A COMPREHENSIVE ANALYSIS OF CONSUMER BEHAVIOR, PREFERENCES, AND KNOWLEDGE IN WEIGHT MANAGEMENT

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

by

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Under the Supervision and Guidance of

Dr. Sudhinder Singh Chowhan

2025

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Gyanendra Tripathi in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur, has successfully completed his internship at IIHMR University during Mar 10 - May 31, 2025.

Place: Jaipur
Date: 25th May 2025

Signature of Guide
Dr. Sudhinder Singh Chowhan

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled A Comprehensive Analysis of Consumer Behaviour, Preferences, and Knowledge in Weight Management is a record of the research work undertaken by Gyanendra Tripathi in partial fulfillment of the requirements for the award of the degree of MBA Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

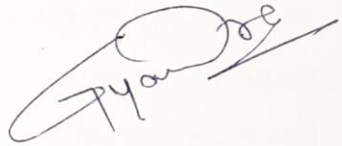
Dr. Sudhinder Singh Chowhan
IIHMR University, Jaipur
Date: 25th May 2025

12/6/2025

Dr. Saurabh Kumar Banerjee
IIHMR University, Jaipur
Date: 25th May 2025

DECLARATION BY STUDENT

I hereby declare that this dissertation titled A Comprehensive Analysis of Consumer Behaviour, Preferences, and Knowledge in Weight Management is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Gyanendra Tripathi

Date: 25th May 2025

Abstract

Title:
A Comprehensive Analysis of Consumer Behavior, Preferences, and Knowledge in Weight Management

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Keywords:
Consumer Behaviour, Weight Management, Health Preferences, Obesity, Psychological Motivation, Lifestyle Intervention

Background:
Obesity and weight-related health issues have become a global concern, prompting greater attention from health authorities toward effective weight management strategies. Despite the abundance of resources and interventions, many individuals continue to struggle with managing their weight due to various personal and societal challenges.

Objective:
This thesis aims to explore the behaviors, preferences, and knowledge of individuals in relation to weight management. It seeks to understand the psychological, cultural, economic, and informational factors influencing their actions and decisions related to health and fitness.

Methodology:
A mixed-methods approach was adopted for this study, utilizing both quantitative and qualitative research tools. Structured questionnaires were distributed to a diverse sample population, and in-depth interviews were conducted with selected participants. The focus was on understanding individual perceptions, purchasing behavior, and responses to challenges in weight management.

Results/Findings:
The study reveals that consumer behavior is significantly shaped by product availability, cost, emotional beliefs, societal perceptions, and internal motivations. There is a growing preference for natural and personalized health experiences, including the use of mobile apps and engagement with social media influencers. Despite the availability of resources, individuals face barriers such as psychological stress, misinformation, societal stigma, and lack of support. Key demographic variables like age, gender, and education also influence health choices. Trust in health information sources, especially online fitness communities and influencers, is critical in shaping consumer actions.

Conclusions:
Weight management is a complex societal issue that requires a collaborative, multi-sectoral approach. Effective interventions must be research-driven, inclusive, and tailored to individual needs. Empowering individuals with credible information and supportive environments can enhance long-term health outcomes and decision-making. This study provides valuable insights

for public health professionals, policymakers, and marketers to design impactful and user-friendly weight management programs.

Acknowledgement

I wish to say a heartfelt thank you to Dr. Sudhinder Singh Chowhan, my guide, because his help has been crucial to me during my academic journey. The feedback he gave improved my thinking and also encouraged me to look closely at the details of why consumers behave as they do in weight management. Because of his continuous motivation and trust, I was able to focus closely and learn things I had not anticipated before.

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I would also mention IIHMR University, which is highly regarded for supporting students in healthcare management studies. Having ample resources, modern systems in place and a group mindset contributed to the success of this research. Because of the institution's constant pursuit of excellence, I have found my research work much easier and more helpful for my career growth.

I want to say thank you to all the volunteers who shared what was personal to them. Due to their participation in the research, the findings stood out and had a significant effect on consumer behavior and the problem of weight management.

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Chapter 1: Introduction

Introduction

Due to more people being overweight, living sedentary and having higher rates of non-communicable diseases, the worldwide conversation about health and wellness has sharpened in the last few decades. One of the leading public health issues is helping people manage their weight since it involves many factors beyond only what they eat and how active they are. All of us know that weight management depends on your behavior, the way you think, culture, your economic situation and your environment, all of which factor into maintaining a healthy weight. The purpose of this study is to thoroughly examine consumer behaviors, what people like and the many issues people face when trying to manage their weight.

We can see the urgent importance of this topic by checking global health statistics. World Health Organization (WHO) findings show that there were nearly three times more obese people across the globe in 2016 compared to 1975 and more than one in three adults were overweight that year.(1) Because of this trend, the health of individuals and the financial and operating status of healthcare systems are adversely affected. Rising expenses from obesity-related diseases including diabetes, heart disease and many cancers necessitate a thoughtful look at the factors that cause someone to gain weight.

At the core of the issue is the person using the overflow of diets, supplements, fitness regimens, gadgets and influencers, where outcomes can change and success may differ. (2)While there are many methods and resources for weight control, lots of people encounter difficulties reaching and keeping their health goals. Because of this paradox, we wonder why consumers participate in weight-loss initiatives. Does how they feel about something influence the decision they make? What problems stop them from keeping healthy weight, even with available resources?

It attempts to answer these questions by studying three areas that are strongly related: consumer behavior, what people like and the trials of weight management. Looking at consumer behavior helps identify how someone picks their daily diet, physical activity, products and the place they get their health information from. Special care is taken to explore how behaviors are influenced by psychology, emotions, motivation, sense of self, body image and the effects of society and culture.

Researchers will investigate the features that matter most to people when they choose how to manage their weight. Among the factors here are the choice between natural and synthetic items, between plans made for one person and generic plans and between coaching online or

in person, as well as the cost. By knowing these preferences, people can understand what guides a person's decision to seek care and improve services, marketing standards and healthcare regulations.

Finding out about consumer difficulties is important as they often keep companies from achieving long-term success. Such difficulties range from financial problems to pressures on the mind, spreading of wrong information, fear of judgment, time pressure and missing out on support. It will investigate how these challenges are related to age, gender, economic status and culture which will provide a complete understanding of the differences in weight management outcomes.

This research tries to unite principles found in academic studies with actual information on consumers. Marketing, psychology, public health and behavioral economics are included in the literature used and both kinds of data help. The main aim is to develop more caring, all-inclusive and successful methods for managing weight in a wide range of people.

Chapter 2:
Review of Literature

1. Weight-Loss Dieting Behavior: An Economic Analysis(3)

Borrowing from economic theory and behavioral psychology, Odelia Rosin creates an all-embracing model for studying how dieting decisions are made. Though the study saw weight management as a logical process, it noted that behavior has many layers, especially when making big lifestyle changes like dieting.

This model was built on the idea that people deal with pressures from within and from outside themselves while trying to lose weight. It takes into account avoidance of effort which affects behaviors toward exercise and its reliance on social expectations for what is considered an ideal weight or size. Such norms play a role in people's belief about the perfect body, their weight ambitions and starting or ending attempts to lose weight.

One important part of the model is the use of time-inconsistent preferences, something taken from behavioral economics to show how some people might prefer immediate gains (e.g., eating dessert) over lasting ones (e.g., a healthier body). Such cycles commonly happen and are known as yo-yo or cyclical dieting since people regularly begin, stop and restart their diet plans due to highs and lows in motivation and self-control.

