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An Empirical Evaluation of G-Branding through Consumer Connect Index in Rural India

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Abstract

Objective

In India previous study done by Anand and Kumar (2008) and Anand (2010) indicate that consumers expect organizations to deal with alienation at the level of culture which emerges as the most important psycho-social factor. The other important factors are trust and transparency, quality of products and services, comparative evaluation of various products by customers, appeal of Gandhian semiotics as operationalized in terms of redefining the rules of Brand war, and ability to create synergy with evolution in demands. The present study tries to evalute the importance of alienation through consumer connect index and tries to find out the consumer segments on the basis of CCI (consumer connect index) score.

Methodology:

The study is based on a sample survey. The analysis includes logistic regression analysis, cluster and discriminant analysis. In this study, brands have been taken at the aggregate level. There are two kinds of brands- Public brands of Indian state in the public sector, and Private brands, brands in the private sector. These are called brands as they try to present their own identity and are driven by the brand community.

Results and Conclusions:

It is concluded that cognitive inequality as observed in the consumption of public-private brands for health care is likely to be manifestation of wider social inequalities of caste, region, income etc. So, it confirms that there is need to provide cognitive justice to the consumers in the context of services being provided by public-private brands. This implies that health care brands need to give equal importance to the segments of Citizen consumer, Quasi-citizen consumer and Denizen consumer. The research highlights the issues of service brands which need to be considered while preparing a policy document. Finding of this study can be used in estimating the level of alienation through CCI.

Key words: *G-Branding, Consumer Segments, Consumer Justice, Consumer Connect Index, Public-Private Brands*

Introduction and objectives

In this paper I have made an attempt to treat public and private srvice organizations as brands at an aggregate level. This is done as organizations run by states and their agents share a common value. Hence they are treated as public brands. Similarly, private organizations in health care have a common ethos and that makes them eligible for treatement as brands at an aggregate level. Very often, the debate is whether public services are more trustworthy and transparent or public services. In effect, this debate is about brand trust and leadership of the brands. The main question which I try to answer in this paper is the way in which consumption of public-private brands is defined in terms of consumer segments. The specific objective of this paper is to find out upto what extent these public-private brands maintain the connect with consumers in Rural India. In Rural India the branding process is in the initial stages and is explained by relatively

lesser number of attributes. The focus is on affordability, and value for money (Anand and Krishna, 2009). To meet the research objective of measuring the connect between service providers and consumers, I have developed a CCI (consumer connect index). The details of the consumer index construction are given later in the 'Method' section of this paper. Through this consumer connect index the voice of consumers have been measured. It is demonstarted that more of consumers are utilizing private brands as private brands seem to integrate better with consumers through the perception of service quality. However, consumers are not homogenous entities. Hence, attempt is made to segment them on the basis of their socres on consumer connect index and measure the inequality of service quality and treatement provided to consumers and so the relationship with these brands.

Literature Review and conceptual framework

The idea of brand and branding is centuries old (Moore and Reid, 2008). Brand is a myth and branding is a process of myth creation. Only those myths or Brands survive for long which are classical in nature that means meet the requirements of traditions, authenticity, and cultural knowledge. In the literature, Brand has been defined as logo (American Marketing Association,1960), legal instrument (Crainer, 1985), company (Van Riel and Balmer, 1997), shorthand (Brown, 1992 in McEnally and de Chernatony, 1999), memory short-cuts (Keller, 2003), risk reducer (Assael, 1995), identity system (Kapferer, 1994), image in consumers' mind (Boulding, 1956; Martineau, 1959), value system (Sheth et al. 1991; Southgate, 1994), personality (Aaker, 1997;Alt and Griggs, 1988; Goodyear, 1993), relationship (Kapferer, 1994), value addition (Levitt, 1962;), evolving entity (Goodyear, 1996). In the perspective of current study, unlike previous studies (Aaker, 2004, Kapferer, 1994, Keller,2007), brand is not reduced to a trademark, personality, image, relationship etc. Here, Brand is defined in terms of tradition,

