the pharmacist?
- Tot watter mate gee u ag op die raadgewing van die apteeker?

	HEADACHE REMEDIES • HOOPYNN-MIDDELS	TOOTHBRUSH • TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS • SONBESKERMINGS-PRODUKTE	BEAUTY SHAMPOOS • SKOONHEIDS-SJAMPOES
Almost always • Ontrent altyd	48-Y	49-Y	50-Y	51-Y	52-Y
Often • Gereeld	X	X	X	X	X
Seldom • Selde	0	0	0	0	0
Never • Nooit	1	1	1	1	1
Have not had advice from the pharmacist • Het nie advies van die apteeker gehad nie	2	2	2	2	2

- Q.8b To what extent do you heed the advice of the pharmacy assistant?
- Tot watter mate het u die advies van die apteek-assistent nodig?

	HEADACHE REMEDIES • HOOPYNN-MIDDELS	TOOTHBRUSH • TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS • SONBESKERMINGS-PRODUKTE	BEAUTY SHAMPOOS • SKOONHEIDS-SJAMPOES
Almost always • Ontrent altyd	3	3	3	3	3
Often • Gereeld	4	4	4	4	4
Seldom • Selde	5	5	5	5	5
Never • Nooit	6	6	6	6	6
Have not had advice from the pharmacy assistant • Het nie advies van die apteek-assistent gehad nie	7	7	7	7	7

SHOW CARDS A AND C

Q.9a Supposing you were happy with the advice given to you by the pharmacist, to what extent would you spontaneously pass that advice on to someone else?

- Veronderstel u was tevrede met die raad deur die apteker aan u verskaf, tot watter mate sou u hierdie raad spontaan aan iemand anders oordra?

WE ARE TRYING TO ESTABLISH WHETHER THE CONSUMER WILL HAVE ENOUGH CONFIDENCE IN THE PHARMACIST'S ADVICE TO SPONTANEOUSLY PASS THIS ONTO SOMEONE ELSE WHO MAY HAVE THE SAME PROBLEM.

	HEADACHE REMEDIES ● HOOPFYN- MIDDELS	TOOTHBRUSH ● TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS ● SONBESKERMINGS- PRODUKTE	BEAUTY SHAMPOOS ● SKOONHEIDS- SJAMPOES
Almost always ● Omrent altyd	53-Y	54-Y	55-Y	56-Y	57-Y
Often ● Gereeld	X	X	X	X	X
Seldom ● Selde	0	0	0	0	0
Never ● Nooit	1	1	1	1	1
Have never had advice from the pharmacist ● Het nog nooit advies van die apteker gehad nie	2	2	2	2	2

Q.9b Supposing you were happy with the advice given to you by the pharmacy assistant, to what extent would you spontaneously pass that advice on to someone else?

- Veronderstel u was tevrede met die raad deur die apteek-assistent aan u verskaf, tot watter mate sou u hierdie raad spontaan aan iemand anders oordra?

	HEADACHE REMEDIES ● HOOPFYN- MIDDELS	TOOTHBRUSH ● TANDEBORSEL	DEODORANT	SUN PROTECTION PRODUCTS ● SONBESKERMINGS- PRODUKTE	BEAUTY SHAMPOOS ● SKOONHEIDS- SJAMPOES
Almost always ● Omrent altyd	3	3	3	3	3
Often ● Gereeld	4	4	4	4	4
Seldom ● Selde	5	5	5	5	5
Never ● Nooit	6	6	6	6	6
Have never had advice from the pharmacy assistant ● Het nog nooit advies van die apteek- assistent gehad nie	7	7	7	7	7

SHOW CARD A

Q.10 Assume that two new brands of each of the following products are now available on the market. One brand is only available in pharmacies, and the other only in supermarkets. Which of the two brands are you more likely to buy?

- Neem aan dat twee nuwe handelsmerke van elk van die volgende produkte nou op die mark beskikbaar is. Een handelsmerk is slegs in apteke beskikbaar en die ander net in supermarkte. Watter van die twee handelsmerke sal u meer waarskynlik koop?

	PHARMACY ONLY ● SLEGS APTEEK	ONLY CAFES, SUPERMARKETS, GENERAL DEALERS ● SLEGS KAFEES, SUPERMARKTE, ALGEMENE HANDELAARS	INDIFFERENT ● ONPARTYDIG
Headache remedies ● Hoofpynmiddels	58-Y	X	0
Toothbrush ● Tandeborsel	1	2	3
Deodorant	4	5	6
Beauty Shampoo ● Skoonheidsjampoe	59-Y	X	0
Sun Protection Products ● Sonbeskermingsprodukte	1	2	3

SHOW CARD A

Q.11 Who is the ideal person to whom you would turn for advice regarding the purchase of each of the following products?