It also makes a point of how naive and sophisticated consumers differ from each other. Because naive individuals underestimate how likely they are to lack self-control, they do not plan ahead well when their motivation decreases. And in comparison, sophisticated people understand what may stop them and put in place commitment devices or arrange structured support to avoid falling off track. Knowing if someone is congruent or incongruent with their behavior allows us to pick the right approach for each individual.

The model also explains that if someone starts out weighing more, they are more likely and stronger dieters which indicates they want to change more. But these attempts to slim down tend to shrink as dieting harms both the mind and body and the pressure from the community either fades or is taken in by the person in an unhealthy manner (for example, making them feel bad or start harmful eating habits).

All in all, this paper gives valuable insights to the area of health economics and behavioral health with its detailed analysis of weight-loss dieting behavior. It shows that researchers should recognize dieting's role in mental and social health, both in studies and practical support. Based on the findings, successful weight management should focus on empathy,

realism and personal solutions, as opposed to strict diets and encourage changes in habits supported by what we know about human motivation.

2. Differences in Consumer Use of Food Labels by Weight Loss Strategies and Demographic Characteristics(4)

Mary E. Cogswell et al studied the topic of food labels, learning particularly about the effects of weight loss intentions and other characteristics on how consumers interpret food labels. Using data from the National Health and Nutrition Examination Survey (NHANES) from 2007 to 2010, the study looks at how people use nutritional information to influence what they eat and control their weight.

Adults who reported being on a weight-loss journey were examined to see if they were more likely to check the Nutrition Facts Panel, study what is in the food and find the calorie details listed at restaurants. It was found that people actively trying to lose weight are more likely to read nutrition labels in different places. It seems that trying to control weight is related to looking at the information about food products.

The research stands out for paying special attention to differences in population. Authors reveal interesting ways ethnic communities respond to specific information on food packaging. More than half of Black and Hispanic adults consulted ingredient lists, while less than half of White adults did so, revealing cultural or community-specific ways of considering and choosing foods. Such differences could be the result of different levels of nutritional learning, belief in food labeling or emphasis on health messages in the communities they live in.

Researchers also examined food label use by looking at gender, age and how much education someone has and found that women, seniors and those with higher education are more likely to pay attention to the nutrition data. An interaction of health knowledge, desire and chances to learn about nutrition seems to play a major role in making better food choices.

Also, the study shows that calorie lists on menus at fast-food places are more likely to be used by people who wish to lose weight. This helps public policy initiatives by adding menu labeling as a way to motivate people to eat healthier foods, especially those who monitor their weight.

Importantly, the research indicates that nutritional labels act as a reminder that makes people more likely to pay attention to health-related actions. The study states that everyone may not benefit from nutritional info in the same way, so clear health communications are necessary for all groups.

In short, the study greatly benefits the discussion of consumer behavior relating to weight management. It points out that reading food labels supports and encourages people, mainly those dealing with weight management, to develop healthy habits. Also, this study stresses the need to design food labeling and public health efforts specifically for different groups, helping them all benefit.

3. Does Parasocial Interaction with Weight Loss Vloggers Affect Compliance?(5)

MD Nazmus Sakib, Mohammadali Zolfagharian, Atefeh Yazdanparast, studied in this research as an area where PSIs (bonds between audiences and celebrities) can shape consumer behavior. Ending up on the path to find out how bloggers in the health and fitness area affect people's adherence to diet and weight-loss plans.

A main idea in this research is that there is now less difference between celebrities and regular individuals in the digital age. Weight loss, nutrition and healthy lifestyles influencers usually build close ties with their followers through regular, personal and believable communication. As a result of these interactions, many fans think vloggers can relate to their own problems and desires which helps build trust.

Several critical factors are pointed out in the study that determine how strong parasocial relationships become. Among these, whether the vlogger is credible and physically appealing greatly influenced the development of PSI. Those who came across as knowledgeable, genuine and emotional were more successful in getting viewers to feel emotionally attached. Also, the way vloggers look, especially when they exhibit fitness and health, makes their audience see them as leaders in the beauty space.

The usefulness of this study comes from its careful examination of consumer readiness which consists of three factors: what someone's duties are, what they can actually do and how motivated they are to comply. It was found that these factors played a part in how willing consumers are to comply with PSI. Generally, viewing a YouTube health specialist as trustworthy makes fans more apt to follow the health tips.

Health consciousness is presented as a key variable that helps explain why some people are healthier. The research states that among White Caucasian consumers, those who are more health conscious tend to respond much better to PSI. It means that people who care about their health are likely to respond more to health-related messages from reliable people they trust on the internet.

Using psychology, marketing and digital media, this research explains how social media influencers are becoming more significant as agents for changing health behaviors. It means vloggers stand out as digital influencers whose advice to change can equal or surpass that of traditional experts in healthcare. It affects public health campaigns, strategies for online advertisements and what is expected from influencers in terms of ethics.

Therefore, this research suggests a change in the way consumers gather, understand and practice advice on weight management. What was discovered is that digital health environments depend on emotional bonds, how real users feel the relationships are and how ready they feel to take action, all working together to impact behavior. Researchers and practitioners should consider that by involving well-known online personalities, positive health outcomes can be achieved, so long as these connections are managed and built on reliable health resources.

4. Why It Is So Hard to Lose Weight? An Exploration of Patients' and Dietitians' Perspectives(6)

In their insightful quality study, Magdalena Poraj-Weder, Grażyna Wąsowicz, Aneta Pasternak' focus on the psychological and human aspects of losing weight and maintaining a healthy lifestyle which is a major challenge faced today. Drawing on the personal stories of those with weight problems and the help given by registered dietitians, the study describes what influences, blocks and shapes the emotions of weight management.

The theory uses two main psychological approaches known as Self-Determination Theory (SDT) and Organismic Integration Theory (OIT). They point out that having personal freedom (autonomy), self-confidence (competence) and relationships (relatedness) supports good health behaviors. The study tries to elucidate what happens in a person's mind that leads them to make certain decisions rather than looking only at food and exercise plans.

By having semi-structured interviews, the researchers notice that autonomous motivation is much better at helping people stick with weight loss compared to controlled motivation which is influenced by things like society, appears ideals or the fear of others' opinions. Individuals who make their health goals personal by relating them to personal values (for example, wanting to live healthier for family or to have more fun) stick with them better and rise to challenges more easily.

The participants in the study found that, as dietitians do, many people who try to lose weight have goals externally imposed by social views of what is considered ideal or by pressure from loved ones. These types of motivation get people moving at the start, yet they might not keep people motivated in the long run unless changes are made.

Repeated failures are often accompanied by strong emotional stress in these stories. Many patients have tried dieting before, following tough and unsustainable routines that result in brief successes and then ending in relapse and feeling guilty. Because of this pattern, it gets harder each time an attempt is made and it wears down your belief in yourself. Patients often mention feeling guilty, frustrated and ashamed, showing the mental health issues that connect with their physical health problems.

Empathy and individual support are highlighted in the study as important parts of dietetic care. Dietitians who make an effort to form good relationships, strengthen trust and encourage clients to make their own health decisions are often very effective. Instead of sticking to one kind of meal plan, they help you set goals and build healthy habits slowly. Being client-centered is consistent with SDT since it provides spaces that support a person's independence and effectiveness.

