

Consumer View on Perceived Risk of Consumption of Packed Water and its Effect on Their Buying Behaviour

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Abstract

Access to water sources has formed the development of communities, societies and nations. Some privilege the development of water treatment equipment has had a greater impact on International human health than that of antibiotics and vaccines. In less than two decades, this level is predicted to increase substantially, with nearly half of the global population depressingly affected. Regions currently struggling to supply citizens with sufficiently treated water are those most likely to be heavily exaggerated by increasing water problem. This paper, with the objective of assessing the relationship between perception of consumer of tap water and the consumption of other water sources, was performed in other seasons were autumn and winter 2020 in Chennai city. A Researcher-made questionnaire, based on demographic information was prepared. To analyze the demographic perceptions of Chennai people in different areas, questionnaires were distributed to 400 among 400 participants based on stratified method. The results showed that the peoples' preference in available drinking water sources revealed that Chennai peoples' preferences in, tap water, domestic water softeners, commercial water softeners and bottled water were significant respectively. Besides educational levels, sex difference, such as a sagacity of vulnerability sensed by female, sex structure, ideas and beliefs are other major factors influencing perception on drinking water quality.

Keywords: Consumer, Antibiotics, Risk, Consumption, Drinking water.

INTRODUCTION

Access to water sources has formed the development of communities, societies and nations. Some privilege the development of water treatment equipment has had a greater impact on International human health than that of antibiotics and vaccines. In 2010, the UN declared access to clean, harmless water a human right, although the outcomes of climate change, degradation of land, pollution continue to disagree an increasing portion of humanity this fundamental right. Presently, water scarcity disturbs approximately 700 million people in the world. In less than two decades, this level is predicted to increase substantially, with nearly half of the global population depressingly affected. Regions currently struggling to supply citizens with sufficiently treated water are those most likely to be heavily exaggerated by increasing water problem. In such regions, population growth, connected with insufficient water quality, will augment the problem of water-borne diseases causes to vulnerable populations.

Consumer perception of drinking water quality has happened for thousands of years. In the past, Human believed that worthy drinking water should be cold, healthy, transparent and potable, but their perception of chemical and biological water quality was not remarkable. Nowadays, the link between drinking water quality and people health is evidently identified, the World Health Organisation has been emphasizing that “all people, whatever their step of development or economic and social conditions, have the accurate to have access to a perfect supply of safe drinking water”

Although presence of a public water distribution setup is often a scale of suitable water supply in a developing country, it should not be thought that the piped water quality is always enough for human consumption, apparently, the composition of water changes accordingly with hydro-geological conditions of localities. Water normally have more or less levels of gases, organic matter and minerals either underground water or surface water has never been chemically pure H₂O. This composition is associated with natural processes and human activities. In dry and semi dry areas, because of extreme temperature moderates during different times, natural processes that are soil erosion and rock weathering lead to conversion in water quality. Based on previous studies, if any of these water sources flop to have the more acceptable concentration of inorganic and organic things, consumers could be challenged with many physical problems.

REVIEW OF LITERATURE

Andrea Crampton et al (2016) revealed in their article Consumers in most developed countries, including Australia and New Zealand, believe their drinking water is safe. Their research contributed exploratory insights by identifying factors that affect customer perceptions and behaviors. 183 face-to-face interviews conducted at six research sites for Individual perceptions of drinking water quality and actions taken to mitigate perceived risks. The analysis of Qualitative thematic revealed the majority did not bother drinking water a “risky” activity, trusted water management specialists to manage all safety issues and trusted and self-evaluation of drinking water’s taste and preferences appearance were enough measures to ensure safe consumption.

Jonas Toljander et al., (2018) showed that the average drinking water consumption ranges between 0.075 and 3 L/day for grownups with both national and regional differences. The amount and source of drinking water consumed by the grownups in Sweden were estimated, both traditional and novel method were used in a population from an average sized Swedish Municipality to collect self-reported estimates. They sent SMS questionnaires to obtain longitudinal information as well. It could be inferred from the questionnaire from SMS that the cold tap water average consumption was 4.9 glasses per day i.e 1 glass = 200 ml while the range of cold tap water by traditional method was in between 4.5 to 7 glasses per day. By the results, they suggested using 1 l/day for the average grownups population and 2.5 l/day for more consumers for risk management of cold tap water consumption. As 46% of the tap water consumed is heated, they suggested using 1.85 l/day for total tap water consumption.

Simonne Rufener et al (2010) aimed at identifying serious points of contamination and determining the extent of recontamination after water treatment. They were visited 81 households, and 347 water samples from their current sources of water, treated water, and drinking vessels were analyzed. The indicator used to assess the quality of water for faecal contamination was *Escherichia coli*. Though eminence of drinking water improved by boiling and solar disinfection of water (SODIS) (median=0 CFU/100 mL; IQR: 0–0.05), the quality of water in the cups were significantly reduced at the point of consumption because of recontamination (median=8, IQR: 0–500; n=45, z=-2.4, p=0.015). Home-based intercessions in disinfection of water may not assurance health benefits without balancing hygiene education because of the risk of post-treatment contamination.

