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DIFFERING INDIANS' ATTITUDE TOWARDS PREVENTIVE HEALTHCARE MEDICINES AND SERVICES

Dr. S.A. Mohamed Ali[1], Mr. Mohammad Irfan[2]

[1]Principal, CMS Institute of Management Studies, Coimbatore 641049.
[2]Ph.D. Research Scholar, CMS Academy of Management & Technology, Coimbatore – 641049.

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ABSTRACT

The changing attitude of Indians provides a wider opportunity for the growth of preventive medicine market. Growing preventive healthcare concept among the urban citizens in tier II and tier III cities offers number of opportunities for growth in the nutritional, wellness and NCD preventive healthcare practices in India. This empirical study aimed to draw differences in the rural and urban consumers understanding and steps taken towards availing PMHCSS. Research study adopted mixed methodology and data were collected from PMHCCS consumers living in Dr. Nandamuri Taraka Rama Rao (NTR) district in Andhra Pradesh. Data were collected from distributing 250 questionnaires were distributed on rural and urban consumers. The article finding revealed that rural consumers understand that prevention is better than cure (98.56 per cent). On the other side 90.80 per cent of the urban consumers prefer to promote their overall wellness (i.e., they believe in live health, stay health) through taking up PMHCSS. The marketers of PMHCSS are suggested to focus on selling yoga, mental, gym and fitness activities among the rural consumers, as these services have higher opportunistic in the rural region. At the same time, marketers have to focus selling more herbal preventive medicines and physical work-up (exercises) in the urban region.

KEY WORDS: *Preventive Healthcare, Non-Communicating Disease, Healthcare Service.*

INTRODUCTION

Indian households' attitude towards healthcare services and preventive medicines has significantly changes in the post-covid era (Raghavan et al., 2025). PHC (Preventive healthcare) services includes a whole range of healthcare services offered in order to prevent chronic illnesses and diseases and manage one's life (like: annual health checkups, immunizations, various medical screening and prevention screening etc.) (Menon and Jaffer, 2020). Indians prefer to take a PMHCSS (Preventive Medicine and Healthcare System Service) and extend their life and delay the time period of falling ill due to occurrence of NCD (Non-Communicative Diseases) (Raghavan et al., 2025). Rise in healthcare issues due to workplace pressure, life-style changes and environment issues also impose pressure on the common India to focuses on taking precautional measures to overcome the challenges posed by chronical diseases and take a preventive measure at an earlier stage of diagnosis (www.theiet.in, 2018). The changing attitude of Indians provides a wider opportunity for the growth of preventive medicine market i.e., market for various preventive diseases like heart diseases, hyper tension, stress, mental illness, cancer and many more. Preventive healthcare aims to identify and mitigating potential health risk expective to face in near future (Srivastava, 2024).

Emphasis on the Study Concept

It has been reported that in India nearly 16,939 people are affected by any one type of NCD on an average out of 1 lakh population. Further, found that 50 to 70 per cent of the NCD effected patients prefer to take by private healthcare treatment. It results in highest common man highest spending out-of-their pocket (OOPE). There exist vast differences in utilisation of health facilities, disease burden meet by the common and cost of NCDs treatment met by the citizen living across various Indian regional states and union territories (Menon et al., 2022). Nearly 75 health infrastructure and resources are more targeted on the urban population, that cover over 27 per cent of the nation's population and another 73 per cent of the population living in rural area find issues in timely access to the various healthcare services or infrastructure (Player, 2019).

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Theme of the Article

Growing preventive healthcare concept among the urban citizens in tier II and tier III cities offers number of opportunities for growth in the nutritional, wellness and NCD preventive healthcare practices in India. Income rich, knowledgeable and digital savvy urban Indian consumers living in tier II and tier III cities prefer to have preventive healthcare medicines and practices mixed blend of traditional dietary practices blend with global ingredients practices and technology (The Indian Practitioner, 2025). On the other side PMHCSS consumption among rural India are influenced by their physical and mental health, traditional beliefs, economic status and awareness towards PMHCSS (Kumari,2025). Differs in the attitude of urban and rural inhabitants towards PMHCSS motivated the author to draft this descriptive study.

- To assess the urban and rural consumers understanding on the goal of PMHCSS in Vijayawada region.
- To identify the steps taken by the urban and rural consumers for preventing chronic illness.

Based on the objectives framed following hypotheses are framed to draw justification to the study.

- The urban and rural consumers understanding on the goal of PMHCSS in Vijayawada region differs from one to another.
- Steps taken by the urban and rural consumers for preventing chronic illness in Vijayawada region differs from one to another.

LITERATURE DISCUSSION

Literature review (qualitative analysis) is conducted to gain hindsight on the study concept, that support in construct and conduct of this research paper.