- Wie is die mees ideale persoon wie se raad u sou vra ingeval u raad nodig het met die aankoop van die volgende produkte?

	HEADACHE REMEDIES • HOOP PYN- MIDDELS	TOOTHBRUSH • TANDBORSEL	DEODORANT	SUN PROTECTION PRODUCTS • SONBESKERMINGS- PRODUKTE	BEAUTY SHAMPOOS • SKOONHEIDS- SJAMPOES
Doctor • Dokter	60-Y	61-Y	62-Y	63-Y	64-Y
Pharmacist • Apteeker	X	X	X	X	X
Pharmacy Assistant • Apteek-assistent	0	0	0	0	0
Beauty consultant in pharmacy • Skoonheidsraadgewer in apteek	1	1	1	1	1
Friend/member of family • Vriend/lid van familie	2	2	2	2	2
Dermatologist • Dermatoloog (huisarts)	3	3	3	3	3
Dentist • Tandarts	4	4	4	4	4
Hairdresser • Haarkapper/ster	5	5	5	5	5
Working colleague • Werkende kollega	6	6	6	6	6
Other beauty consultants • Ander skoonheidsraadgewers	7	7	7	7	7
Other (Please specify) • Ander (Spesifiseer asseblief)					

Q.12 Do you see the need for a manned information booth in the supermarket to provide information regarding products in the health and beauty aid category (i.e. similar to the products we have listed above)?

- Sien u die behoefte aan 'n bemande inligtingshoekie in die supermark om inligting te verskaf in verband met produkte in die gesondheids- en skoonheidshulpmiddels (dit wil sê dieselfde produkte wat bo genoem is)?

YES • JA	65-1
NO • NEE	2
INDIFFERENT • ONPARTYDIG	3

SHOW CARD A

Q.13 You have probably already seen the ladies in supermarkets who act as demonstrators for various companies' brands, and who hand out samples and coupons. Do you believe that if these ladies were trained correctly, you would ask their advice regarding the purchase of the following products?

- U het seker reeds die dames in supermarkte gesien wat die produkte van verskillende firmas demonstreer en wat koegonne uitreik. Is u van mening dat indien die dames behoorlik opgelei is, u sal raad vra in verband met die aankoop van die volgende produkte?

	YES • JA	NO • NEE	INDIFFERENT • ONPARTYDIG
Headache remedies • Hoofpynmiddels	66-Y	X	0
Toothbrush • Tandeborsel	1	2	3
Deodorant	4	5	6
Beauty Shampoo • Skoonheidsjampoe	7	8	9
Sun Protection Products • Sonbeskermingsprodukte	67-Y	X	0

SHOW CARD A

Q.14 Suppose you develop a problem with your regular brand of the following products. Where are you more likely to go to purchase a new brand?

- Veronderstel dat u 'n probleem ontwikkel met u gewone handelsmerk van die volgende produkte. Waar sou u meer waarskynlik 'n nuwe produk gaan koop?

THE RESPONDENTS SHOULD BE ENCOURAGED TO EVALUATE WHETHER THEY WOULD SEEK ANY ADVICE FOR THAT NEW PURPOSE, THE RESULT OF WHICH WILL PROBABLY DETERMINE THE OUTLET WHERE THE RESPECTIVE PRODUCT WILL BE PURCHASED.

	PHARMACY • APTEEK	SUPERMARKET, CAFE GENERAL DEALERS • SUPERMARKTE, KAFEEES, ALGEMENE HANDELAARS	INDIFFERENT • ONPARTYDIG
Headache remedies • Hoofpynmiddels	68-Y	X	0
Toothbrush • Tandeborsel	1	2	3
Deodorant	4	5	6
Beauty Shampoo • Skoonheidsjampoe	7	8	9
Sun Protection Products • Sonbeskermingsprodukte	69-Y	X	0

80 - (B)

THE PURPOSE OF Q.15 AND Q.16 IS TO GAUGE THE OPINION OF CONSUMERS ON HOW THEY PERCEIVE CONDITIONS IN THE PHARMACY AND THE EXTENT OF THE INFLUENCE OF THE PHARMACIST AND PHARMACY ASSISTANT. THERE ARE THUS NO RIGHT AND WRONG ANSWERS - WHAT IS IMPORTANT IS THEIR PERSONAL OPINION.