It argues for a new way of approaching weight management which emphasizes personal strategies that consider the real factors behind human motivation rather than quick solutions. It asks for focused public health talks and medical actions that focus mostly on changing habits for life, feeling encouraged and having emotional measures and less on simple rules and critics.

All things considered, this study strongly suggests that losing weight should be about personal development, getting to know yourself and living in harmony with your priorities, rather than trying to force yourself to change. It supports practitioners in creating helpful, affectionate and lasting forms of support. It tells patients that their emotions are normal and reminds them of the importance of being kind to themselves, independent and strongly motivated to support their health.

5. Barriers to Weight Loss Among Community Health Center Patients: Qualitative Insights from Primary Care Providers(7)

Kimberly A. Gudzune and colleagues, in their qualitative study, analyze the many challenges to weight loss that patients receive care for at Community Health Centers (CHCs) from the point of view of frontline primary care providers. For many underserved, low-income and

minority communities, Community Health Centers are the only or main way to access healthcare. Because of this, the healthcare professionals in these settings see firsthand the problems patients encounter while limiting their food intake.

It shifts the attention from patient behavior to the structural, social and institutional barriers that can make losing weight very challenging. The researchers interview physicians, nurse practitioners and physician assistants to fully describe the different difficulties and complications leading to poor health outcomes among these groups.

Low motivation, high emotional stress and other life concerns were regularly mentioned by providers as main obstacles to losing weight when talking about individual patients. A large number of patients experience the effects of depression, trauma and anxiety which are frequently unhandled or handled inadequately. Such mental health problems prevent patients from starting and maintaining positive changes to their behavior. It is apparent that for a lot of people, issues like job security, good housing, childcare and ongoing medical conditions mean more than focusing on their body weight.

Providers mentioned that family and cultural norms often play a big role in helping or impeding people's attempts to lose weight. In these neighborhoods supported by CHCs, enjoying traditional foods with lots of calories and avoiding popular health trends make it hard for patients to develop healthy habits. Also, if family members offer no support or if family meals tend to be high in fats or sugars, making positive changes alone is much harder.

Service providers pointed out that communities have limited healthy food near them (food deserts) with not many places to exercise safely, along with a high concentration of fast-food establishments. Buying healthy foods or finding places and time to exercise is often both hard and costly for many. Because of these factors and the uneven work schedules of many, patients have fewer healthy lifestyle choices.

As shown in the medical field, primary care physicians stated that they lack the skills and support needed for successful weight counseling. Most mentioned they were busy, had not received formal training and lacked suitable referral choices as the main obstacles to dealing with weight concerns. Providers were unhappy that they could only give brief advice rather than provide personalized care. There were also those who admitted feeling unsure if weight loss treatments had a chance in the context of many social problems which made them less motivated to use them.

It is one of the main findings that dealing with weight in underserved populations requires an approach that includes more than just diet and physical activity. Poverty means poor diets, stress makes it harder to work hard, less access to education and presence of support hinders personal accountability. It is strongly suggested in the study that mental health, social caring and changing environments be tackled with programs that motivate and teach individuals as well.

All in all, this research gives a clear and important picture of how weight loss works in at-risk communities. It points out that being overweight is not just down to willpower, but is caused by complicated problems in society. The study urges us to rethink the way we manage weight focus on fairness, understanding and reform.

6. Designing for Psychological Change: Individuals' Reward and Cost Valuations in Weight Management(8)

Daniel A. Epstein and his group investigate the detailed ways that decision theory can explain how people handle their weight management. A number of interviews and questionnaires allowed the study to discover the range of feelings people have about their weight management experience.

One main point, according to studies, is that a successful intervention increases the value people see in adopting slimming behaviors and simultaneously reduces any perceived pain of doing so. At the same time such strategies aim to make it less rewarding for individuals to engage in negative actions and difficult to avoid the punishments.

The study gives a good framework for designing persuasive tools in health care that fit people's goals and desires. By understanding these factors such systems can greatly help in making weight loss decisions which leads to better nutrition and support for weight loss goals.

Chapter 3: Methodology

Research Design

A combination of quantitative and qualitative methods is used in this study to explore both the unique features and issues involved in how people manage their weight. Using both types of data—quantitative and qualitative—allows one to identify trends and preferences and also learn about motivations, what people believe and what stops them.

Study Setting

The participants used in the study were chosen from various regions and social backgrounds which resulted in a sample that represents the different experiences and ideas about obesity and weight loss. Because of the diversity, the findings can be applied to various groups and have a broader meaning.

Study Population

Those included in the study had either previously faced obesity or were facing it at the time of the study. There were men and women involved who had different ages, kinds of jobs, educational backgrounds and cultural settings. The researchers selected this population to get insights from people who know about weight management, to ensure the data was meaningful.

Sampling Technique

For the study, the chosen sampling method was purposive sampling which is a non-probability type. The group was chosen specifically because they have experience, knowledge or engage with weight management and obesity topics. It was considered suitable for this study since it looked for insights from people who really understand the subject.

Sample Size

For the quantitative part, there are 165 examples.

People took part in the research by using the structured online survey. In addition, 10 respondents were asked to take a pilot questionnaire to check the questions' relevance, accuracy and simple language before using it for the survey.

For this part, interviews were conducted with a carefully chosen group from the survey, so it was possible to understand their personal experiences, behavior patterns and difficulties with losing weight.

Study Tools

Data was collected mainly by using two important tools.

Using a questionnaire, we asked questions that could be answered by choosing from a list of options, including habits, exercises, weight management products, marketing influences, shopping styles, the reasons behind their actions and details about the person (like age and gender).

A semi-structured interview guide was constructed that helped in conducting qualitative interviews with the chosen people. Interviews covered topics like the motivation behind losing weight, what obstacles people felt came up, the impact of others, emotional factors and opinions about weight management-related products and services.

The tools were made after examining lots of existing scientific information and asking experts for advice.

Over a three-month period, the whole study took place and involved the following:

- 1 week for both pilot testing and improving the tools
- The data collection phase (from surveys and interviews) was completed in 6 weeks.
- It typically takes 4 weeks to clean the data, transcribe interviews (if relevant) and analyze as well as interpret the results.

Guide to Collecting Data

Data was gathered in the study in two distinct phases.

The process of collecting quantitative data.

Google Forms was used to deliver the filled-out questionnaire to the participants by email. The study objectives were explained to everyone and they all gave their consent online. Taking part in the survey was completely private and people could answer at a time that suited them.

- Using Qualitative Data Collection Techniques.

People for in-depth interviews were picked because they were ready and able to express what they experienced.

Data Analytics Strategy

Information was sorted using software and analysis happened in Microsoft Excel. The data was studied with the help of percentages, frequencies and graphics.

The study of statistics and mathematics:

All the statistical survey data were uploaded to Excel to be checked and studied. The study applied the following statistical methods:

Using frequencies, percentages, means describes the main features, habits and interests of shoppers.

Analysis of Qualitative Data:

Using Microsoft Excel, the interview data were transcribed, coded manually and analyzed by theme. The framework was built by looking at the common themes, keywords and stories found repeatedly. Emotional challenges, society's ideas about body size, difficulties in lifestyle changes and reasons for motivation were noted as themes. With this, the study could discuss consumer psychology and practical obstacles that influence weight loss choices.

Ethical Considerations

Participants were made aware about what the study was meant for, their rights and that participating was optional.

Responses were kept private and used only for research.

Names and other personal information were only gathered if people agreed to be contacted again.

