Introduction to pharmaceutical marketing pdf download windows 7

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It is only an excellent book to have and from which to draw real examples. "Dr. Cleopatra Veloutsou, Co-Editor in Chief ã ¢ â € Ã" Journal of Product and Brand Management 1. Pharmaceutical marketing Prof. Nikhil S. Lohe Asst. Prof Pharmaceutical Department 2. Introduction is Â Â–â the term ã ¢ â € â˜Marketã ¢ â € Â Â Â Â ™ to be defined in terms of spaces that separate the parts of an exchange. In terms of different sizes: spatial, time, perception, ownership, value, quality etc. ã ¢ Â– Â– Â– Â–Â marketing is perhaps the most important aspect of modern business management. ã ¢ A market analysis and research are vital for modern business. Ã Âenta pharmaceutical marketing do not differ from general marketing and both are based on the same principle. Â Âireviceversa, in the case of pharmaceutical products, the consumer is left with little or no choice in selecting any drug. ã ¢ the decision is made by the doctor. 3 in Troduction is the pharmaceutical marketing is the final phase of pharmaceutical companies after research concepts, clinical studies and product launch. Pharmaceutical marketing is a very powerful tool to obtain your brand, create awareness of the company's presence and influence potential customers to choose your product compared to other products from competing companies. The marketing of drugs transfers information on products, safety, efficacy, dangers and techniques of use of medicines to doctors. 4 Stadium for development of the pharmaceutical product 5. Qualitative and quantitative aspects of the analysis 6. MARKET Overview is â–â - WORLDHE ¢ â € s The larger generic pharmaceutical market represents 45% of the global share. Â ¢ â–Â high saturation is Â € â € Â "Maximum levels of generic penetration is Â– ÂÂ a Generics (INN prescription) to prevalence without brand name) Presence of high levels of generic prescription, strong IP legislations, resellers buying on price Â¢ÂaBlockbuster drugs of value value $67 billion to lose patent protection Â"to PiÃ¹ of 500 industryÂ" the top five companies they represent 50% of sales Â"a Lâhub¹ attractive to low-cost destinations such as India, China Â"increase in price pressure Â"a Aggressive patent challenges and deposits Paragraph IV Â"aMergers and acquisitions â the most sought-after trend in the U.S. Market Overview 7. Analysis of regulatory impact â India On Price On Margin Pharmaceutical Policy Drug Policy 1996 Pharmaceutical Policy 2002 National Pharmaceuticas Policy 2006 Quality control Price Control Protection of DPI Bulk Drugs Formulations Essential Commodities Act 1955 Drug (Price Control) Order 1995 GMP/cGMP Modided Patents Amendment Act 2005 Drug and Cosmetic Act 1940 Schedule M Schedule Y Source: Frost and Sullivan 8 Analysis. Analysis of regulatory impact Â"In India Quality Control Regulatory environment in the Indian generic pharmaceutical market Patent/property rights protection Intellectual Prices and Reimbursements Â"The revised policy of the National Pharmaceutical Policy Authority, has limited margins on generic drugs to 15% for retailers and 35% for wholesalers Â"Pharmaceuticals at controlled price Category I: Essential Drugs Category II: All drugs Do not fall under Category I Ãs Exempted from the price control required to meet specific criteria Ã