RESEARCH METHODOLOGY

This paper, with the objective of assessing the relationship between perception of consumer of tap water and the consumption of other water sources, was performed in other seasons were autumn and winter 2020 in Chennai city. A Researcher-made questionnaire, based on demographic information was prepared. To analyze the demographic perceptions of Chennai people in different areas, questionnaires were distributed to 400 among 400 participants based on stratified method. Questions contained about the information regarding household drinking water usage, judgment about tap water safety, and taste and other details for buying bottled water. To analyse the statistical part, analysis of variance (ANOVA) using SPSS version 22 was applied in this study. Also $p < 0.05$ was measured for significance level.

Table:1 Standardized Regression Weights: (Group number 1 - Default model)

		Estimate
CAI2	<--- awareness	.846
CAI3	<--- awareness	.828
CAI1	<--- awareness	.925
CAI4	<--- awareness	.897
CAI5	<--- awareness	.895
SERI1	<--- sources	.950
SERI2	<--- sources	.940
SERI3	<--- sources	.860
SERI4	<--- sources	.848
INSTIMAGE3	<--- purchase	.795
INSTIMAGE1	<--- purchase	.925
INSTIMAGE5	<--- purchase	.705
INSTIMAGE2	<--- purchase	.855
INSTIMAGE4	<--- purchase	.656
PART3	<--- expectation	.328
PART1	<--- expectation	.805
PART2	<--- expectation	.922
PART4	<--- expectation	.897
SOCIALSEC1	<--- satisfaction	.689
SOCIALSEC2	<--- satisfaction	.863
SOCIALSEC4	<--- satisfaction	.828

The results showed that demographic perceptions of consumer perception of tap water quality such as history of Resident, Sex, literacy level, Work and Income level had influence on the satisfaction score ($p < 0.05$)

Table:2

Model	RMR	GFI	AGFI	PGFI
Default model	.067	.846	.801	.656
Saturated model	.000	1.000		
Independence model	.365	.300	.230	.273

Table:3

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.882	.861	.922	.908	.922
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

RESULTS

As a result of this study, we found the people who had more resident impact, were more satisfied than other people. The perception that the tap water looked rather risky or vulnerable water supply facility frustrated the younger consumers. The results showed that females and people with university education were gratified with tap water. It may be due to education properties on consumers' perception of chemicals mixtures in drinking water.

CONCLUSION

Educated people are more anticipated to consider that there is a lower risk of tap water contamination. Therefore, there was a constructive link between education and discernment of chemical pollution of potable water. Moreover, education seems to inspiration choosing mass media. Besides educational levels, sex difference, such as a sagacity of vulnerability sensed by female, sex structure, ideas and beliefs are other major factors influencing perception on drinking water quality. Because of great awareness about water quality and less income for buying of processed water, it shows that office employees and poor families had more satisfaction from tap water quality respectively.

Inference could be made from the data that consumer satisfaction had vital nexus with demographic factors ($p < 0.05$). Poor families, Office employees and females were more satisfied with tap water quality. The importance of this paper is that its information can be utilized in consumer views for choosing a source of suitable eminence of water resource and satisfaction with the supply sources. So, it is advised that for each consumer, based on self-condition, chooses using a specific drinking water source, the actions should be designed based on the saving of human health and satisfaction of consumers.

REFERENCES

1. Australian Department of Foreign Affairs and Trade. Available online: <http://www.smartraveller.gov.au/zw/cgi/view/TravelBulletins/General> (accessed on 12.08.2015).
2. Crampton, A. Water, an essential resource and potential health risk! Rural perceptions, awareness and knowledge of health risks. In *Rural Lifestyles, Community Well-Being and Social Change*; Ragusa, A.T., Ed.; Benthan Science Publishers: Emirate of Sharjah, United Arab Emirates, 2014; pp. 473–515.
3. Frumkin, H.; Frank, L.; Jackson, R.J. *Urban Sprawl and Public Health: Designing, Planning and Building for Healthy Communities*; Island Press: Washington, DC, USA, 2004. Hydrology 2016, 3, 8 13 of 14
4. Kendall, M. Drought and its role in shaping water policy in Australia. In *Droughts in Arid and Semi-Arid Regions*; Schwabe, K., Albiac, J., Connor, J.D., Hassan, R.M., Gonzalez, L.M., Eds.; Springer: Dordrecht, The Netherlands, 2013; pp. 451–467.
5. UN Water. Policy Brief: Water Quality. Available online: http://www.unwater.org/downloads/waterquality_policybrief.pdf (accessed on 13.04.2015).
6. WHO. Guidelines for Drinking-Water Quality, 4th ed. Available online: http://www.who.int/water_sanitation_health/publications/dwq_guidelines/en/ (accessed on 13.04.2015).