Limitation

Purposive sampling is powerful for getting targeted findings, but it might reduce how much the study can be generalized. Some individuals without internet or digital knowledge might not be included in online surveys. People may provide skewed data because they have memory issues or because they try to look good to others.

Chapter 4:
Results

Demographic Distribution

Age-Wise Distribution

Among the total 165 respondents, the largest age group is 35–44 years, comprising 48 individuals (29%). This indicates that people in this age bracket are most actively involved in weight management, possibly due to increased health awareness, lifestyle-related health challenges, or age-related metabolic changes that demand proactive health strategies.

The second-largest groups are:

45–54 years with 36 respondents (22%)

25–34 years with 30 respondents (18%)

These two groups represent individuals who are either transitioning into middle age or are young professionals. This suggests that people start focusing on weight control from their late 20s onward, likely due to sedentary lifestyles, work stress, or early signs of lifestyle disorders.(9)

The age group 55–64 years accounts for 24 respondents (15%), showing a continued interest in managing weight even as health becomes more critical with aging. However, there is a noticeable decline in engagement from senior citizens (65+ years) with only 2 respondents, possibly due to lower technological engagement (if this was an online survey), or shifting health priorities.

Younger respondents include:

18–24 years: 19 individuals (11%)

Under 18: 6 individuals (4%)

Age	Respondents
<18 yrs`	6
18-24 years	19
25-34 years	30
35-44 years	48
45-54 years	36
55-64 years	24
65+ years	2

City-Wise Distribution

The survey encompassed participants from a wide geographic spectrum, with representation from major Indian cities. Jaipur had the highest number of respondents (33), accounting for

20% of the total sample, followed by Delhi (21), Prayagraj (21), and Mumbai (21), each contributing nearly 13%. Other notable representations included Bangalore (24), Lucknow (12), and Chandigarh (11).

Cities like Gurgaon (9), Ahmedabad (5), Pune (6), and Hyderabad (2) had relatively fewer participants. The diversity in city representation provides a reasonably wide lens into urban consumer behaviour across different regional hubs.

Gender Distribution

The gender composition of respondents was nearly balanced. Female respondents constituted the majority at 88 (53.3%), while male respondents numbered 76 (46.1%). One respondent (0.6%) chose not to disclose their gender. This fairly equitable distribution ensures a balanced understanding of gender-influenced consumer perspectives on weight management.

Educational Attainment

Educational background was another critical demographic parameter explored. The highest number of respondents held postgraduate degrees (59, or 35.7%), followed by those with bachelor's degrees (69, or 41.8%). Those with high school-level education or equivalent numbered 27 (16.4%), while a small fraction had associate degrees (2) or preferred not to disclose their education (2). An additional 2 respondents were classified under "Others."

This indicates that the surveyed population was predominantly well-educated, with over 77% having attained a graduate or postgraduate level of education.

Education	Respondents
Associate's Degree	2
Bachelor's degree	69
High school diploma or equivalent	27
Others	2
Post Graduate degree	59
Prefer not to say	2
Some college coursework	3
NA	1

Weight Management Treatment Categories

The largest segment of respondents falls under the "Overweight" category, with 70 individuals (42.4%)(10). This indicates that a significant portion of the population is dealing with early stages of weight-related health issues, which may not yet be clinically obese but are at risk for progression if unaddressed.(11)

Following this, 46 respondents (27.9%) are classified as "Obese", showing a concerning level of excess weight that likely already poses moderate to serious health risks such as diabetes, hypertension, or cardiovascular diseases.

The third most prevalent category is “Severe Obese”, reported by 26 respondents (15.8%). This group represents individuals with serious clinical obesity, likely requiring medical intervention or structured weight management programs.

Additionally:

- “Morbid Obese” individuals account for 11 respondents (6.7%), a small but high-risk group that typically requires urgent and intensive treatment, potentially including surgery or prescription medication.
- Interestingly, 12 respondents (7.2%) fall under the “Underweight” category. While not the focus of many weight loss initiatives, underweight individuals also face health risks like weakened immunity, fatigue, and nutrient deficiencies.

Weight management treatment	**Respondents**
Morbid Obese	11
Obese	46
Overweight	70
Severe Obese	26
Underweight	12

Employment Status

Full-time employed individuals represent the largest group, with 75 respondents (45.5%). This implies that nearly half of the participants are actively engaged in regular work schedules, which may impact their time availability for health routines, physical activity, or regular treatment adherence.

Homemakers account for 30 respondents (18.2%), indicating a significant segment that may have more flexible schedules, but possibly limited autonomy or income for personal health decisions depending on family dynamics.

Self-employed or business owners constitute 23 respondents (13.9%), suggesting a group that may have more control over their time but could face inconsistent routines or financial unpredictability, impacting their treatment commitment.

Students (18 respondents, 10.9%) and retired individuals (14 respondents, 8.5%) make up a smaller but important demographic. Students may be younger and more experimental with health practices(12), while retired individuals could have increased health concerns and more time for treatment but possibly limited financial resources.(13)

Part-time employees and others (a combined total of 5 respondents, or 3%) form the smallest segment, showing limited representation in this sample.

Job Style

Sitting jobs (e.g., desk jobs, IT, administration) are the most common, with 71 respondents (54.6%). This indicates a predominantly sedentary work style, which is closely linked to a higher risk of weight gain, obesity, and related metabolic disorders.

Stand/Normal work (e.g., retail, lab work, teaching, light movement roles) includes 49 respondents (37.7%). These individuals likely have moderate levels of daily activity, which may offer some protection against weight gain compared to sedentary jobs.

Field work (e.g., delivery, construction, sales on foot) accounts for only 10 respondents (7.7%). This group is likely the most physically active, potentially with higher caloric expenditure, which can be beneficial for weight management.

Job style	**Respondents**
Field Work	10
Sitting	71
Stand / Normal Work	49

Preferences

Interpretation of Brand/Company Preferences in Weight Management

The most frequently mentioned brand is Himalaya, with 77 respondents indicating its use. This dominance underscores Himalaya's strong brand recognition and consumer trust, likely driven by its long-standing presence in the Ayurvedic and natural health segment, as well as its wide product range and accessibility.

Following Himalaya, other high-ranking brands include:

Dabur (44 respondents) – another well-established Ayurvedic brand, known for its focus on herbal and traditional wellness.

Herbalife Nutrition (40 respondents) – a global brand associated with protein supplements and meal replacements, reflecting trust in structured nutritional plans.