authenticity, and cultural knowledge (Anand and Kumar,2008; Anand, 2010a; Anand, 2010b). The above definition of the brand evolves from the framework of G-Branding. In G-Branding too, the purpose is related to the value of brand. However, it assumes that in order to be sustainable all the values should not be translated into economic values. This is contrary to the idea of brand valuation where attempts are made to assign economic values to all non-economic values. It argues if a corporation has to assign economic values to all intangible assets, then there it also needs to deduct the *intangible liability* which it has created in the society. It can be Union Carbide, Coca Cola or BP. This intangible liability is socio-cultural liability unlike the financial or economic liability defined by Aakar (Aaker, 2004). The framework of G-Branding can be seen as an extension of the work of Goodyear (1996) and McEnally and de Chernatony (1999) who have shown how the branding has evolved over time. Goodyear (1996) has shown that there are six stages of brand evolution and there brand can be seen evolving from unbranded goods, brand as reference, brand as personality, brand as icon, brand as company and finally brand as policy. Brand as policy suggests that brand needs to be defined in more holistic manner. Therefore, it becomes important to incorporate community of all related stakeholders in the defintion of brands. In the presented framework of G-branding, along with consumers, shareholders, civil society, consumers, employees and society as whole are treated as part of brand comunity. The incorporation of various stakeholders makes it complex and creates challenges for brand valuation. It also reflects on the conflicts of interests and values amongst various stakeholder. The upside of this relationship is that social support from such relationships among stakeholders may intensify the relationship with the brand and its consumption McAlexander et al. (2002) has well demonstrated in the context of community of consumers. In the literature, Brand community has been defined as a specialized set of social relationships

among admirers of a brand (Munz and Oguinn, 2001). Munz and Oguinn (2001) argue that there are three core components or marker of a community. The components are consciusness of kind (Gusfield, 1978), shared rituals and traditions, and sense of moral responsibility. Shared consciousness is a way of thinking that is more than shared attitudes or perceived similarity, but it is shared knowing of belonging (Weber, [1922] 1978). Rituals and traditions perpetuate the community's shared history, culture, and consciousness and create social solidarity (Durkheim, [1915] 1965). The sense of moral responsibility is a felt sense of duty or obligation to the community as a whole and responsible for collective actions in times of threat to the community (Anderson, 1993 as quoted in Muniz and Oguinn, 2001). The related ideas are also present in Indian context and conceptualized in the framework of G-Branding.The framework of G-Branding is as given below. In this G refers to Gandhian Semiotics and principles of Gita, group aspects and glocal values.

Gandhian Semiotics and Gita

The current global order, which is a result of changing geo-political context and global financial crisis, necessitates theoretical interventions of ethics and sprituality from the east. The context of reiteration of ethics and spirituality in Business cannot be devoid of Indian Philosophy and Gita in general, and Gandhian actions in particular. Gita refers to the focus on process which are required for long term sustainability of the brands In Gandhian actions, a kind of semiotics is reflected which is related to the theme of sustainability of an idea or brand. The term semiotics here refers to underlying codes, and Gandhi is best known for redefining the rules of game or codes e.g. new rules created by the codes of non-violence during war for independence in India. The same applies to brand war.

Group Aspect of G-Branding and Glocal Values

The framework emphasizes collectivistic aspect of Indian culture. The group aspect is one of the important components in expressions of politeness and gratitude (Kumar, 2001). Kumar (2001), in her seminal work, has argued that in India the feeling of 'We' is more imoprtant in communication. In G-Branding, these expressions are regarded as integral elements of branding. However, Indian mindset is classical example of duality- holistic and analytical (Singh et al., 2010a,2010b,2010c; Sinha et al. 2010), modern, agrarian, and tribal (Visvanathan, 2010), and also hierarchical and non-hierarchical at the same time. This determines the complex response to the transnational brands when they travel in India. They need to understand that Indians have always celebrated the co-existence of traditional and modern (Gusfield, 1967). G-Branding tries to highlight this duality.

Cultural Knowledge, Tradition and Authticity

The framework of G-Branding is based on the three key figures of archaism. The three key figures of archaism are cultural knowledge, tradition, and authenticity (Anand, 2010). Out of these three, the figure of authenticity is debatable. In the conxtext of brand , the term autheticity is more of a process of interaction and experience in everyday life rather than something that exists as inherent property of some social object (Vannini and Williams, 2009). Authenticity can be both social construction and source of belief. More often than not, market undermines the value of authenticity to consumer and not intensely engaged in this neagotiation of meaning with consumers. There is an apprehension that consumers can circusmpect if they discover that standards of authenticity have been maniuplated for the purpose of making a profit. (Grayson and Martinec, 2004).