THE RESPONDENT IS REQUIRED TO PLACE A CROSS (X) IN ANY BOX AT THE POINT WHICH BEST DESCRIBES THE RESPONDENT'S OPINION WITH REGARD TO EACH STATEMENT. THEY MAY CHOOSE ANY ONE OF THE OPTIONS PROVIDED IN EACH BOX.

THE BOX IN THE MIDDLE REPRESENTS THE MIDPOINT OR POINT OF INDIFFERENCE TO EACH DESCRIPTION AND IS THERE FOR YOUR GUIDANCE.

READ OUT INSTRUCTIONS. THEN TURN PAGE AND GIVE QUESTIONNAIRE TO RESPONDENT.

I would like you to indicate how you perceive conditions in the pharmacy by completing the table below. Please mark a cross (X) in the box which best describes your opinion. The box in the middle is the point of no opinion (i.e. indifference) while the box closest to each description is the most extreme degree of that description. Please refer to the example before proceeding.

- Ek wil hê dat u moet aandui hoe u toestande in 'n apteek opmerk deur die tabel hieronder te voltooi. Plaas asseblief 'n kruis (X) op die punt wat u mening die beste beskryf. Die punt in die middel verteenwoordig die punt van onpartydigheid en die punt naaste aan elke beskrywing is die mees besondere mate van daardie beskrywing. Lees asseblief die voorbeeld voordat u begin.

EXAMPLE/VOCREEFELD

How do you perceive conditions in a pharmacy?

• Hoe merk u toestande op in 'n apteek?

	A	B	C	D	E	F	G	
friendly/courteous • vriendelik/beleefd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unfriendly/discourteous • onvriendelik/onbeleefd

- Point A reflects: You believe the pharmacy is extremely friendly.
- Punt A reflekteer: U glo die apteek is uiters vriendelik.
- Point B reflects: You believe the pharmacy is very friendly.
- Punt B reflekteer: U glo die apteek is baie vriendelik.
- Point C reflects: You believe the pharmacy is fairly friendly.
- Punt C reflekteer: U glo die apteek is redelik vriendelik.
- Point D reflects: Indifference to either description.
- Punt D reflekteer: U is onpartydig wat altwee die beskrywings betref.
- Point E reflects: You believe the pharmacy is fairly unfriendly.
- Punt E reflekteer: U glo die apteek is redelik onvriendelik.
- Point F reflects: You believe the pharmacy is very unfriendly.
- Punt F reflekteer: U glo die apteek is baie onvriendelik.
- Point G reflects: You believe the pharmacy is extremely unfriendly.
- Punt G reflekteer: U glo die apteek is uiters onvriendelik.

Q.15 How do you perceive conditions in a pharmacy?

• Hoe merk u toestande op in 'n apteek?

friendly/courteous • vriendelik/beleefd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unfriendly/discourteous • onvriendelik/onbeleefd	17/
competitively priced • kompetierend geprys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expensive products • duur produkte	18/
personal attention • persoonlike aandag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	self service • selfbediening	19/
accessible • toeganklik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inaccessible • ontoeganklik	20/
specialist • spesialis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	general dealer • algemene handelaar	21/

Q.16a In dealings with pharmacists how do you rate them in terms of their influence over you and your purchases of health and beauty aids?

• In u onderhandelinge met aptekers hoe skat u hulle in terme van hulle invloed op u en u aankoop van gesondheids- en skoonheidsmiddels?

influential • beïnvloedbaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no influence • geen invloed	22/
knowledgable in health matters • goed ingelig omtrent gesondheidsake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not knowledgable in health matters • nie goed ingelig omtrent gesondheidsake	23/
professionally up-to-date • professioneel op datum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	professionally behind times • professioneel nie op datum nie	24/
efficient • bekwaam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inefficient • onbekwaam	25/
well informed in general matters • goed ingelig omtrent algemene sake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	badly informed in general matters • swak ingelig omtrent algemene sake	26/
knowledgable in beauty matters • goed ingelig omtrent skoonheidsake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not knowledgable in beauty matters • nie goed ingelig omtrent skoonheidsake nie	27/

Q.16b In dealings with pharmacy assistants how do you rate them in terms of their influence over you and your purchases of health and beauty aids?
 ● In onderhandelinge met apteek assistente, hoe skat u hulle met betrekking tot hulle invloed oor u en u aankoop van gesondheids- en skoonheidsmiddels?