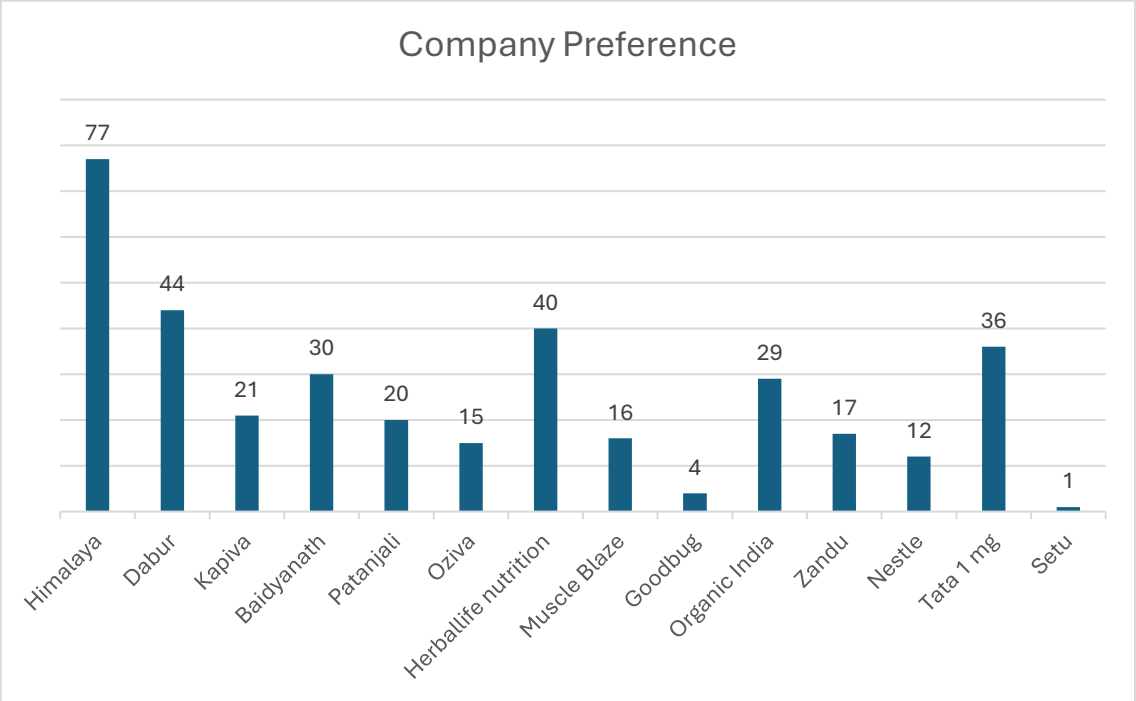
Tata 1mg (36 respondents) – a digital pharmacy and health platform that provides access to OTC medicines, supplements, and diagnostics, indicating a rising trust in online and e-health services.

Baidyanath (30 respondents) and Organic India (29 respondents) – both known for Ayurvedic and organic products, further reinforcing the popularity of traditional, plant-based health solutions.

Other mid-tier brands such as Kapiva (21), Patanjali (20), Zandu (17), and Muscle Blaze (16) show moderate engagement. These brands cater to niche segments like protein and fitness supplements (Muscle Blaze) or affordable Ayurvedic options (Patanjali, Zandu), and seem to be preferred by specific health-conscious or price-sensitive consumers.

Smaller brands like Oziva (15) and Nestle (12) reflect a more targeted or emerging user base, possibly among younger consumers or those exploring functional nutrition. The least

mentioned brands include Goodbug (4 respondents) and Setu (1 respondent), which might be due to limited awareness, availability, or market reach.



Interpretation of Weight Loss Product Usage

Out of the total respondents, the majority (115 individuals or nearly 70%) reported using some form of weight loss product, while 50 respondents (30%) indicated they had not used any products for weight management. This suggests a high level of engagement or experimentation with weight loss aids among the surveyed population.

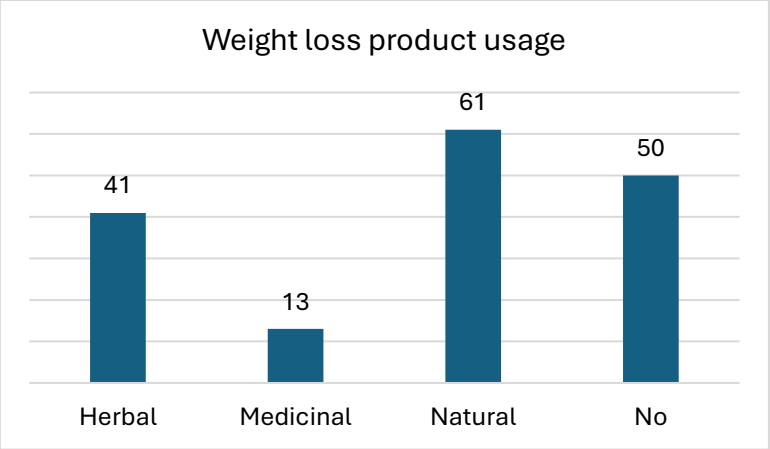
Of those who used products:

Natural products were used by the largest number of people(14), with 61 respondents (36.9%). It points out that people prefer natural solutions over pills when handling weight issues. Consumers might think that these products are safer, greener and without side effects, following an overall movement in health to use natural solutions over others that use chemicals.(15)

The use of herbal products was reported by 41 people (24.8%), showing how traditional remedies continue to be sought after. This area shares interests with Ayurveda and similar systems that focus on herbal remedies for long-term better health.

Eleven people (7.2%) said they used pharmaceutical medications and the same percentage said they used other types of chemically formulated products. A small number may mean that people are doubting the safety, affordability or availability of medical care. It might be viewed as a sign that these products are recommended when nothing from your lifestyle or natural remedies has helped and perhaps the person had a doctor's guidance.

In contrast, 30% (50 people) said that they had never used any weight loss products. These people could be those who just follow healthy eating and exercise and do not think they have to diet, along with those who are not sold on using products made by companies.



OTC treatment preference

Out of all the respondents, 13 (28.3%) chose Orlistat as their favored OTC treatment. A large number of people choosing Orlistat as their weight-loss medication suggests that many consumers prefer drugs backed by research when trying to lose weight without needing a prescription.

The next most popular choice is Ayurslim, used by 8 people (17.4%). Since it is Ayurvedic, its popularity proves that many prefer natural or traditional cures rather than taking synthetic drugs. It matches the trend among consumers to choose more plant-based or holistic ways to care for their health.

Other frequently mentioned products include Meratrim (6 respondents) and Garcinia Cambogia (5 respondents), both of which are herbal or plant-based supplements often marketed for fat burning or metabolism boosting. These choices reinforce the appeal of "natural weight loss" marketing and the desire for non-invasive, supplement-based approaches.

Several other products—such as Actifiber, Jackfruit365, Semiglutide, and Whey Protein—were used by a smaller number of respondents (ranging from 1 to 3), indicating niche or emerging interest in these solutions. Products like Semiglutide and Liraglutide, although more medically oriented, had minimal uptake (3 and 1 users respectively), possibly due to higher costs, need for medical guidance, or limited awareness.

A few other treatments—Herbalife, Himalaya Liv 52, Hydroxystat, Omega 3 fatty acids, and Zincovit—were used by only 1 respondent each, suggesting low market penetration or perceived efficacy among this group.

Interpretation of Spending Behavior

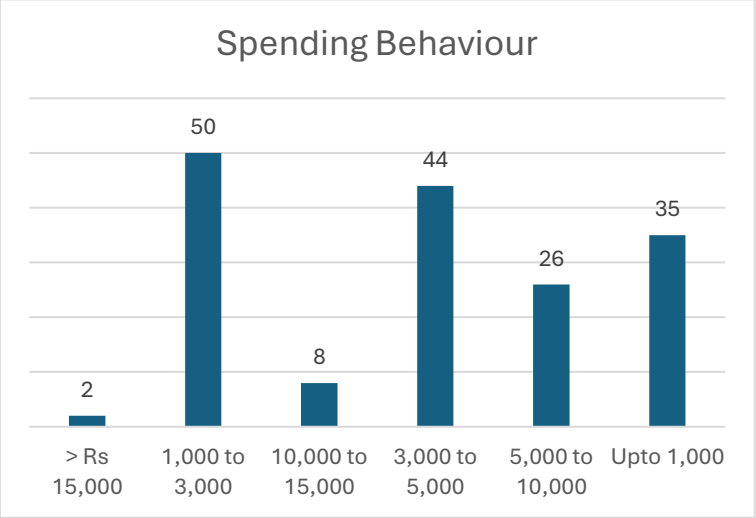
The data reveals that a majority of respondents prefer low to moderate spending on weight management treatments. The most common expenditure range is Rs. 1,000 to 3,000, reported by 50 individuals, making up about 30.3% of the total sample. This is followed by Rs. 3,000 to 5,000, chosen by 44 respondents (26.7%). Together, these two categories account for over

half of the total responses, suggesting that consumers are generally inclined to keep their spending within a Rs. 1,000–5,000 bracket.

