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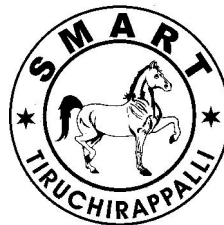
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BRAND STRATEGY IN SIDDHA MEDICINE

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Abstract

Siddha products or medicines are manufactured from herbal plants and processed metals and minerals. These raw materials, put together in proper combination and the end results in different forms, serve a useful purpose of consumption. The purpose may be curing of diseases or maintaining general health. The present study has made an attempt to brand strategy of siddha medicines by considering a sample of 123 companies. Brands in Siddha medicines are broadly classified into three types viz., family brand, multiple brand and regional brand. It is established that a number of Siddha medicine manufacturing units in Tamil Nadu strategically adopted family brand.

Introduction

Siddha Medicine Marketing is an exchange process in which a producer extends a market offering products to consumers. Siddha medicine is one of the health care products having wide marketing opportunities in the State of Tamil Nadu. The present study has made an attempt to brand strategy of Siddha medicines. Siddha medicines are classified into two major types, traditional medicines and patent medicines or proprietary medicines. Products are almost never presented by themselves to potential consumers. Rather they are branded. The branding is mainly a means of Siddha product identification. Branding is an important source of information to Siddha consumer decision making. This can be mainly classified into three types viz., family brand, multiple brand and regional brand.

2. Objectives of the Study

To analyse the brand strategy of Siddha medicines in Siddha products manufacturing units in Tamil Nadu.

3. Hypotheses

- i .There is a significant difference between region-wise manufacturing units and brands.

- ii. There is a significant difference between size wise manufacturing units and brands.
- iii. There is a significant difference between product wise manufacturing units and brands.

4. Period of Study

The study period was from 1st April 2004 to 31st March 2005.

5.Methodology of the Study

The researcher has undertaken a pilot study with a view to finding out suitability of information furnished in the interview schedule to the manufacturers. The pilot study was undertaken with reference to four sample manufacturing units, each from four different regions in Tamilnadu viz., Chennai, Madurai, Trichy and Coimbatore. Well-structured interview schedule was administered to the manufacturing units. Tamil Nadu has totally 164 Siddha medicine manufacturing units. It was proposed to adopt a census method of data collection. In this connection, interview schedules were circulated and 123 (32-Chennai+39-Madurai+25- Trichy+27- Coimbatore) manufacturing units alone responded .The chi-square test was applied for analysis of the present data.

6. Analysis of the Study

Among the total 123 Siddha medicine manufacturing units, 32.52% of units are adopting family brand strategy. 25.2% of units are adopting multiple brand strategy. 22.77% of units are adopting regional brand strategy. 19.51% of units are adopting both family and multiple brand strategy.

6.i. Brand Strategy in Region-wise Units

It could be seen from Table-1 that in Chennai region, 15.63% manufacturing units are using family brands, 40.62% manufacturing units are using multiple brands, 25% manufacturing units are using regional brands and 18.75% manufacturing units are using both family and multiple brands. More number of units are using multiple brand in Chennai region. In Coimbatore region, 22.22% Siddha medicines manufacturing units are using family brands, 29.63% manufacturing units are using multiple brands, 22.22% manufacturing units are using regional brands and 25.93% manufacturing units are using both family and multiple brands. More number of units are using multiple brand in Coimbatore region.

In Trichy region, 24% Siddha medicines manufacturing units are using family brands, 20% manufacturing units are using multiple brands, 32% manufacturing units are using regional brands and 24% manufacturing units are using both family and multiple brands. More number of units are using regional brand in Trichy region. In the Madurai region, 58.98% Siddha medicines manufacturing units are using family brands, 12.82% manufacturing units are using multiple brands, 15.38% manufacturing units are using regional brands and 12.82% manufacturing units are using both family and multiple brand. Maximum number of units are using family brand in Madurai region.

The chi-square test is applied for further discussion to test the hypothesis. With reference to brand usage, there is no significant difference between region wise Siddha units. The computed chi-square value is 22.19, which is more than its tabulated value of 16.9 at 5 per cent level of significance. Therefore the hypothesis is rejected. Hence there is a significant difference between respondents of different regions and their brand usage in Siddha medicines.

6.ii. Brand Strategy in Size-wise Units

Brand usage in size-wise Siddha manufacturing units is given in Table II. Of the total 33 small size units, 27.28% units use family brands, 24.24% units use multiple brands, 30.30% units use regional brands and the remaining 18.18% units use both family and multiple brands. More number of units are using regional brand in small size units. Of the total of 25 medium size units, 24% units use family brands, 28% units use multiple brand, another 28% units use regional brands and 20% units use both family and multiple brand. More number of units are using regional brand and multiple brand in medium size units. Of the total of 26 large size units, 19.23% units use family brands, 38.46% units use multiple brands, another 19.23% units use regional brands and the rest 23.08% units use both family and multiple brands. More number of units are using multiple brand in large size units.