The Law onAmendment of Patents 2005 (TRIPS Agreement) severely prohibits reverse engineering of drugs Ã Covers two types of generic drugs not patented generics and generic drugs patented before 1995 Ã ④ Â Â¢ Introduced compulsory export licensing Ã½ÂÂ¢ The Drug and Cosmetics Act (D&C) 1940 import, regulates production, distribution and sales Â¢ Schedule M Ã"requirements for establishments, plants, materials, plants and equipmentÂ" legislative clinical trials Â¢ Requirement id id inimret ni oicnaliB eznednet ilapicnirP 5202 enoisiV«Â erutuf inoizerid e eznedneT .9 navilluS id isilana e tsorF :etnoF CNM elled aicudif al atnemercni aidnI ni avitamron Ãtimrofnoc al eratnemuA ¢Â ,9002 ni noillib 6.21 $SU fo ezis tekram a morF ÂµÂÃ¯ EZIS TEKRAM .21 tekraM gnicruostuO hcraeseR tcartnoC labolG Â¢ÂÃ¢ tekraM sralimisoiB noitareneG txeN labolG Â¢ÂÃ¢ tekraM gnirutcafunaM tcartnoC laciituecamrahP labolG Â¢Â Ã¢ stropeR hcraeseR tekraM detaleR .11 nosnhoJ eteP ÂÃÃ¢ sseccus erutuf gnirusni fo ecneics eht ,metsys noitatnemelpmi evisnetni na ,ssecorp etarebiled dna suoicsnoc a ,gnikniht fo elyts a si ygetartS .seigolonhcet retteb dna wen reenoiP ÂªÂÃ ¢ ¢ .Edom dnamed dna ylppus neewteb Ecnalab âªâ–Eht .teck ni Noitisop Sâ€â€â€Tr Dnefed ÂªÂÃ¢ .snoitarepo detcirtser yllacol htiw stnapicitrap citsemod dna smrif cireneg lanoitanitlum neewteb secnailla cigetartS - noitazilabolg tekram rof stcepsorp ezylanA ÂªÂÃ¢ .tekram thgir eht otni yrtne fo emit etairporppA ÂªÂÃ¢ .snigram tiforp rehgih yleviteler htiw stcudorP ÂªÂ Â¢ No Sucof Ot Eriuqer Smrifcireneg Dezis-Muidem .sipa f. o ytilibaliava detimil htiw stcudorP ÂªÂÃ¢ .troppus yrotaluger tnacifingis eriuqer hcihw stcudorP ÂªÂÃ¢ .snoitalumrof gnignellahc yllacigolonhcet htiw stcudorP ÂªÂÃ¢ no sucof ot eriuqer smrif cireneg lanoitanitlum giB .sdeen lacinilc temnu fo slevel hgih htiw saera cituepareht tegraT ÂªÂ Â¢ .egnahc eht ecaf ot stnempoleved lacigolonhcet wen rotinoM ÂªÂÃ¢ .snoitatcepxe ,secnereferp,sdeen remotsuc hcraeseR ÂªÂÃ¢ erutuF eht rof daehA nalP seitilibapaC evititepmoC llitsnI seunevA weN erolpxE hcaorppA detaitnereffiD sseccuS rof snoitadnemmoceR cigetartS .01 .snaicisyhp dna srekam-ycilop ,sreyap ,tnemnrevog eht yb yaw gib a ni deruovaf eb ot ylekil si noitpmusnoc cireneG .stnemges cituepareht ehcin dna snoitalumrof elirets ,stcudorp esaeler dellortnoc ,sralimisoib ,seipareht lacigoloib eulav rehgih no sucof gnisaercnI seitivitca D&R ni stnemtsevni rieht esaercni ot ylekil era Seinapmoc Cyreneg Egral .Senapmoc Cyreneg Fo Ecnetsus dna htworg rof rof rof rof rotcaf yek eht tamer ot detcepxe ni Noi Tadilsnoc .stekram gnigreme ot tokram depoleved morf tfihs eunnepxe seundas dna erutidnepxe id idrailim 30,02(erorc hkal sR 4,1 otnuiggar ah onaidni ocituecamraf otacrem led otaruttaf lI.5202 li ortne irallod id idrailim 051 i eregnuiggar ebbervod e 9102 len irallod id idrailim 46 a atatulav atats ¨Ã anaidni acigoloncetoib airtsudniâL .acitamrofnioib e airtsudni-oib ,arutlocirga-oib ,izivres-oib ,icituecamrafoib ednerpmoc anaidni acigoloncetoib airtsudniâL ¼Î¯Ã .0202 erbottoâllen irallod id idrailim 70,2 a e 02 onnaâllen irallod id idrailim 82,61 a onavatnomma aidnIâllad ehcituecamraf inoizatropse eL .12 oiraiznanif oizicreseâllen irallod id idrailim 68,51 id erolav nu rep icituecamraf ittodorp otatropse ah aidnIâl ,0202 erbmevon A .icigrurihc e ebre id esab a ittodorp e hsuyA ,icigoloib ,icamraf id inoizalumrof ,idemretni ,isufs icamraf ednerpmoc acituecamraf enoizatropseâL .02YF len irallod id idrailim 3,61 a irap atats ¨Ã aidnIâllad icituecamraf ittodorp id enoizatropseâL .5202 li ortne irallod id idrailim 52 a erecserc ebbervod icidem ivitisopsid ied otacrem li ertnem ,irallod id idrailim 001 a erecserc ebbervod onaidni ocituecamraf erottes lI elautta enoizautiS .31 0202 li ortne 000.05 .iseap 051 ni itatropse onognev inaidni iniccav I ¼ÎÃ¯Ã .enoizudorp e enoizallatsni id itsoc issab ied asuac a itinU itatS ilgen illeuq id %04-53 li acric onos aidnI ni enoizudorp id itsoc I ¼ÎÃ¯Ã .dne-ot-dne icamraf id enoizudorp allen elaidnom redael nu aidnIâlled eraf a atnup onaidni onrevog li ,»Â0202 noisiV amrahP«Â al odnoceS ¼Î¯Ã .odnom li ottut ni icinilc izivres e icituecamrafoib ,)FDF(otinif oiggasod id inoizalumrof ,)IPA(icituecamraf ivitta ipicnirp ,icituecamraf iraidemretni atropse aidnIâl etnemlauttA ¼Î¯Ã .irallod id idrailim 53 i eregnuiggar id arocna edeverp is am ,osserped Ãras otacrem li ,ocimonoce otnematnellar e ivitamron illortnoc ad otazzirettarac ocitsimissep oiranecs onu nI .avissergga aticserc id oiranecs onu ni irallod id idrailim 07 i eregnuiggar id Ãtilibissop al noc ,0202 li ortne irallod id idrailim 55 i Ãregnuiggar onaidni ocituecamraf otacrem lI in 2019, up 9.8% on a year-on-year basis compared to 129,015 crore (18.12 billion dollars) in 2018. The 14th. Recent Investments and Developments Ã¯Î1/4 The Union’s Cabinet has given its assent to the amendment of the current erednev e errudorp rep ,itinU itatS ilgen edes noc ,cnI secneicS daeliG noc avisulcse non aznecil id odrocca nu otalupits ah dtL scireneG tnalibuJ ,0202 oiggam leN ¼Î.)irallod id inoilim 03,73(erorc 22,472 .sR rep serutneV amrahP SeyiVM otisiuqca ah amrahP odniboruA ,0202 erbottoâlleN ¼Î¯Ã .ocisseM ni acitsigol al e enoizudorp al rep ocituecamraf retsulc ednarg nu eraerc rep ,ocisseM led otats onu ,ogladiH noc odrocca nu otamrif onnah amrahP namrekcA e sgurD oreteH ,slacituecamrahP tnerroT ,slacituecamrahP kramnelG ,alidaC sudyZ ,seirotarobaL s¦Â ¢ÃyddeR .rD -- icireneg icamraf id irottudorp ies ,0202 erbottoâlleN ¼Î¯Ã .aniggednac aznes e loocla aznes itnattefnisid e icigoloce yarps ;otua rep elibaciracir e elitatrop etnattefnisid ;iladepso ilg rep etnemlaiceps ,etour us enoizazzilirets id Ãtinu ;adicimreg otteidamra nu e elitatrop enoizazzilirets id ovitisopsid nu ilauq ittodorp odnappulivs onnats irotacrecir I acrecir e 91-DIVOC art)S&R(oppulivs e acrecir al otacifisnetni ah yabmoB)TII(ygolonhceT fo etutitsnI naidnIâl ,0202 erbmevon leN ¼Îâ¯Ã .1202 erbotto ortne %53 led iniccav id enoizudorp id Ãticapac aus al Ãretnemua ehc ,anagnaleT ,yellaV emoneG allen elariv enegitna id enoizudorp id otnaipmi)irallod id inoilim 71.01(erorc 57 .sR us eraroval a otaizini ah)LII(slacigolonummI naidnI .)IPA(icituecamraf ivitta ipicnirp id enoizudorp al e oppulivs ol rep Ãticapac evoun e evitnuigga Ãticapac noc ,itinU itatS ,nagihciM len arutturts aus al erednapse rep)irallod id inoilim 23(erorc 532 .sR eritsevni id enoiznetniâl otaicnunna ah snoituloS amrahP lamariP ,0202 erbmecid leN ¼Îâ¯Ã :itneuges i onos onaidni ocituecamraf erottes len itnemitsevni / ippulivs itnecer ied inuclA itnecer ippulivs e itnemitsevnI .icidniuQ .)TIIPD(onretnI oicremmoC led e airtsudnIâlled enoizomorP al rep otnemitrapiD lad isuffid itad i odnoces ,0202 erbmettes li e 0002 elirpaâl art irallod id