A significant number of participants (35 respondents, or 21.2%) indicated spending up to Rs. 1,000, which further emphasizes the dominance of cost-conscious behaviour. On the other hand, only 26 individuals (15.8%) were willing to spend in the Rs. 5,000 to 10,000 range, and even fewer (8 respondents, or 4.8%) fell into the Rs. 10,000 to 15,000 category. The smallest group—just 2 respondents (1.2%)—were willing to invest more than Rs. 15,000, highlighting the limited appeal of high-cost treatments.

These figures strongly suggest that affordability is a major factor in consumer decision-making regarding weight management. Most individuals appear to seek value-d

riven, economical solutions, and the relatively low number of high-spenders implies that premium or costly interventions have limited reach unless accompanied by compelling benefits or perceived value. It also reflects possible socio-economic constraints or a perception that weight management should not entail excessive expenditure.



Consumer Preferences for Ordering Medicine

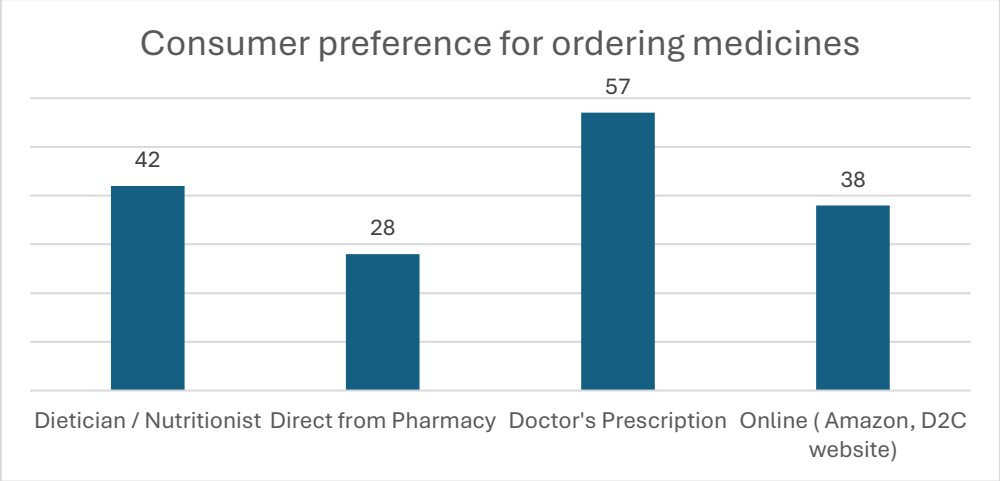
The most preferred channel for ordering weight management medicines is via a Doctor's Prescription, with 57 respondents (34.5%) choosing this option. This indicates that medical authority and trust play a significant role in influencing purchase behaviour. Consumers likely feel more confident and secure purchasing medicine when it is prescribed by a qualified physician, reflecting a high level of dependence on traditional medical guidance.

The second most common choice was through a Dietician or Nutritionist, with 42 respondents (25.5%) selecting this channel. This suggests a strong reliance on specialized, wellness-focused professionals for guidance in weight management. People may perceive dieticians and nutritionists as more aligned with long-term lifestyle changes and tailored advice, especially in non-pharmaceutical interventions.

Interestingly, online platforms such as Amazon and D2C (Direct-to-Consumer) websites were chosen by 38 respondents (23%), indicating a growing comfort with digital and e-commerce

solutions in the health and wellness space. This trend aligns with broader shifts in consumer behaviour toward convenience, accessibility, and self-service, particularly in urban and tech-savvy populations.

The least preferred channel was buying directly from pharmacies, with 28 respondents (17%) selecting this option. While still notable, this suggests that traditional over-the-counter methods are now less favoured compared to consultation-led or digitally facilitated methods. It may also reflect concerns over self-medication or lack of personalized advice from pharmacy counters.



Preferences for Duration of Weight Management Treatment

People had different opinions when asked about the duration they would like for a weight management program. More respondents (35%) chose the option of studying for "6 months to 1 year" than any other duration. A total of 52 participants (31.5 percent) picked the "3 to 6 months" duration and "1 to 3 years" was chosen by 34 individuals (20.6%).

Compared to the overall group, very few people chose the shortest (< 3 months) or longest (> 3 years) durations, with only 17 (10.3%), 3 (1.8%) and 1 (0.6%) chosen. These findings display that most consumers prefer medium-term strategies, indicating a mild amount of resolve and expectation to reach and keep healthy weight.

Preferences for Weight Management Treatment

Out of the 165 surveyed, 87 stated that they preferred making lifestyle-related changes (such as diet and exercise), making up more than half of the participants. Fifty females, 36 males and a single person who did not want to say chose this method.

The fact that most people prefer lifestyle methods over other treatments reflects a major belief in effective, individual methods for staying healthy(16). Moreover, using medicine was not very popular for this condition. Slightly more than 29 participants (14 women and 15 men) chose prescription drugs, pointing to a balanced response between the genders and a willingness among some to consult a doctor.

Among the participants, 22 chose Ayurvedic medicine and most of them were men (15), highlighting that men are more likely to accept traditional and alternative medicine

practices(17). Significantly, there were 15 individuals who picked natural or herbal remedies which had a higher appeal to females (16) than males (9), showing that many females tend to go for more natural and herbal alternatives. A combined total of two participants (one male and one female) selected surgery, indicating that most preferred to avoid invasive procedures, possibly due to risks, costs or how the society views them.

Based on the data, it appears that, while most consumers look after their health and choose healthy ways to control weight over the long term, a significant group still depends on medicine to lose weight and some differences between genders are distinct in their treatment choices. Such findings stress that customized health communication is required along with knowledgeable advice for people on different paths to manage their weight.

Knowledge

Over-the-Counter Drug Prescriptions

Of the 132 respondents, 34.1% said that their doctor gave them over-the-counter (OTC) drugs to be used lightly for weight management, whereas 65.9% did not receive such medication. This points out that most people did not get an OTC drug prescription which could indicate they turned to adjusting their lifestyle, trying natural cures or consulting healthcare professionals. It may also show that doctors are cautious, given concerns about how well or safely OTC medicines work. But many people in the survey mentioned that they were given these prescriptions, suggesting that OTC solutions are still considered in weight management. There appears to be mixed feelings and habits among individuals using OTC drugs, suggesting we should study more about what affects how they are prescribed and how effective they are seen.

Knowledge of BMI

The survey included a question related to Body Mass Index (BMI) to check people's understanding of key weight management topics. The survey found that 76 persons (46%) understood BMI and 89 (54%) did not. It suggests that the participants have a basic level of health literacy, meaning much more public education is needed regarding important health metrics involving weight.