NDC is considered as non-communicative diseases that does not spread from one person to another. Growing NDC among Indian citizens has greater effects on the economy, as it increases the burden of the nation's spending on the curtailing or managing NCDs on the one side and it reduces the middle-aged working population, reduces the quality of the life of Indians and causes both physical and mental health of the citizens. It is predicted that India will suffer nearly US 4.58 billion losses by 2030 due to rising issues of NCD (Dirishi IAS, 2025). To mitigate the NDC there is need for collaboration between Government agencies (both at state and central level), healthcare sector, NGOs (Non-Government organisation), academicians, industries and the community on the whole (Sharma et al., 2024).

Health-conscious individuals are found to be more aware of prevent healthcare practices and it also influences their attitude toward PMHCSS (Menon and Jaffer, 2020). Consumers at the age bracket of 35-44 years are the prime takers of PHMCSS in India (Jhala and Dave, 2025). Socio-economic status of individuals, healthcare medicines attributes, marketing practices of these services and the psychology of consumers towards PHMCSS influences the consumers buying of the PHMCSS in India (Ali et al., 2018). Majority of the consumers are moderately aware of the immunity booster and various preventive medical or healthcare services available in the market and they occasionally purchase these products of services (Segu et al., 2021). Health-conscious individuals appreciate the doctors' advices for taking up PHC medicines and they are found to be satisfied with the NDC illness and its effects discussed by the doctors. Similarly, these segment of the consumers are found to be satisfied with treatments suggested by the doctors (George and Vaz, 2015). Marketers of PMHCSS adopt aggressive consumers attracting and motivate the consumers to buy their brand PMHC (Preventive Medicine and Healthcare) product or services (Saraswat et al., 2022).

Literature discussion supported the researcher in understanding the serious impact caused by the NCD to the national economy, attitude of the common man (consumers) towards NCDs and the steps taken by the marketers realising the market opportunities available to them.

METHODOLOGY AND DESIGN

Research study adopted mixed methodology (explorative and descriptive nature). The study design i.e., data collection (qualitative (thematic analysis) and quantitative) and its analysis focused to justify the objective framed. Dr. Nandamuri Taraka Rama Rao (NTR) district in Andhra Pradesh is selected as survey region. Data were collected from 125 urban and 125 rural preventive healthcare and wellness consumers in the study region i.e., in total 250 questionnaire were distributed and collected through survey money software. The study aimed to draw differences in the rural and urban consumers understanding and steps taken towards availing PMHCSS.

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RESULTS AND DISCUSSION

Survey was conducted among 130 (52 per cent) men and 120 (48 per cent) women consumers of PMHCSS. Further inferred that 72.25 per cent of the samples are aged above 39 years. Found that 35 per cent of the samples are illiterate and rests of the 65 per cent are either moderately or well-educated. Nearly 16.78 per cent of the sample were private sector employees, 2.54 per cent were retired persons and rests of the 80.68 per cent of the samples either self-employed, professional or home-managers. Around 52.50 per cent of the samples earn between ₹.10,001-₹.20,000 per month (individual income), that is considered as marginal income valued around ₹.1.20 lakhs to ₹.2.40 lakhs per annum, at the same time 78.40 per cent samples live in nuclear family set-up, of which 59 per cent of the families earn dual income (i.e., have two earning members in the family). Out of the 250 respondents surveyed, 71 per cent of the families have at least one member suffering from NCD(s). The article observed that 45 per cent of the samples have acquired moderate level of awareness about various NCDs and its ill-effect and 43 per cent of the samples exhibit high-degree of awareness towards NDCs. It was summarised that out of 250 NDCs consumers surveyed, 91.45 per cent are suffering from hyper-tension, 87.15 per cent are well aware of heart-diseases, 82 per cent are affected by diabetics, 61 per cent are suffering from respiratory issues, 45.13 per cent of the samples are conscious about cancer and its ill-effect. Drawing relevance to the above discussion, a cross sectional analysis is performed to measure the PMHCSS consumers living in rural and urban Vijayawada, NTR region understanding on the goal of PMHCSS and the steps taken by them preventing various NCDs.

TABLE: 1
INDEPENDENT Z TEST
RURAL AND URBAN CONSUMERS
UNDERSTANDING ON THE GOAL OF PMHCSS

Variables	Area of Residency				Z	DF	Sig
	Urban		Rural				
	Mean	SD	Mean	SD			
Protect the Individuals Health	4.920	0.350	**4.928**	0.260	10.205	248	**.038**
Promote Overall Wellness	**4.504**	0.563	4.448	0.531	10.810	248	**.019**
Preventing Illness or Reducing Risk	**4.784**	0.413	4.704	0.635	8.180	248	**.039**
Preventing or Delaying Chronic Diseases	**4.480**	0.604	4.304	0.805	9.955	248	**.002**
Reducing Healthcare Costs through Early Action	4.472	0.576	**4.584**	0.585	11.526	248	**.028**
Increasing Awareness and Encouraging Healthy Choices	**4.728**	0.498	4.688	0.499	10.635	248	**.026**