Conflicts among Stakeholders in Brand Community

The figures of archaism have the potential to shape the dynamic capabilities of organizations. However, these dynamic capabilities need to be seen as core concurrent processes. Though these processes are concurrent, there is cyclical nature among the processes. A study by Menon (2008) in India, describes these relationships well by showing the linkages among learning, reconfigurations, coordination and integration by organizations. More importantly, here organizations are interpreted as Meta organizations (Anand and Parashar, 2006; Anand and Kumar 2008; Anand 2010a, 2010b), of which consumer community is integral part. In a Meta organization, control lies beyond the role of any particular stakeholder. Very often, in a Meta orgaizational brand, conflicts of interests are there, often hierarchical in nature. The conflicts are represnted in the codes signalled by various stakeholders. The conflicts create the vulnerability, and expose the brands to various risks.

G-Branding and Cogntive Justice for Stakeholders

In the framework of G-Branding, asumption is that an organization achieves the goal of sustainability if principles of authenticity, cultural knowledge and tradition are incorporated in its structure and process. Sustainability is operationalized in terms of long term growth of an organization or brand which has inner strength to overcome the odds in bad times like economic recession. The main objective of G-Branding is to create "Cognitively Just Organizations" through cognitive intermediation (Anand, 2009a). The affinity of stakeholders on long term basis can be achieved only through creation of "Cognitively Just Organizations''. To deal with the issue of "Cognitive Exclusion" of the stakeholders (Anand, 2008), G-Branding needs to be at the core of branding policy. Previous research has indicated that perceived justice not only elicits

emotional response from the consumers (Chebat and Slusarczyk, 2005; Schoefer and Ennew, 2005), but also creates satisfaction through service recovery for consumers directly and indirectly through emotions (Rio-Lanza et al., 2008). The quality of service delivery depends often on the attitude and behaviour of service staff, the expectations of consumers, and even the behaviour of other consumers (Patterson et al., 2006). However, the cognitive justice is not limited to perceived justice. Cognitive justice can be delivered, for instance, in the case of health services, only if consumers are part of the panel in service recovery system formally, and informally voice of community has been incorporated to integarte the community's traditions, cultural knowledge and practices related to health service recovery model. Here argument is that consumers' community's needs related to health care are being met since the advent of civilizations and cultures of health services have evolved over a period of time. Those indigenous services are more concrete in nature and need to be integrated with any new intervention. The idea of cognitive justice-a precondition for balanced global order, balanced order created by organizations and sustainability; is well put in following words:

> "The idea of cognitive justice thus sensitizes us not only to forms of knowledge but to the diverse communities of problem solving. What one offers then is a democratic imagination with a non-market, non-competitive view of the world, where conversation, reciprocity, translation create knowledge not as an expert, almost zero-sum view of the world but as a collaboration of memories, legacies, heritages, a manifold heuristics of problem solving, where a citizen takes both power and knowledge into his own hands." (Visvanathan, 2009)

By relating this to non-competition and non-competitive view of the word, the argument for non-competitive and sustainable brands is made. It is clearly indicated in the previous work (Anand,

2008,2010) that customers expect organizations to deal with alienation at the level of culture which emerges as the most important psycho-social factor. The other important factors are trust and transparency, quality of products and services, comparative evaluation by customers, appeal of Gandhian semiotics, and ability to create synergy with evolution in demands (Anand, 2008,2010).

It is sometimes argued that authenticity cannot co-exist with the justice, as it emphasizes the self expression which may not be in consonance with the wider norms (Joseph, 2000). But, the positive relationship between authenticity and justice has also well been articulated, and was named as virtue by Jean-Jacques Rosseau. Charles Taylor,too, has tried to integrate the two (Taylor, 1991). The idea of self-regulation is related to it (Shiva, 1997). In G-branding too, attempts towards synthesis of authenticity and justice has been made. However, here the focus is on cognitive justice. G-branding argues for integration of authenticity and cognitive justice through tradition and cultural knowledge, which it regards as figures of archaism.