influential ● beïnvloedbaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no influence ● geen invloed	28/
knowledgable in health matters ● goed ingelig omtrent gesondheidsake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not knowledgable in health matters ● nie goed ingelig omtrent gesondheidsake	29/
professionally up-to-date ● professioneel op datum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	professionally behind times ● professioneel nie op datum nie	30/
efficient ● bekwaam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inefficient ● onbekwaam	31/
well informed in general matters ● goed ingelig omtrent algemene sake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	badly informed in general matters ● swak ingelig omtrent algemene sake	32/
knowledgable in beauty matters ● goed ingelig omtrent skoonheidsake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not knowledgable in beauty matters ● nie goed ingelig omtrent skoonheidsake nie	33/

Q.17 I am going to read some statements to you. Please indicate how much you agree with the statements.
 ● Ek gaan 'n paar bewerings aan u lees. Toon asseblief aan tot watter mate u met die bewerings saarstem.

	STRONGLY DISAGREE ● STEM DEFINITIEF NIE SAAM NIE	DISAGREE ● STEM NIE SAAM NIE	NEITHER AGREE NOR DISAGREE ● GEEN VAN TWEE NIE	AGREE ● STEM SAAM	STRONGLY AGREE ● STEM DEFINITIEF SAAM
The pharmacist gives sound advice that can be relied upon ● Die apteker gee goeie raad waarop staatgemaak kan word	34-1	2	3	4	5
The pharmacist is no more than a storekeeper ● Die apteker is nie veel meer as 'n winkelier nie	35-1	2	3	4	5
The pharmacy assistant gives sound advice that can be relied upon ● Die apteek-assistent gee goeie raad waarop staatgemaak kan word.	36-1	2	3	4	5
The pharmacy assistant is no more than a counter assistant ● Die apteek-assistent is nie veel meer as 'n toonbank assistent nie	37-1	2	3	4	5

SHOW CARD D

Q.18 Could you please tell me what your approximate household income per month (before deductions) is?
 • Kan u asseblief vir my sê wat u benaderde huishoudelike inkomste per maand (voor aftrekkings) is?

	GIVEN	INTERVIEWER ESTIMATE
Up to R600 • Tot en met R600	78-Y	79-Y
R600 to R999	X	X
R1000 to R1599	0	0
R1600 to R1999	1	1
R2000 to R2999	2	2
R3000 to R3999	3	3
R4000 to R4999	4	4
R5000 and over • R5000 en meer	5	5
Did not know/Refused • Het nie geweet nie/Geweier	6	6

↓
 (INTERVIEWER TO ESTIMATE)

APPENDIX 2RESEARCH RESULTSTABLE 1 - DEMOGRAPHICSPROFILE OF THE SAMPLE

	<u>TOTAL RESPONDENTS 251</u>	
	<u>No.</u>	<u>%</u>
<u>AGE</u>		
18 - 24	17	6,8
25 - 34	65	25,9
35 - 49	115	45,8
50+	54	21,5
<u>LANGUAGE</u>		
ENGLISH	213	84,9
AFRIKAANS	38	15,1
<u>EMPLOYMENT</u>		
WORKING	116	46,2
NOT WORKING	135	53,8
<u>MARITAL STATUS</u>		
MARRIED	193	76,9
SINGLE	17	6,8
WIDOWED/DIVORCED/SEPARATED	41	16,3
<u>SOCIO ECONOMIC *</u>		
A	35	13,9
B	107	42,6
C	93	37,1
D	16	6,4

HOUSEHOLD INCOME (PER MONTH)

	<u>No.</u>	<u>%</u>
UP TO R600	9	3,6
R600 - R999	7	2,8
R1 000 - R1 599	25	10,0
R1 600 - R1 999	40	15,9
R2 000 - R2 999	58	23,1
R3 000 - R3 999	56	22,3
R4 000 - R4 999	37	14,7
R5 000 +	19	7,6

FAMILY STATUS

1. SINGLE YOUTHFUL RESPONDENT	13	5,2
2. YOUNG MARRIED - NO CHILDREN	7	2,8
3. MARRIED WITH CHILDREN	155	61,8
4. OLDER MARRIED - NO CHILDREN	51	20,3
5. OLDER SOLITARY	25	9,9

* An explanation of socio-economic groups is given below for reference:

CLASS A - Homes of substantial wealth which for the most part are located in the best section of town.

CLASS B - Families living in well furnished, well kept homes, and in cities, may live in the more expensive blocks of flats. Although these homes are less pretentious than the "A", they are usually found in the better part of town.

CLASS C - This class includes the largest portion of the families in town. These homes, as a rule, will be small single dwellings and the moderately priced blocks of flats, well kept and reasonably well furnished.

CLASS D - These are families who may be living in the poorer parts of the town and in sub-economic housing schemes.