BMI Know	Respondents
No	89
Yes	76

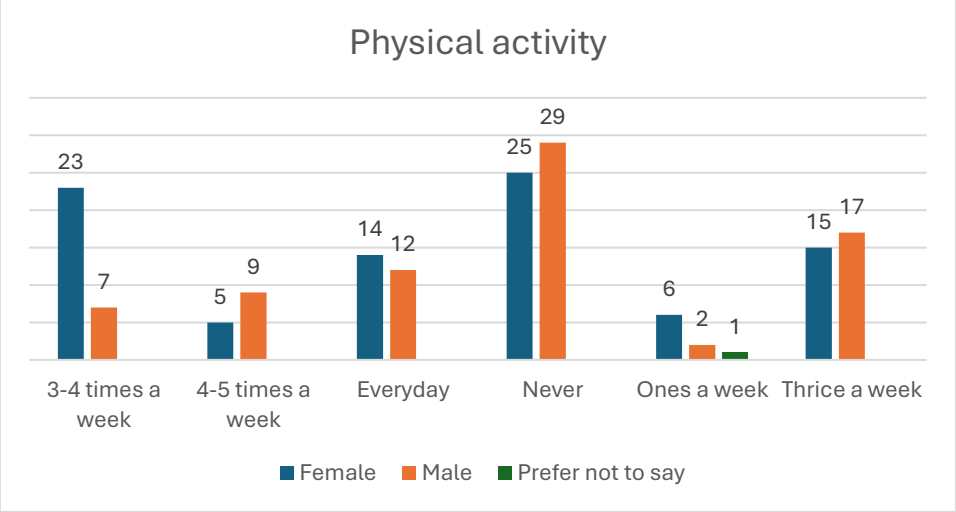
Behaviour

Physical exercise carried out by the respondent.

The largest group is those (32.7%) who never exercise, followed by those (19.4%) who workout three times a week, 18.2% who exercise 3–4 times a week and 15.8% who exercise daily.

There were more females (25 out of 88) than males (29 out of 76) who said they never exercise. Many girls also said they were physically active several times a week, especially in the 3–4 times and thrice-a-week categories. Men tended to exercise regularly each day or 4–5 times a week which was more consistent than women. Only a single respondent opted not to share their gender and said they exercised just once every week.

In general, there are many who are not active, but some people regularly work out to a greater or lesser extent. It shows that individual approaches are needed to help people become more physically active in losing weight.

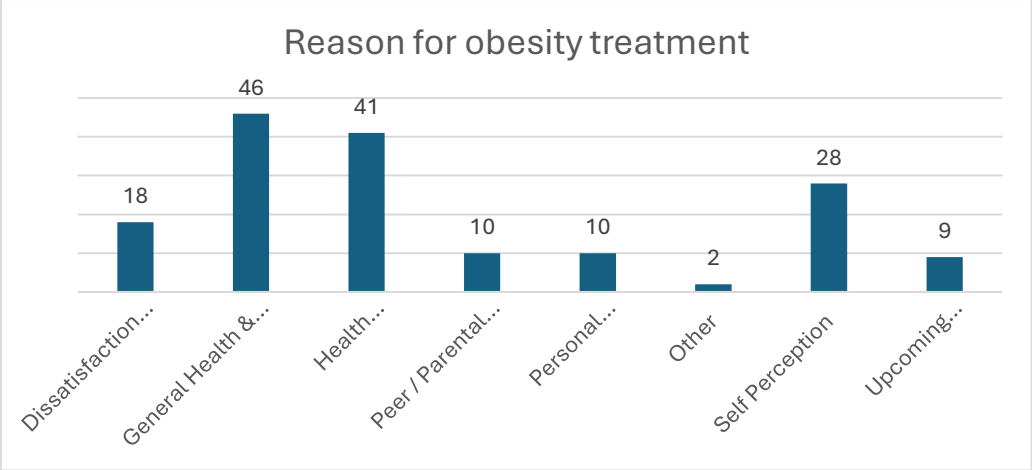


Reason for obesity treatment

Most individuals (46) named general health and wellness as their top motivation, while 41 cited health issues or medical conditions as their reason. Based on this, the main reasons for starting treatment are health concerns, so being healthy plays a key role in choosing a weight management plan.

Other major reasons include self-perception, mentioned by 28 respondents, and dissatisfaction with body image, said by 18 individuals, indicating that psychological and emotional aspects also significantly impact the treatment choices of respondents. A smaller portion of respondents chose obesity treatment due to personal milestones such as vacations, careers, or marriage (10 respondents), peer or parental pressure (10 respondents), or an upcoming wedding in the family (9 respondents).

Also, two individuals selected "Other" reasons, and 1 respondent chose not to disclose a specific reason (marked as NA). Overall, the table highlights a mix of health-related, psychological, and social influences behind the decision to undergo weight management treatment.



Chapter 5: Discussion

This study shows us a new way to look at consumer behavior, their likes and dislikes and how much they know about managing weight. Many new trends were identified, covering the motivations people had for their weight choices and the factors behind treatment selection.

Demographic Insights and Their Influence

The age distribution shows that most of the respondents are 35 to 44 years old (about 29%), then those aged 45 to 54 (about 22%) and finally people aged 25 to 34 (18%). This means that being mindful of weight is important from your early adulthood until middle age, probably because of health awareness, metabolic changes and increased risk of certain illnesses. With fewer senior citizens (65+) taking part, it could mean barriers to digital tools or new approaches to health, indicating that vital public health information might not be available to them.

More people participated from Jaipur (20%) than from other cities such as Delhi, Prayagraj and Mumbai. The fact that health records come from cities means this sample represents trends in weight management there. People in cities spend less time on physical activity and have access to a wide range of treatment options which may shape their weight concerns and treatment options. Gender percentages were almost the same, so gender differences could be accurately studied.

A high number of those who participated in the survey had graduate/postgraduate degrees, showing that the sample was well-educated. Such individuals are likely more aware of health information, able to reach health resources and willing to join weight management programs that require using products, talking to nutritionists or making lifestyle changes.

Consumer Health Status and Motivations

Many who participated indicated they were “Overweight” (42.4%) or “Obese” (27.9%) and 15.8% even noted “Severe Obesity.” They showed a wide range of obesity and overweight problems in the population. The cases of “Morbid Obese” (where 6.7% of patients were involved) and “Underweight” (7.2% of patients) pointed to the variety of health problems.

The motivations behind seeking treatment were dominantly health-related, with 46 respondents citing general health/wellness and 41 citing specific medical concerns. Psychological motivators such as self-perception and dissatisfaction with body image also played a significant

role, pointing to a dual influence of physical and emotional well-being in shaping weight loss decisions. Social triggers—like family events, peer pressure, and personal milestones—although less common, were also present, reflecting how social contexts can initiate health-seeking behavior.

Behavioural Patterns and Lifestyle Influences

Even after the high levels of education and urban representation, a surprising 32.7% of participants never participated in physical exercise. This suggests a disconnect between knowledge and practice, increasing the need for behavioural change interventions. While some respondents were doing regular activity (18.2% exercised 3–4 times weekly; 15.8% exercised daily), these numbers are still lower than desirable in populations facing weight challenges. Gender differences in physical activity can also be seen, with males marginally more likely to exercise consistently.

Employment and job style also influenced lifestyle: full-time employees (45.5%) and those in sedentary "sitting jobs" (54.6%) were the largest categories, indicating occupational risk factors for weight gain. The relatively low percentage of field workers (7.7%) highlights the prevalence of inactivity-related weight concerns in professional, urban settings.