In the above mentioned context of literature, I have tried to present the conceptual framework for this study:

Let us assume that

i. Organizational Sustainability (Growth over a long period of time) is denoted by Y.
ii. Sustainability of Corporate Brand is denoted by X.
iii. Brand value of Corporate Brand is denoted by BV
iv. Brand Risk, risks for the brand is denoted by BR.
v. Cognitive Justice is denoted by CJ. CJ is related to giving voice to values of all stakeholders including minor shareholders and poor consumers.

vi. Inequality and conflicts among stakeholders including consumer segments are denoted by IC.

vii. Welfare of segments is denoted by Ws.

viii. Authenticity, Traditions, and Cultural knowledge of all stakeholders are denoted as A, T, C respectively.

ix. Alienation is denoted by Aln.

Then, assumptions are as given below. They all are defined as mathematical function.

If $Y=f_1(X)$.....(1), and

$X= f_2(BV)$.....(2a)

$BV = f_3(BR)$.....(2b)

$BR = f_4(CJ)$.....(2c)

$CJ= f_5(IC)$.....(2d)

$IC= f_6(Ws)$.....(2e)

So,

$X= g_1(Ws)$.....(3a)

Hence, in this research I arrive at following assumption which has been tested in this reaserch,

$Xppb= g_2(Ws)$ .....(3b)

In the above equation, Xppb refers to sustainability of public and private brands. Xppb can be measured in terms of probability of consumption of public-private brands over a period of time (Pppb).

Since in the conceptual framework,

$Ws= g_3(A,C,T)$.....(3c), and

$A \alpha 1/Aln$.....(3d)

In equation 3c ,Ws is assumed to be a function of authenticity along with tradition, and cultural knowledge, and in equation 3d authenticity is shown to have inverse relations with the level alientation. Therefore, Ws is operationalized in terms of segments arrived at on the basis of CCI. Higher the value of CCI, lower will be the level of alienation, which is key to our conceptual framework. So, specifically I have tested following hypothesis in this study, which is nothing but partial empirical testing of G-Branding framework.

$Pppb = g_4 (CCI)$.....(4)

Method

Research Design

The research is based on the analysis of data collected by the International Institute of Population Sciences and the John Hopkins University (JHU) in Rural India as a follow up study to the 1998-1999 National Family Health Survey. Follow up survey was done in the states of Tamil Nadu, Maharashtra and erstwhile unified Bihar (Now Bihar and Jharkhand). In 2002-03 these four states were selected to capture the variations in socio-economic and demographic conditions. Sample consisted of 7785 all married, usual resident, rural women consumers of age 15-39 years in 1998 at the time of baseline study. The total number was 4626 for undivided Bihar, 1485 for Maharashtra and 1674 for Tamil Nadu. These women were followed up in 2002-3. The response rates for follow up were 80.4, 81.8, 76.2, and 93.5 percent for Bihar, Jharkhand, Maharashtra and Tamil Nadu respectively. In effect, the analysis for this study is based upon data collected for 6303 consumers. It consisted of 3666 women from unified Bihar (2843 from Bihar, 823 from Jharkhand), 1117 from Maharashtra and 1520 for Tamil Nadu.

Data Analysis and Indices Construction

Variables and their Operationalization

Cosnumer profile variables included education level (measured at four levels – illiterate, literate but less than middle completed, middle school complete, high school complete and above.), age (up to 30 years of age, more than 30 years of age), religion (Hindu and non-Hindu), ethnicity (to scheduled caste/scheduled tribe (SC/ST) and others (castes other than SC/ST), standard of living index (SLI-categorized into consumers with low SLI , consumers with medium standard living index, consumers with high SLI), women autonomy index (categorized into women with low autonomy, women with medium autonomy, women with high autonomy) media exposure (categorized into consumers with low, medium, and high media exposure), state (measured in terms of women belonging to Indian state of Bihar or Jharkhand (clubbed as Bihar), women belonging to Maharashtra and women belonging to Tamil Nadu)

Service quality variables included perceptual associations with public or private health services in terms of: proximity to the health facility, doctor's availability, short waiting time, medicine, cleanliness, treatment by staff and privacy.

Consumption variables included longitudinal status of consumption of health services (measured at four levels – no consumption, discontinuous consumption, initiation during follow up and continuous consumption) and brand type (measured at three levels - public brands, private brands, and both public & private brands). Consumption of health services refers to the consumption in the reference period of last one year.No consumption means that woman has not consumed any of the health brands in the reference period of 1998-2002. Discontinuous consumption means that woman utilized any of the health brands in the reference period of 1998 but not of 2002. Initiation during follow up means that woman did not consume any of the health brands in the reference period of 1998 but started consuming in the reference period of 2002.