The socio-economic rating is determined by taking both the respondent's home and suburb, and the husband's occupation, into consideration.

TABLE 2 : THE NUMBER OF RESPONDENTS WHO HAVE RECENTLY USED HEALTH AND BEAUTY AID PRODUCTS:

QUALIFICATION QUESTION

Q.1a In the last 30 days (month) have you used any of the following products?

	<u>YES</u>		<u>NO</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache tablets, capsules and powders	179	71	72	29
Toothbrush	246	98	5	2
Deodorant - either aerosol, roll-on or stick	243	97	8	3
Beauty shampoo such as Flex, Milk Plus 6, Silkience, etc.	213	85	38	15

Q.1b During the last year have you used a sun protection product?

	<u>%</u>
YES	175 70
NO	76 30

TABLE 3 : USUAL PLACE OF PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS:

Q.2 Please indicate where you usually purchase each of the following products.

	<u>PHARMACY</u>		<u>SUPERMARKET, CAFE, GENERAL DEALER, OTHER</u>		<u>DON'T KNOW/ CAN'T REMEMBER</u>		<u>HAVE NEVER PURCHASED</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache remedies	124	50	113	45	1	-	12	5
Toothbrush	42	17	207	83	-	-	2	-
Deodorant	36	14	210	84	1	-	4	2
Beauty Shampoo	31	12	201	80	1	-	18	8
Sun Protection Products	65	26	136	54	4	2	46	18

TABLE 4

THE IMPORTANCE OF THE ADVICE OF THE PHARMACIST AND PHARMACY ASSISTANT IN THE PURCHASE DECISION OF HEALTH AND BEAUTY AID PRODUCTS

Q.6a (i) Supposing you needed advice regarding the purchase of any of the following products: Have you ever sought the advice or recommendation of a pharmacist for that purchase?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEMBER</u>		<u>HAVE NEVER PURCHASED IN A PHARMACY</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache remedies	120	47,8	63	25,1	4	1,6	64	25,5
Toothbrush	14	5,6	86	34,3	3	1,2	148	59,0
Deodorant	11	4,4	80	31,9	4	1,6	156	62,2
Beauty Shampoo	17	16,8	65	25,9	3	1,2	166	66,1
Sun Protection Products	56	22,3	66	26,3	-	-	129	51,4

Q.6a(ii) If "Yes", how willingly was the answer given?

	<u>HEADACHE REMEDIES</u>	<u>TOOTH-BRUSH</u>	<u>DEODORANT</u>	<u>SUN PROTECTION PRODUCTS</u>	<u>BEAUTY SHAMPOOS</u>
Those who have had advice from a pharmacist	120	14	11	56	17
Very willing	107	12	10	50	13
Willing	13	2	1	6	2
Reluctant	-	-	-	-	1
Very reluctant	-	-	-	-	-
Can't remember how willing	-	-	-	-	1
Have not had advice from the pharmacist	131	237	240	195	234

Q.6b (i) In the same situation, have you ever sought the advice of the pharmacy assistant?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEMBER</u>		<u>HAVE NEVER PURCHASED IN A PHARMACY</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache remedies	56	22,3	122	48,6	3	1,2	70	27,9
Toothbrush	25	10,0	78	31,1	-	-	148	59,0
Deodorant	28	11,2	72	28,7	-	-	151	60,2
Beauty Shampoo	34	13,5	58	23,1	1	0,4	158	62,9
Sun Protection Products	45	17,9	72	28,7	1	0,4	133	53,0

Q.6b(ii) If "Yes", how willingly was the advice given?

	<u>HEADACHE REMEDIES</u>	<u>TOOTH-BRUSH</u>	<u>DEODORANT</u>	<u>SUN PROTECTION PRODUCTS</u>	<u>BEAUTY SHAMPOOS</u>
Those who have had advice from a pharmacist	56	25	28	45	34
Very willing	42	19	21	38	24
Willing	12	6	7	7	9
Reluctant	-	-	-	-	-
Very reluctant	-	-	-	-	-
Can't remember how willing	2	-	-	-	1
Have not had advice from the pharmacy assistant	195	226	223	206	217

TABLE 5 : THE SPONTANEOUS ADVICE OF THE PHARMACIST AND PHARMACY ASSISTANT:

Q.7a When you have been browsing or trying to decide which brand to buy, has it been the habit of the pharmacist to offer advice for the purchase of the following products without your prompting or asking?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEM-BER</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache remedies	48	19,1	189	75,3	14	5,6
Toothbrush	18	7,2	222	88,4	11	4,4
Deodorant	16	6,4	224	89,2	11	4,4
Beauty Shampoo	16	6,4	225	89,6	10	4,0
Sun Protection Products	28	11,2	215	85,7	8	3,2

Q.7b In the same situation, is it the habit of the pharmacy assistant to offer advice for the purchase of the following products without your prompting or asking?

