Consumer Behavior Involved in Purchasing Toothpaste

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Introduction

Every time a person is confronted with the opportunity or responsibility to purchase services or goods, five steps including problem recognition, information search, evaluation of alternatives, purchase and post purchase evaluation are involved. Options, even in the simple realm of personal hygiene each play an integral part of a consumer’s buying behavior. Toothpaste for example causes the buyer to become involved in critical analysis, determining whether the purchase will involve routinized, limited, or extended problem solving.

After looking through several articles and case studies, I decided to study the consumer decision making process of toothpaste. Consumers often engage in limited problem solving when buying toothpaste because a buyer may buy it occasionally and may have little information on the product. Buying toothpaste requires a moderate amount of time for information gathering, even if a person is unfamiliar to the market. Although toothpaste is generally viewed as a commodity in United States, developing nations such as Bangalore, Ludhiana, and Vietnam have limited financial ability for such purchases and use. The first article analyzed the consumer’s ability in Bangalore to use toothpaste on a daily basis. The article also evaluated the differences in product availability for each brand. The second article stressed the greater importance between consumers and brand loyalty. The final article focused on toothpaste brand longevity among each brand. The following analysis demonstrates information on the consumer decision making process involved toothpaste purchase.

Analysis

There are several influences that affect the decision process. When looking for toothpaste, two major concepts that I would like to focus on are physiological influences’ and social influences’ when purchasing toothpaste. Physiological influences tend to impact a buyers
perception, motives, learning and attitudes and is generally an internal factor in decision making. Perception varies across each city since buyers are in different stages of the consumer buying decision process. For example, “Many people [in Bangalore] still clean their teeth with traditional products like Neem twigs, salt, ash, tobacco or other herbal ingredients” (Ludhiana 28). Other cultures have progressed in the buying decision, and have recognized the problem of poor oral hygiene. As a result, they have investigated relevant information to evaluate the alternatives prevalent with different brands of toothpaste.

Attitudes also vary depending on the price and ease of access of a particular toothpaste brand. If a brand of toothpaste is not easily accessible, consumers will have a pessimistic attitude when evaluating the brand as a viable market competitor. For example, consumers’ in India were more likely to buy the major toothpaste brands since the product was available in both urban and rural areas. In contrast, the smaller local brands had more difficulty selling a specific brand of product due to the lack of both notoriety and access. “This goes to show that there is still scope for further improvement in the marketing and advertising campaign for the two Indian brands to make them competent with the market leaders like Colgate and Close-up” (Saha 31). As Colgate and Prepsodent continue to advertise their product through an aggressive marketing strategy promoting availability and access, they maintain a positive brand image.

In contrast, social influences tend to impact the consumers’ buying behavior through a person’s culture, reference groups, social classes or media and are generally viewed as an external factor in decision making. For example, in India and Vietnam, consumers are most likely to use toothpaste are people between the ages of 18 to 30 who have attained education beyond high school. Studies indicate that although this age group understands the benefits of maintaining proper oral hygiene through brushing their teeth, they tend to be influenced more by
professional athletes, a family doctor, or a peer leader. These reference groups have the ability to exert influence over a first-time buyer and make a substantial impact when purchasing a product. “Based on [Ludhiana’s] study, parents are influencing more for buying toothpaste then friends, spouse, kids and self-decision. So reference groups are also influencing the consumer in decision making” (Vani 11).

Media can also influence the consumer buying decision process. “Advertising may directly influence a consumer’s brand evaluation through such cues as celebrity endorsements and music, even without providing any explicit information” (Vani 11). As technology becomes more innovative, buyers in rural areas have the ability to connect with more developed urban areas where toothpaste is used more frequently. Advertising has become more competitive in promoting products through mediums such as the internet, television, and radio. Rural areas in India are being urbanized which also leads to growing information access and availability.

Although I found these articles interesting, there are several questions left unanswered. First, I would like to know the specific time that each study occurred. The source gave the date of publication but did not specify how current the information was of the population survey. Second, I would like to see how information in Central India would differ when compared to Ludhiana (North India) and Bangalore (South India). Overall I was impressed by the amount of data taken in each survey and how the data pertained to the consumer buying decision process. One recommendation that I would like to make is that each of these sources need to target adults between the ages of 18 to 30. Their surveys indicate that a vast portion of people who are continuously buying toothpaste (who may brush their teeth up to three time a day) are in this age group.
Lessons Learned

Two important lessons I have learned from reading the analyzing the articles are the significance of brand awareness and the importance brand image. Obviously, if consumers are not aware of a brand, the product will have lesser chance of purchase. However, after reading the article on Vietnam, I was fascinated to learn about the number of “mid-market” competitors who lose the attention of consumers’ dues to not being able to maintain a sustainable quality image. Furthermore, newer brands’ were adaptable and sustainable in completely competitive markets by providing a recognizable brand image. This is vital in sustaining a quality product image for a consumer’s buying behavior.

Having a positive brand image tends to be a deciding factor in what brand of toothpaste the consumer chooses. Although Colgate is more expensive than its competitors, consumers in India are more inclined to pay the higher price for that toothpaste because it portrays a higher image of quality. The cheaper local brands have much smaller margins of revenue because consumers feel it is “bargain brand” which is usually associated with being “cheap”. As stated earlier, when role models promote a product, positive brand images are created. Local Indian brands, such as Babool and Ajanta, do not have the ability to spend money frivolously on athletes to promote a positive brand image.

Conclusion

The consumer decision making process is used each time a person decides to buy a brand of toothpaste. Although North Americans understand the consequences of poor oral hygiene, as much as 40% of people in developing nations such as India and Vietnam still use traditional techniques such as chewing dried Iris leaves rather than using toothpaste. Internal factors such as perception and attitude play a vital role in changing an affecting consumer behavior regarding
toothpaste. Also, external factors such as role models and media help shape the consumer behavior for various brands of toothpaste. As different brands are purchased, the steps involved in buying a product may or may not be used depending on information availability and the evaluation of alternatives.
References