Continuous consumption means that woman has utilized any of the brands in the reference period of both 1998 and 2002.

Women Autonomy Index

Women autonomy index is based on the work of Jejeebhoy and Sathar (2001). Women Autonomy index is unweighted composite index of women's mobility index, decision making index, access to economic resources index and freedom index. Freedom index is combination of attitudinal freedom from domestic violence and real freedom from violence.

Consumer Connect Index

To establish the level of connect between health brands and consumers, Consumer connect index (CCI) was constructed. The index is based on the perceptual associations on quality of care parameters w.r.t. proximity (closer to home or work place), doctor's availability (availability of doctor when needed), short waiting time, availability of medicines, cleanliness of facility, staff's treatment of consumer, provision of privacy, affordability of services and effectiveness of treatment. If associations are there with public brands, it is assumed that the highest level of health welfare is received by the consumers as it is affordable for poor consumers too. It is followed by associations with private services, then comes ignorance i.e. if consumer does not know enough about the services to make her judgment. In the end, it is alienation where a consumer says that quality of care is not present with any of the services. Responses on each individual parameter are recorded in the above hierarchy and then aggregate score is arrived at after simple summation of scores on individual parameters.

Logistic Regression Analysis

To find out the perceptual determinants of longitudinal (sustainable) consumption Public-Private Brands (Pppb), the logistic regression analysis has been done. Longitudinal consumption refers

to consumption in in the reference period of both 1998 and 2002. Independent variable is segment membership. Dependent variable is operationalized in terms of consumption of public and private brands.

Segmentation Analysis

To arrive at the segments of consumers, cluster analysis was done. Cluster analysis was done on the basis of aggregate CCI to understand the segments of consumers. In cluster analysis, the tentative numbers of clusters were identified with the help of hierarchical clustering. After that three clusters solution was finalized with the help of k means clustering by looking at the distances between clusters and cluster sizes. Thereafter discriminant analysis was performed to establish the differences among clusters. For discriminant analysis scores on service quality parameters were used.

Findings

Findings from logistic regression analysis in Table I indicate that hypothesis Pppb = f (CCI) is found to be validated but partially. In comparison with Denizen consumer segement,the probability to consume a public brand is 22 times higher in the segment of Quasi-Citizen Consumer. However in the segment of Citizen consumer it is 4 times higher only. It indicates very clearly that initial investment in service recovery by public brands will increase the consumpton of public brands significantly. Initial investment and focus on Denizen consumer will help them to enter into Quasi-Citizen Consumer. However, once they become citizen consumer, them will make their own choices among public and private brands depending on their needs.

Details of segmentation analysis

Based on cluster analysis on Consumer connect index, three segments of consumers were arrived at. Segments were defined with the help of discriminant analysis. Discriminant analysis was done on quality of care related perception variables. It highlights the two functions formed on quality of care related perception variables. The first function constitutes of positives on proximity, availability of doctor, short waiting time, availability of medicines, cleanliness of facility and staff's treatment of consumers. Function one indicates most of the positives on service quality perceptions. Function two is predominantly negative funcrion. It indicates lack of service quality particularly affordability and effectiveness, the two key aspects of health care. The second function constitutes of positive on privacy and negatives on affordability and effectiveness of treatment (Table III). There are three segments emrging out of segmentation analysis. Those are segments of Citizen consumer, Quasi-Citizen consumer and Denizen consumer. It is argued here that citizen and consumer may not be bipolar opposites. Hence coupling of 'citizen-consumer' may be required (Trentmann, 2007). The segment of Citizen consumer is positive on first function and slightly negative on second function. The segment of Quasi-citizen consumer is positive on function one. The segment of Denizen consumer is negative on function one (Table IV).

Segment 1- Citizen consumer

It has the highest level of welfare perceptions. It seems to have received relatively higher level of visit from service staff of public brands. Level of public brands' consumption is higher in this segment. It is associated with relatively higher level of women autonomy and media exposure. There is relatively higher concentration of Citizen consumer in Maharashtra. Its size is relatively small, 8 percent of the sample (Figure I). This segment is the largest beneficiary of the state's mechanism and thereby of Public brands.