	<u>YES</u>		<u>NO</u>		<u>CAN'T REMEM-BER</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache remedies	64	25,5	179	71,3	8	3,2
Toothbrush	41	16,3	203	81,7	5	2,0
Deodorant	48	19,1	196	78,1	7	2,8
Beauty Shampoo	56	22,3	189	75,3	6	2,4
Sun Protection Products	54	21,5	192	76,5	5	2,0

TABLE 6 : THE HEEDING OF THE PHARMACIST'S AND PHARMACY ASSISTANT'S ADVICE:Q.8a To what extent do you heed the advice of the pharmacist?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	80	31,9	15	6,0	10	4,0	39	15,5	12	4,8
Often	26	10,4	3	1,2	3	1,2	13	5,2	4	1,6
Seldom	13	5,2	3	1,2	3	1,2	8	3,2	6	2,4
Never	6	2,4	5	2,0	5	2,0	5	2,0	5	2,0
Have not had advice from the pharmacist	126	50,2	225	89,6	230	91,6	186	74,1	224	89,2

Q.8b To what extent do you heed the advice of the pharmacy assistant?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	25	10,0	17	6,8	13	5,2	20	8,0	17	6,8
Often	20	8,0	11	4,4	16	6,4	21	8,4	20	8,0
Seldom	23	9,2	9	3,6	12	4,8	16	6,4	13	5,2
Never	19	7,6	15	6,0	17	6,8	15	6,0	17	6,8
Have not had advice from the pharmacy assistant	164	65,3	199	79,3	193	76,9	179	71,3	184	73,3

TABLE 7 : THE EXTENT TO WHICH THE ADVICE OF THE PHARMACY ASSISTANT IS PASSED ON:

Q.9a Supposing you were happy with the advice given to you by the pharmacist, to what extent would you spontaneously pass that advice on to someone else?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	53	21,1	11	4,4	7	2,8	31	12,4	13	5,2
Often	40	15,9	8	3,2	7	2,8	21	8,4	5	2,0
Seldom	17	6,8	4	1,6	3	1,2	5	2,0	4	1,6
Never	15	6,0	3	1,2	4	1,6	8	3,2	5	2,0
Have never had advice from the pharmacist	126	50,2	225	89,6	230	91,6	186	74,1	224	89,2

Q.9b Supposing you were happy with the advice given to you by the pharmacy assistant, to what extent would you spontaneously pass that advice on to someone else?

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Almost always	20	8,0	15	6,0	14	5,6	16	6,4	17	6,8
Often	28	11,2	11	4,4	14	5,6	25	10,0	22	8,8
Seldom	17	6,8	10	4,0	10	4,0	9	3,6	13	5,2
Never	22	8,8	16	6,4	20	8,0	22	8,8	15	6,0
Have never had advice from the pharmacy assistant	164	65,3	199	79,3	193	76,9	179	71,3	184	73,5

TABLE 8 THE PROFILE OF THE PHARMACIST AND PHARMACY ASSISTANT:PROFILE OF THE PHARMACIST

Q.16a In dealings with pharmacists how do you rate them in terms of their influence over you and your purchases of health and beauty aids?

Influential	56	56	43	26	13	19	38	No influence
Knowledgeable in health matters	127	69	35	15	3	1	1	Not knowledgeable in health matters
Professionally up-to-date	136	67	31	12	2	3	0	Professionally behind times
Efficient	141	71	21	15	2	0	1	Inefficient
Well informed in general matters	107	70	35	35	1	1	2	Badly informed in general matters
Knowledgeable in beauty matters	22	50	47	86	11	19	16	Not knowledgeable in beauty matters

PROFILE OF THE PHARMACY ASSISTANT

Q.16b In dealings with pharmacy assistants how do you rate them in terms of their influence over you and your purchases of health and beauty aids/

Influential	27	40	40	51	23	23	47	No influence
Knowledgeable in health matters	30	28	62	56	26	22	27	Not knowledgeable in health matters
Professionally up-to-date	44	56	55	65	16	8	7	Professionally behind times
Efficient	91	69	48	29	10	2	2	Inefficient
Well informed in general matters	46	65	51	65	10	7	7	Badly informed in general matters
Knowledgeable in beauty matters	47	72	53	56	8	8	7	Not knowledgeable in beauty matters

TABLE 9

LIKERT SCALING : THE IMAGE OF THE PHARMACIST AND PHARMACY ASSISTANT AS
ADVISOR OR STOREKEEPER/COUNTER ASSISTANT

Q.17 I am going to read some statements to you. Please indicate how much you agree with the statements.