The chi-square test is applied for further discussion to test the hypothesis. With reference to usage of brands in Siddha medicines, there is no significant difference between the size-wise of units. The computed chi-square value is 12.32 which is lesser than its tabulated value of 16.9 at 5 per cent level of significance. Therefore the hypothesis is accepted. Hence there is no significant difference between size of manufacturing units and use of brands in Siddha medicines.

6. iii. Brand Strategy in Product-wise Units

Product-wise brand usage in Siddha medicines is given in Table III. Of the total of 55 traditional medicines manufacturing units, 36.36% units use family brands, 10.9% units use multiple brands, another 29.09% units use regional brands, the remaining 23.65% units use both family and multiple brands. More number of units are using family brand in traditional medicine manufacturing units. Of the total 23 patent medicines manufacturing units, 21.74% units use family brands, 43.47% units use multiple brands, 21.74% units use regional brands and 13.25% units used both family and multiple brands. More number of units are using multiple brand in patent medicine manufacturing units. Of the total of 45 manufacturing units, 33.33% units use family brands, 33.33% units use multiple brands, 15.56% units use regional brands and 17.28% units used both family and multiple brand. Hence it is asserted that more number of units are using family and multiple brand.

The chi-square test is applied for further discussion to test the hypothesis. With reference to usage of brands, there is no significant difference between the types of medicines. The computed chi-square value is 12.81, which is greater than its tabulated value of 12.6 at 5 per cent level of significance. Therefore the hypothesis is rejected. Hence there is a significant difference between the respondents of different types of Siddha medicines manufacture and usage of branded Siddha medicines.

7. Conclusion

Among the regions, more number of units are using multiple brand in Chennai and Coimbatore region. More number of units are using regional brand in Trichy region and family brand in Madurai region. Among the size wise units, more number of units are using regional brand in small size units, regional brand and multiple brand in medium size units and more number of units are using multiple brand in large size units. Among the product wise units, more number of units are using family brand in traditional medicine manufacturing units and multiple brand in patent medicine manufacturing units. Even though more Siddha medicine manufacturers in Tamilnadu strategically adopted family brand, there is also multi brand strategy in Siddha medicine.

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Table-I
Brand Strategy – Region-wise

(No. of Manufacturing Units)

Region	Types of Brand				Total
	Family Brand	Multiple Brand	Regional Brand	Both Family & Multiple Brand	
Chennai	5 (15.63)	13 (40.62)	8 (25)	6 (18.75)	32 (100)
Coimbatore	6 (22.22)	8 (29.63)	6 (22.22)	7 (25.93)	27 (100)
Trichy	6 (24)	5 (20)	8 (32)	6 (24)	25 (100)
Madurai	23 (58.98)	5 (12.82)	6 (15.38)	5 (12.82)	39 (100)
Total	40 (32.52)	31 (25.20)	28 (22.77)	24 (19.51)	123 (100)
			$\chi^2? = 22.19$	df - 9	S

Source: Primary Data , Figures in parenthesis denoted percentage

Table- II
Brand Strategy – Size-wise

(No. of Manufacturing Units)

Size	Types of Brand				Total
	Family Brand	Multiple Brand	Regional Brand	Both Family and Multiple Brands	
Marginal	20 (51.29)	6 (15.38)	6 (15.38)	7 (17.95)	39 (100)
Small	9 (27.28)	8 (24.24)	10 (30.30)	6 (18.18)	33 (100)
Medium	6 (24.00)	7 (28.00)	7 (28.00)	5 (20.00)	25 (100)
Large	5 (19.23)	10 (38.46)	5 (19.23)	6 (23.08)	26 (100)
Total	40 (32.52)	31 (25.20)	28 (22.77)	24 (19.51)	123 (100)
			$\chi^2? = 12.32$	df - 9	S

Source: Primary Data, Figures in parenthesis denote percentage

Table III
Brand Strategy – Product-wise

(No. of Manufacturing Units)

Product Type	Types of Brand				Total
	Family Brand	Multiple Brand	Regional Brand	Both Family and Multiple Brands	
Traditional Medicines	20 (36.36)	6 (10.90)	6 (29.09)	13 (23.65)	55 (100)
Patents Medicines	5 (21.74)	10 (43.47)	5 (21.74)	3 (13.25)	23 (100)
Both	15 (33.33)	15 (33.33)	7 (15.56)	8 (17.28)	45 (100)
Total	40 (32.52)	31 (25.20)	28 (22.77)	24 (19.51)	123 (100)
			$\chi^2 = 12.81$	df – 6	S

Source: Primary Data , Figures in parenthesis denote percentage