Product Usage, Preferences, and Brand Engagement

Product usage was remarkably high, with nearly 70% of respondents indicating use of some form of weight loss product. The dominance of natural (36.9%) and herbal (24.8%) products confirms a strong consumer inclination toward alternative medicine and plant-based remedies. Medicinal products, although clinically potent, were used by only 7.9% of respondents, possibly due to concerns over side effects or lack of trust in synthetic interventions.

Brand preferences further reinforce this pattern. Traditional Ayurvedic brands like Himalaya (77 mentions), Dabur, and Baidyanath ranked highly, while newer wellness-oriented brands such as Herbalife Nutrition, Organic India, and Kapiva were also notable. This points to a hybrid trust model—rooted both in legacy herbal systems and contemporary structured nutrition solutions. Limited engagement with brands like Setu and Goodbug suggests market opportunity for emerging players, albeit with the need for improved awareness and credibility-building.

Economic Considerations and Access Channels

Spending behaviour of respondents indicates cost-consciousness. Most of the respondents want to stay within the Rs. 1,000–5,000 bracket for weight management, showing that affordability plays a crucial role in treatment uptake. The limited number of high spenders (> Rs. 10,000) implies that only a small number of consumer segments are open to investing in high treatment cost options, creating both a challenge and an opportunity for marketers.

Purchase channels reveal a high dependency on healthcare professionals—34.5% via doctors and 25.5% via dieticians or nutritionists. This reflects trust in expert advice. The significant use of online platforms (23%) indicates rising digital adoption, particularly among younger,

technology-using consumers. Direct pharmacy purchases (17%) were the least preferred, suggesting consumers desire more specific or guided treatment approaches.

Treatment Preferences and Duration Expectations

The most used treatment strategy was lifestyle change—diet and exercise—chosen by more than 50% of respondents. This preference aligns with global best practices that promote sustainable weight loss through behavioural change. Ayurvedic, herbal, and prescription-based methods found moderate acceptance, with noticeable gender preferences: females choose natural/herbal solutions, while males showed more interest in Ayurvedic and prescription-based treatments. Surgical options had minimal traction, pointing to consumer hesitance toward invasive procedures, likely due to cost, risk, or stigma.

If we talk about treatment duration, mid-term commitments (3 months to 1 year) were most popular, indicating that consumers expect tangible results within a practical, sustainable timeframe. Very short or long-term plans had minimal appeal, reflecting a balanced expectation for efficiency and continuity.

Knowledge Gaps and Educational Opportunities

The survey showed a important knowledge gap in basic health literacy: 54% of respondents do not know of what BMI means. This points to a critical area for public health education. Similarly, only 34% respondents were being prescribed OTC weight loss drugs, showing either limited awareness, cautious prescribing practices, or dependence on non-pharmaceutical ways.

These results majorly suggest that even there is high interest and engagement in weight management, there remains a important need for education around effective, evidence-based strategies. There is also a requirement for improving consumer understanding of medical and treatment options.

Chapter 6:
Conclusion

The survey provides a detailed overview of consumer behaviour, preferences, and knowledge related to weight management across a demographically diverse population. Several key patterns shows, offering important insights into the motivations, habits, and decision-making tendencies of individuals navigating weight-related health concerns.

1. Demographic Dynamics

The most prominent age group in weight management falls within the 35–44 years bracket, a period typically related with increased health awareness due to lifestyle and metabolic changes. Significant participation from individuals aged 25–54 further suggests that concern about weight becomes increasingly prevalent from early adulthood through midlife. Engagement sharply deecreases in the 65+ age group, possibly due to reduced technological adoption (assuming online survey distribution) or shifting healthcare priorities.

City-wise distribution shows strong representation from metropolitan and Tier-2 cities, such as Jaipur, Delhi, Mumbai, and Bangalore, the urban-centric nature of weight management awareness and accessibility. Gender distribution is nearly balanced, slightly tilted toward females, reflecting a universal concern across genders, with possibly higher motivation among women due to social and cultural pressures. Education levels are very high, with most respondents holding graduate or postgraduate degrees, showing that awareness and willingness to manage weight are closely tied to educational attainment.

2. Health Status and Employment Influences

A significant portion of respondents fall within the "Overweight" and "Obese" categories, which together constitute over 70% of the sample. This shows a prevalent need for weight control interventions. Alarmingly, 16% fall into "Severe Obese" or "Morbid Obese" categories, showing urgent need for structured healthcare support.

Employment status plays a noticeable role: full-time workers form the largest group, suggesting work-life balance challenges could impede regular health routines. Homemakers and self-employed individuals form a substantial portion, possibly indicating opportunities for targeted interventions based on more flexible daily schedules. Additionally, over half of the respondents are in sedentary "sitting jobs," increasing the risk of weight gain and related disorders due to limited physical activity.

3. Treatment Preferences and Product Choices

Consumer preferences overwhelmingly favour natural and lifestyle-based ways. Lifestyle changes through diet and exercise are the most popular method, chosen by over half of the respondents. Ayurvedic and natural remedies have mediocre support, especially among females, while prescription drugs and surgical treatment are less popular, likely due to cost, fear of side effects, or stigma.

Himalaya comes as the most trusted brand, followed by Dabur, Herbalife, and Tata 1mg. These brands combine Ayurvedic tradition, nutritional science, and modern health tech, suggesting that consumers want a balance between tradition and convenience. The popularity of platforms like Amazon and direct-to-consumer websites highlights increasing comfort with digital health solutions.

While over two-thirds of respondents have used some form of weight loss product, there's a clear preference toward herbal and natural supplements. Usage of medically oriented OTC drugs like Orlistat is limited, and even fewer respondents have tried advanced treatments like Semaglutide, pointing toward financial limits, lack of awareness, or hesitation in adopting pharmacological solutions.

4. Financial Behavior and Treatment Duration

The majority of respondents prefer low-to-moderate spending on weight management, with Rs. 1,000–5,000 being the most common expenditure range. This cost-conscious approach suggests that affordability is an important determinant of product or treatment adoption. High-cost solutions above Rs. 10,000 show limited uptake, indicating that premium interventions are not-likely to gain maximum market attention without perceived efficacy or endorsement by health professionals.

Consumers want medium-term treatment durations, with most respondents choosing interventions with a duration of 3 months to 1 year. This shows a practical and goal-oriented mindset—participants seek measurable results within a reasonable timeframe rather than committing to short-term fads or long-term indefinite programs.

5. Knowledge and Health Literacy

Awareness of Body Mass Index (BMI) is moderate, with nearly half of the respondents not familiar with the term. This gap in basic health knowledge highlights the need for wider public education campaigns and simpler communication strategies around weight and health indicators.

Over 65% of respondents have not been prescribed OTC weight loss drugs, increasing a general reliance on self-managed strategies or health professionals like dieticians. While 34% reported receiving OTC drug prescriptions, this mixed outcome underscores the cautious but current role of such medications in India’s consumer weight management scenario.

6. Behavioural Insights and Motivation

A significant segment (33%) of respondents reported never exercising, indicating a major behavioural challenge in promoting active lifestyles. While some show regular exercise habits (daily or multiple times a week), a large group remains sedentary, increasing the need for more motivational, accessible, and personalized fitness solutions.

The primary motivation for pursuing weight treatment is health-related, either for general wellness or due to specific medical conditions. Psychological and emotional factors such as self-image and body dissatisfaction are also influential, especially among younger or more socially familiar individuals. External pressures from family or milestones like marriage also emerge as occasional motivators.

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