	<u>STRONGLY DISAGREE</u>		<u>DISAGREE</u>		<u>NEITHER AGREE NOR DISAGREE</u>		<u>AGREE</u>		<u>STRONGLY AGREE</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
The pharmacist gives sound advice that can be relied upon	7	2,8	3	1,2	17	6,8	132	52,6	92	36,6
The pharmacist is no more than a storekeeper	132	52,6	99	39,4	7	2,8	12	4,8	1	0,4
The pharmacy assistant gives sound advice that can be relied upon	8	3,2	31	12,4	98	39,0	94	37,5	20	7,9
The pharmacy assistant is no more than a counter assistant	22	8,8	99	39,4	41	16,3	80	31,9	9	3,6

TABLE 10

THE IDEAL PERSON FOR ADVICE ON THE PURCHASE OF HEALTH AND BEAUTY AID PRODUCTS

Q.11 Who is the ideal person to whom you would turn for advice regarding the purchase of each of the following products?

	<u>HEADACHE REMEDIES</u>		<u>TOOTHBRUSH</u>		<u>DEODORANT</u>		<u>SUN PROTECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>		<u>TOTAL</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Doctor	124	49,4	-	-	4	1,6	24	9,6	1	0,4	153	12,2
Pharmacist	113	45,0	25	10,0	40	16,0	93	37,1	35	13,9	306	24,5
Pharmacy Assistant	1	0,4	10	4,0	22	8,8	19	7,6	21	8,4	73	5,8
Beauty Consultant in Pharmacy	-	-	-	-	4	1,6	2	0,8	6	2,4	10	0,8
Friend/Member of Family	2	0,8	5	2,0	38	15,1	20	8,0	13	5,2	78	6,2
Dermatologist	-	-	-	-	5	2,0	19	7,6	-	-	24	1,9
Dentist	-	-	155	61,8	-	-	-	-	2	0,8	157	12,6
Hairdresser	-	-	-	-	-	-	-	-	80	33,1	80	6,4
Working Colleague	-	-	-	-	1	0,4	1	0,4	-	-	2	0,1
Other Beauty Consultants	-	-	-	-	-	-	-	-	-	-	-	-
Other (Specify)												
No-one	9	3,6	52	20,7	127	50,6	54	21,5	83	33,1	325	26,0
Would Never Buy	2	0,8	2	0,8	1	0,4	10	4,0	1	0,4	16	1,3
Advertising	-	-	2	0,8	1	0,4	2	0,8	2	0,8	7	0,6
Other Beauty Consultants	-	-	-	-	8	3,2	7	2,8	4	1,6	19	1,5

TABLE 11RANKING QUESTION - IMPORTANCE OF PHARMACY AS A PURCHASE POINT

- Q.3a If you usually or have ever purchased the following products in a pharmacy, what is the main reason why you have purchased in a pharmacy?
- Q.3b What is the second most important reason?
- Q.3c What is the third most important reason?
- Q.3d Any other reasons?

TABLE 11

Q.3 RESULTS ARE EXPRESSED IN TOTAL MENTIONS:

	HEADACHE REMEDIES		TOOTH- BRUSH		DEODORANT		SUN PRO- TECTION PRODUCTS		BEAUTY SHAMPOOS		GRAND TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Recommendation of a friend/family	2	0,8	3	1,2	3	1,2	3	1,2	4	1,6	15	0,8
Availability of professional advice	64	25,5	15	6,0	10	4,0	30	12,2	18	7,2	137	7,8
Low cost	8	3,2	5	2,0	6	2,4	4	1,6	6	2,4	29	1,6
Convenient location	83	33,1	50	19,9	47	18,7	54	21,5	46	18,3	280	15,9
One-stop shopping	22	8,8	25	10,0	21	8,4	18	7,2	16	6,4	102	5,8
Advertising by pharmacy	2	0,8	2	0,8	5	2,0	5	2,0	4	1,6	18	1,0
Professional products should be bought from professional outlets	56	22,3	10	4,0	3	1,2	23	9,2	10	4,0	102	5,8
Availability of credit	26	10,4	18	7,2	20	8,0	17	6,8	18	7,2	99	5,6
Delivery facilities	31	12,4	18	7,2	16	6,4	17	6,8	13	5,2	95	5,4
Don't know/Can't remember	8	3,2	12	4,8	11	4,4	9	3,6	9	3,6	49	2,8
Have never purchased in a pharmacy	-	-	151	45,5	160	49,2	141	40,2	171	52,6	696	39,6
Other (Please specify)												
Only available at pharmacy	4	1,6	-	-	2	0,8	4	1,6	-	-	10	0,6
All Other	50	19,9	23	9,2	21	8,4	23	9,2	10	4,0	127	7,2