idrailim 68,61 a irap EDI id ovitalumuc ossulffa nu otaritta ah ocituecamraf erottes lI rotces laciituecamrahp eht etomorp ot tnemnrevoG eht yb nekat sevitaitini eht fo emoS sevitaitinI tnemnrevoG .71 .sUSPC amrahP fo tnemtsevnisid cigetarts/erusolc lanif eht llit senicidem 301 fo tsil gnitsixe eht ot)DHA(tnatcefnisiD dnaH cilohoclA ,yleman tcudorp lanoitidda eno gnidda elihw snoitidnoc dna smret emas eht htiw)PPP(yciloP esahcruP slacituecamrahP tnatxe fo lawener/noisnetxe devorppa tenibaC eht ,9102 rebmevoN nI ÂµÃÃ¯ .3202 yb yllacitsemod stneidergni laciituecamrahp erutcafunam ot seinapmoc ot tsoob edivorp ot dnuf)noillib 3.1 $SU(erorc hkal 1 . Sr Ylraen that PUT ts ot tnalp aidni âµâ â â â¯ 40.2 40.2 $Su $su 000,51 .sr yrtsudni laciituacamrahp eht rof ehmtehmnil decdecude rotom ni gniggorfpael ,detcelloc smuimerp fo smret ni srerusni efil-non rof tnemges elbaulav tsom eht emaceb ecnarusni htlaeh ,0202 rebmetpeS ot 0202 lirpA morF ÂµÃÃ¯ .evitaitini siht elbane ot ygolonhcet etisi uqer eht ecalp ni tup dna seiticapac etaerc ot ylesolc krow lliw seirtnuoc owt eht ,evitaitini evitaerepooc siht hguorht ,)MHDN(noissiM htlaeH latigiD lanoitaN s'aidnI fo traP .snezitic lla ot ytiruces dna seitilicaf htlaeh latigid edivorp ot mia na htiw etaroballoc ot snalp Delievnu Sdnalrehten eht dna aidni ,0202 ,51 rebots no âµâ â â â¯ .idni Enicidem Lanoitidat Fo ertec labolg eht fo g g gnittes Eht decnuonna). Ã¢ eht fo snoitarbelec kram ot yrtnuoc eht ot snoitutitsni adevruyA reimerp lanoitan ydaer-erutuf owt detacided idoM ardneraN .rM ,retsiniM emirP ,0202 rebmevoN nI ÂµÃÃ¯ :swollof sa era aidnI ni rotces laciituecamrahp eht etomorp ot tnemnrevoG eht yb nekat sevitaitini eht fo emoS sevitaitinI tnemnrevoG .61 .0202 lirpA fo htnom eht ni)noillim 83.7 $SU(erorc 25 sR fo revonrut selas drocer deveihca)PJBMP(anajoyiraP ihdahsuanaJ ayitrahB irtnaM nahdarP rednu senicidem elbadroffA ÂµÃÃ¯ .aidnI gnidulcni ,seirtnuo C 721 Rivisedmer Gurd Lightnetope lightnetop India is as follows: Ã¯ÂµA under Budget 2020-21, Rs. 65,012 crore (9.30 billion dollars) were allocated to the Ministry of Health and Family Welfare. The government has allocated Rs. 34,115 crore (4.88 billion dollars) towards the National Health Mission under which rural and urban populations will be benefited.¯Âµ Rs. 6,400 crore ($915.72 million) were allocated to the health insurance scheme Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Ã¯Âµ According to the economic survey 2019-2020, public spending (as a percentage of GDP) increased to 1.6% in FY 2020, from 1.2% in FY 15 on health. Ã¯Âµ The National Health Protection System is the largest government-funded health programme in the world, which is expected to benefit 100 million poor families in the country providing coverage up to Rs. 5 lakh (USD 7,723.2) per family per year for secondary and tertiary care hospitalization. The programme was announced in the EU budget for the period 2018-2019. The Indian government is planning to establish an electronic platform to regulate online pharmacies according to a new policy aimed at ending any abuse due to ease of availability. The Indian government has unveiled “Pharma Vision 2020” to make India a world leader in end-to-end drug production. The GOI has proposed to shorten the approval times for the new facilities in order to stimulate investment. Ã¯Âµ 6,940 crore ($942.8 million) of production-related incentives between 5 and 20% for incremental sales and plans to create three mega-pharmaceutical parks to promote sustainable cost competitiveness. 