Segment II- Quasi-citizen consumer

Quasi-citizen consumer segment is characterized by higher literacy level, higher standard of living, high level of service staff' visit and medium/high media exposure. It has the highest concentration in Tamil Nadu followed by Maharashtra and Bihar, relatively higher level of continuous consumption, medium women autonomy and higher proportion of Hindu. This segment is the largest segment, 70 percent of the sample (Figure I). This segment is in between citizen consumer and denizen consumer in terms of receiving and thereby having positive perceptions of public-private brands.

Segment III- Denizen consumer

Denizen consumer segment is characterized by the highest level of illiteracy, higher proportion of non-Hindu, not visited by service staff, low women autonomy, low media exposure. It has the highest concentration in Bihar, the highest level of no consumption and relies heavily upon private sector in health care. This segment is 22 percent of the sample (Figure I). This segement scores least on functon one of service quality positives. It also finds both public and private brands not affordable and lacking effectiveness.

Cognitive Intermediation

The segmentation analysis in this study clearly shows that the segment of Denizen consumer is 22 percent of the sample. As the segmentation is based upon consumers' scores on CCI, it shows their cognitive relationship with the public and private sectors. Cognitive relationship implies here that up to what extent consumers know and feel that state is making attempts for health welfare of the consumers. Up to what extent they know and feel that it is providing health care through its organizations in public sector. Cognitive relationship also describes the extent to which consumers know and feel that state is facilitating and regulating the role of private sector

in health care. In this study, CCI tries to measure the extent of cognitive inequality in India. Cognitive inequality as observed in the consumptionof health services for health care is likely to be manifestation of wider social inequalities of caste, region, income etc. It is important to mention here, however, segments, do not vary by ethnicity. They vary by standard of living. With the increase in standard of living the proportion of Denizen consumer goes down (Table II). In this manner, CCI is a measure of consumers' perceptions (cognitions) and reflects upon the need for cognitive justice. The term 'cognitive justice' has been borrowed from Visvanathan's works (Visvanathan, 1998, 2001). In cognitive justice one gives equal importance to people's voice across the sections of society. That implies here that health care organizations need to give equal importance to the segments of Citizen consumer, Quasi-citizen consumer and neglected & marginalized. Cognitive inequality among the segments, which is based upon cognitive relationship with the state, can be looked at from inequity perspectives and therefore justice.

Harold Demsetz in the Journal of Law and Economics in 1973, showed that organization's ability to maximize their performance is dependent upon their differential ability to meet the needs of consumers or consumers. Demsetz argued that resulting heterogeneity in performance of organization was consistent with social welfare because of its linkage with the fulfilment of need of the customers (Demsetz, 1973). So, heterogeneity in performance of these brands in public and private sectors can be seen in terms of their differential ability to meet the quality of care related needs of consumers and seems to be consistent with social welfare. Private brands seem to be relatively closer to meet the consumers' needs. These health services in public and private sectors, in different states of India at different stages of demographic transition, have unequal access to various resources that is human resources, organizational culture, etc. They have different political and cultural environment. This inequality in access to resources by health

services or organizations is well explained by resource-based theory of Barney (1986). This inequality in resources is manifested in cognitive inequality scores which has been measured as CCI scores in this study. It seems that brands vary not only in terms of their access to resources but also in terms of their ability to utilize the resources.

In his theory of cognitive justice, Visvanathan (1998, 2001,2009) has argued that voice of common man should be incorporated in policy. By incorporating common man's voice, the objectives of equity can be achieved. In this study, the theory of cognitive justice is further extended to incorporate people's voice for dignified treatment irrespective of the social identity (Tajfel, 1969, 1974, 1981) which they have. The equity, fairness in distribution of treatment, has to be delivered irrespective of the impression (Goffman, 1959) which women create in front of service providers when they visit health services. According to this theory success of health care brands seems to be dependent upon their ability to create an environment for the consumers where irrespective of the socio-economic inequality, equity at the level of cognition shall be delivered in terms of quality care. There should be equity in the treatment given to the consumers in terms of dignified treatment. So, the ability of the health care organizations to provide cognitive justice through cognitive intermediation by process and structure of health care organizations is likely to define their success. Here cognitive justice can be achieved through the interactions between organization and consumers. This kind of justice is also referred as interactional justice in the literature of organization justice. The idea of intermediation is borrowed from the work of Kabir & Krishnan (1992), who have used social intermediation theory to explain the demographic transition in Kerala. Social intermediation in their work is defined as interventions at different levels in society, by various agents, to change the social and

behavioural attitudes within the then prevailing social environment to achieve desired social outcomes (Krishnan, 1998).