Level of Significance: 5 per cent

Inferred that 98.56 per cent of the rural people believe that PMHCSS support in protecting individual's health and 91.68 per cent of the rural masses believe that taking up PMHCSS with reduce healthcare cost expected to spend by them. On the contrary the 90.80 per cent of the urban masses prefer to promote their overall wellness through taking up PMHCSS. And 95.68 per cent of the urban people prefer to preventing illness or reducing risk, 89.60 per cent like to delay cum prevent failing ill effected by NCD and 94.56 per cent also reasons their awareness and encouraging healthy choices for taking up PMHCSS.

The computed table showed that the probability value of Z (10.205, 10.810, 8.180, 9.955, 11.526 and 10.635) is found to be significant at five per cent level. Therefore, the hypothesis framed stands accepted and it has been concluded that the urban and rural consumers understanding on the goal of PMHCSS in Vijayawada region differs from one to another.

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TABLE: 2
INDEPENDENT Z TEST
STEPS TAKEN TO PREVENT CHRONIC ILLNESS
BY RURAL AND URBAN CONSUMERS

Variables	Area of Residency				Z	DF	Sig
	Urban		Rural				
	Mean	SD	Mean	SD			
Taking Preventive Medicines	**4.168**	0.990	4.056	1.065	10.861	248	**.030**
Taking Alternative Medicines (Herbal/Natural)	3.232	0.968	**3.408**	0.943	11.456	248	**.047**
Regularly Doctor Consultation	4.256	0.870	**4.368**	1.074	10.906	248	**.036**
Conducting Regular Tests (Blood Tests or Other)	**4.184**	0.901	4.144	0.904	10.350	248	**.026**
Attending Awareness/Wellness Programmes	3.872	0.950	**3.880**	1.005	10.065	248	**.048**
Modifying Food/Diet Habits	**4.624**	0.758	4.488	1.021	11.196	248	**.023**
Modifying Lifestyle/Habits	4.416	0.863	**4.400**	1.040	10.132	248	**.005**
Doing Regular Exercise	3.840	1.279	**3.872**	1.107	10.212	248	**.033**
Attend Wellness Program (Yoga, Mental, Gym, Fitness etc.,)	**3.792**	0.927	3.752	0.964	10.334	248	**.038**
Other Measures	3.848	1.264	**4.176**	1.136	12.158	248	**.032**

Level of Significance: 5 per cent

Urban consumers take number of steps taken to prevent chronic illness i.e., they take preventive medicines (83.36 per cent), conduct regular tests (blood tests or other) (83.68 per cent), modify food/diet habits (92.48 per cent) and attend wellness program (yoga, mental, gym, fitness etc.,) (75.84 per cent). Rural consumers adopt various steps for preventing chronic illness like: taking alternative medicines (herbal/natural) (68.16 per cent), regularly doctor consultation (87.36 per cent), attending awareness/wellness programmes (77.60 per cent), modifying lifestyle/habits (88 per cent), doing regular exercise (77.44 per cent) and other measures (83.52 per cent). The computed table "Z" score showed that the probability value of Z (10.861, 11.456, 10.906, 10.350, 10.065, 11.196, 10.132, 10.212, 10.334 and 12.158) is found to be significant at five per cent level. Therefore, the hypothesis framed stands accepted and it has been concluded that steps taken by the urban and rural consumers for preventing chronic illness in Vijayawada region differs from one to another.

FINDINGS AND CONCLUSION

Data discussion revealed that rural consumers understand that prevention is better than cure (98.56 per cent). This attitude is reflected in their preference for taking alternative medicines (herbal/natural) (68.16 per cent), regularly consulting doctors (87.36 per cent), attending awareness/wellness programmes (77.60 per cent), modifying lifestyle/habits (88 per cent), doing regular exercise (77.44 per cent) and other measures (83.52 per cent). On the flip-side 90.80 per cent of the urban consumers prefer to promote their overall wellness (i.e., they believe in live health, stay health) through taking up PMHCSS. Urban consumers take number of steps like: taking preventive medicines (83.36 per cent), conduct regular tests (blood tests or other) (83.68 per cent), modify food/diet habits (92.48 per cent) and attend wellness program (yoga, mental, gym, fitness etc.,) (75.84 per cent). The article concluded that the rural and urban consumers' attitude towards PMHCSS and the steps taken by them for preventing chronic illness in Vijayawada region differs from one to another. The marketers of PMHCSS should focus on selling yoga, mental, gym and fitness activities among the rural consumers, as these services have higher opportunistic in the rural region. At the same time, marketers have to focus selling more herbal preventive medicines and physical work-up (exercises) in the urban region.

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