TABLE 12

RANKING QUESTION - IMPORTANCE OF OTHER OUTLETS AS A PURCHASE POINT:

Q.5a If you answered "Yes" to any of the products in Q.4, what was the main reason why you purchased these products outside of the pharmacy?

Q.5b What was the second most important reason?

Q.5c What was the third most important reason?

Q.5d Any other reasons?

RESULTS ARE EXPRESSED IN TOTAL MENTIONS:

	<u>HEADACHE REMEDIES</u>		<u>TOOTH- BRUSH</u>		<u>DEODORANT</u>		<u>SUN PRO- TECTION PRODUCTS</u>		<u>BEAUTY SHAMPOOS</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Cheaper prices	142	56,6	193	76,9	194	77,3	137	54,6	180	71,7
One-stop shopping	118	47,0	168	66,9	168	66,9	113	45,0	149	59,4
Better displays	3	1,2	8	3,2	5	2,0	4	1,6	7	2,8
Convenient location	88	35,1	114	45,4	110	43,8	80	31,9	103	41,0
Wider range of products	26	10,4	43	17,1	53	21,1	27	10,8	46	18,3
Advertising	5	2,0	7	2,8	5	2,0	-	-	4	1,6
Did not need advice anymore	12	4,8	11	4,4	12	4,8	8	3,2	9	3,6
Availability of credit	3	1,2	4	1,6	4	1,6	3	1,2	4	1,6
Other (Please specify)										
All Other	10	4,0	14	5,6	11	4,4	5	2,0	10	4,0
Do Not Know	-	-	2	0,8	1	0,4	2	0,8	1	0,4

TABLE 13

SEMANTIC DIFFERENTIAL SECTION : PROFILE OF THE PHARMACY

Q.15 How do you perceive conditions in a pharmacy?

Friendly/courteous	147	63	25	11	3	1	1	Unfriendly/discourteous
Competitively priced	20	24	26	41	44	47	49	Expensive products
Personal attention	125	58	25	26	5	7	5	Self service
Accessible	116	67	32	20	6	6	4	Inaccessible
Specialist	96	67	36	36	5	5	6	General dealer

TABLE 14

INFORMATION BOOTHS IN SUPERMARKETS

Q.12 Do you see the need for a manned information booth in the supermarket to provide information regarding products in the health and beauty aid category (i.e. similar to the products we have listed above?)

	<u>No.</u>	<u>%</u>
<u>YES</u>	113	45,0
<u>NO</u>	99	39,4
<u>INDIFFERENT</u>	39	15,5

TABLE 15

THE TRAINING OF DEMONSTRATOR LADIES IN SUPERMARKETS

Q.13 You have probably already seen the ladies in supermarkets who act as demonstrators for various companies' brands, and who hand out samples and coupons. Do you believe that if these ladies were trained correctly, you would ask their advice regarding the purchase of the following products?

	<u>YES</u>		<u>NO</u>		<u>INDIFFERENT</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache Remedies	124	49,4	99	39,4	28	11,2
Toothbrush	137	54,6	86	34,3	28	11,2
Deodorant	139	55,4	78	31,1	34	13,5
Beauty Shampoo	149	59,4	71	28,3	31	12,4
Sun Protection Products	136	54,2	81	32,3	34	13,5

TABLE 16

WHERE NEW BRANDS OF HEALTH AND BEAUTY AID PRODUCTS ARE PURCHASED

Q.14 Suppose you develop a problem with your regular brand of the following products. Where are you more likely to go to purchase a new brand?

	<u>PHARMACY</u>		<u>SUPERMARKET CAFE, GENERAL DEALERS</u>		<u>INDIFFERENT</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Headache Remedies	164	65,3	64	25,5	23	9,2
Toothbrush	79	31,5	146	58,2	26	10,4
Deodorant	72	28,7	147	58,6	32	12,7
Beauty Shampoo	74	29,5	141	56,2	36	14,3
Sun Protection Products	107	42,6	99	39,4	45	17,9

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