Conclusion

It is concluded that cognitive inequality as observed in the consumption of public-private brands for health care is likely to be manifestation of wider social inequalities of caste, region, income etc. So, it confirms that there is need to provide cognitive justice to the consumers in the context of services being provided by public-private brands. This implies that health care brands need to give equal importance to the segments of Citizen consumer, Quasi-citizen consumer and Denizen consumer.

Limitations

The major limitation of this research is that operationalization of cognitive justice is limited to few variables. There are other community related factors which can influence this. In the current study how other consumers influence the voice of their community members have not been taken into account.

Further Research

The further research is likely to focus on operationalization of authenticity, traditions and cultural and will aim at exploring its relationship with the sustainability of brands. There is need to look at the interaction among consumers of various brands. The conflicts in that interaction needs to be captured and knowledge hierarchies among various segments need to be revealed.

Managerial Implications

The research highlights the issues of service brands which need to be considered for policy making for rural Indian consumers. Finding of this study can be used in estimating the level of

alienation through CCI. It is clearly indicated in the study that level of alienation is very high. The estimate regarding the size of denizen consumer clearly tells us. It necessitates that on priority basis a targeted intervention is required keeping in mind the needs of denizen-consumers. Seemingly without focusing the segment of denizen-consumer a service recovery of public-brands in health services sector is a distant possibility.

This study has highlighted the importance of reduction in information asymmetry, a kind of cognitive asymmetry. The debate related to asymmetry is a classical one and has been present for long in recent history of business (Arrow, 1951, Stigler, 1961, Hoffer and Pratt, 1987, Akerlof, 1970, Spence, 1973, Kose and Mishra, 1990; Nayak, 2010). Reduction in information assymetry can be facilitated by making a contract between demand consumers and service providers. The role of contract in business has been well argued . However, managers need to handle the contract part very carefull as the collective action will provide authenticity to the contract (Ostrom, 1990; Sen, 2009).

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Table I: Perceptual Determinants of Public-Private Brands' Longitudinal or Sustainable Consumption (Pppb)

Odd Ratios from Logistic Regression Analysis

		DV[1] (Private =0, Public=1)
Segment Membership	Denizen Consumer®[2]	
	Quasi-Citizen Consumer	22.14***
	Citizen Consumer	3.9***

[1] DV refers to dependent variable.
[2] ® refers to the reference category.

Table II: Segments and their descriptors

		Segment 1		Segment 2		Segment 3	
		n	**%**	**n**	**%**	**n**	**%**
Education	Illiterate	333	7.6	2958	67.5	1094	24.9
	Literate < Middle completed	90	8.8	781	76.3	153	14.9
	Middle School complete	89	10	687	76.8	118	13.2
Age	Up to 30 years	244	8	2116	69.4	690	22.6
	More than 30 years	268	8.2	2310	71	674	20.7
Religion	Hindu	460	8.3	3940	71.2	1133	20.5
	Non-Hindu	52	6.7	486	63.2	232	30.1
Ethnicity	SC/ST	143	8	1258	69.9	398	22.1
	Others	367	8.2	3161	70.3	966	21.5
SLI	Low	263	7.9	2270	68.2	798	24
	Medium	209	8.7	1721	71.6	473	19.7
	High	38	7.1	402	75.4	93	17.5
Staff' visit	No	293	6.9	2763	65.3	1174	27.8
	Yes	219	10.6	1663	80.3	190	9.2
Women autonomy	Low	249	7.7	2189	68	780	24.2
	Medium	184	8.7	1650	78	282	13.3
	High	31	9.4	235	70.7	66	19.9
Media exposure	Low	39	6.6	427	72.4	124	21
	Medium	45	7.5	486	80.8	71	11.7
	High	94	13	552	76.7	74	10.3
State	Bihar	235	6.4	2196	59.9	1235	33.7
	Maharashtra	172	15.4	898	80.4	46	4.1
	Tamil Nadu	105	6.9	1332	87.6	84	5.5
Health Service	In the village	246	8.2	2112	70.2	648	21.6
	Outside the village <=3 km	116	7.7	1061	70.1	337	22.2
	0utside the village >3 km	150	8.4	1253	70.3	379	21.3
Consumption	No consumption	116	7.4	953	60.4	509	32.3
	Discontinuous consumption	63	8	527	66.5	203	25.6
	Initiation during follow up	141	8.4	1137	68.1	392	23.5
	Continuous consumption	192	8.5	1809	80	260	11.5
Brand type	Public Brands	93	21.8	306	71.6	28	6.6
	Private Brands	104	4.3	1774	73	552	22.7

Table III: Structure Matrix (Discriminant Function Coefficients)

	Function 1	Function 2
Closer to home or work place	0.38324885*	-0.27193
Doctor's Availability	0.36175137*	-0.04605
Short waiting time	0.32881264*	0.060935
Availability of medicines	0.31372931*	-0.20371
Cleanliness of facility	0.30934654*	-0.06446
Staff's treatment of client	0.25389587*	-0.00729
Provision of privacy	0.32891483	0.803342*
Affordability of services	0.33016477	-0.47167*
Effectiveness of treatment	0.30683628	-0.45561*

Table IV: Discriminant functions at Group Centroids

	Function 1	Function 2
Segment 1	3.45176329	-0.83318
Segment 2	0.54025208	0.146955
Segment 3	-2.79123318	-0.22112

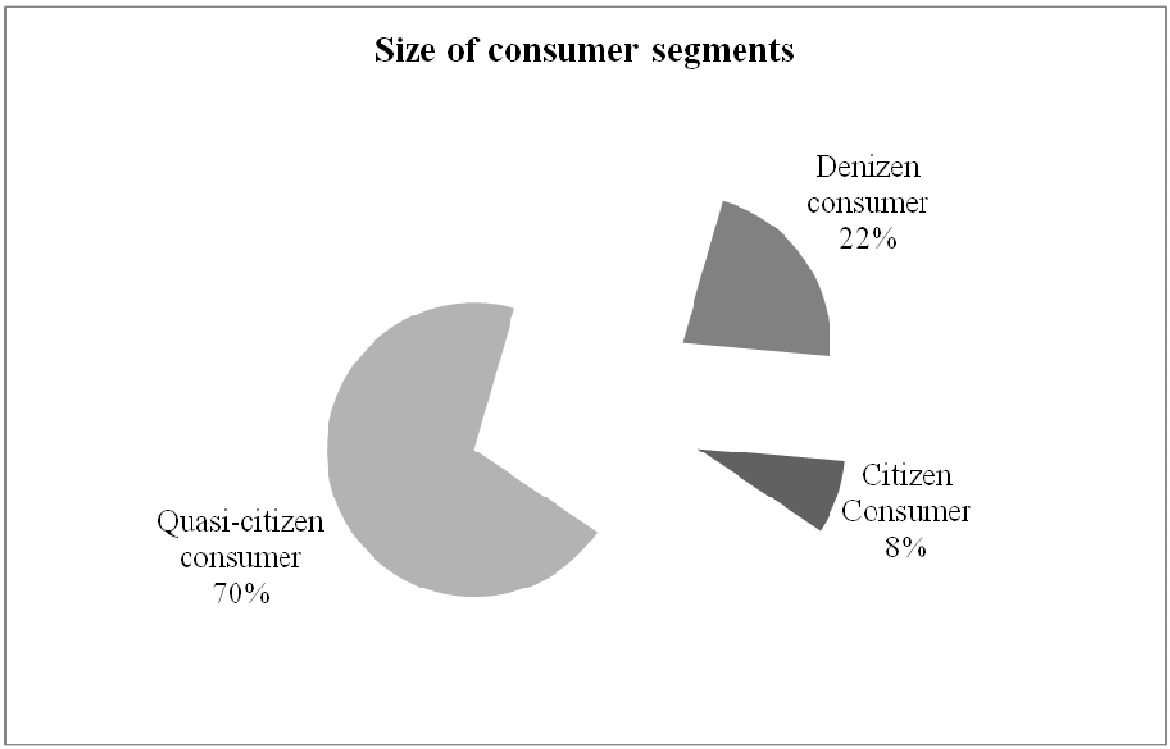

Figure 1: Results of Cluster Analysis