18 GOVERNATIVE SUPPORT Ã¯Âµ The Indian government plans to establish a $640 million venture capital fund to promote drug discovery and strengthen pharmaceutical infrastructure. Public spending on health Ã is increased from USD 14 billion in 2008 to USD 23 billion in 2011 . ÃÂµFDI in India has allowed up to 100% to the pharmaceutical industry. Ã ÂÂµ Allocation of INR 5000 million for the creation of four other institutions of AIIMS stature in Andhra Pradesh, West Bengal, Maharashtra and the United States ÃÂµ Total exemption There are excises for drugs and diagnostic kits against HIV/AIDS. 19 In India, health expenditure should grow by 912% in the next five yearsâ âµ leading India to become one of the first 10 countries in terms of medical expenditure. Ãh âµin future, a better growth in internal sales would also depend on the skills of companies to align their portfolio of products to chronic therapies for diseases such as cardiovascular, antidiabetic, antidepressants and anticancer, which are increasing. Ãsto âµ the Indian government has adopted numerous measures to reduce costs and reduce healthcare costs. The rapid introduction of generic drugs on the market has remained a priority objective and should go for the benefit of Indian pharmaceutical companies. In addition, the push towards rural health programs, life -saving drugs and preventive vaccines is also a good omen for pharmaceutical companies. 20 OPPORTUNITUE € for the future is the sites that allow the ordination and online delivery of the prescriptions. The sites sponsored by the manufacturers of equipment to access reliable information on health care. Outs the applications they remind patients to take medicines, they plan medical follow-up medical visits. Is the applications for patients to be used as tools to monitor their health. Ãorth interactive platforms customized with particular attention to the involvement of doctors for commercial representatives to be used during office visits 21. Emerging tendencies and technologies are the digital revolution and the availability of more recent and improved biotechnological technologies will change will change deeply the way medicine is practiced. Iqvia experts have identified ten emerging sectors to be monitored over the next five years, as they could provide a significant supply of innovation. His new generation Biotherapy projects (NGB) have already been started. The Induced pluripotent stem cells (iPSC), CRISPR/Cas9 and other cells or gene modification techniques can be used to treat cohorts of selected patients. The Modes to determine cost and accessibility of these treatments have yet to be perfected to allow detekram ydaerla rof SNOITACIDNI WEN fo lavorppa eht troppus ot noitamrofni lanoitidda etareneg ot desu ylgnisaercni eb lliw ECNEDIVE DLROW LAER ÂµÃÃ¯ .noitacifitnedi sesuac toor ro sehcaorppa gurd-non ot detfihs eb thgim ti dna ,TNEMSSESSA SÃÃÃ¢OHW no desab eb dluohs hcraeser fo epyt siht fo gnidnuf ni seitiroirP .sraey net txen eht ni dehcnual eb ot strepxe AIVQI yb detcepxe era stcudorp net ot eviF .lavorppa yrotaluger hcaer ot esolc sesac ynam ni era semmargorp hcraeser esoht ,snoitasinagro ciporhtnalihp ynam fo seitivitca eht yb derevoc yllanoitidart neeb sah SESAESID LACIPORT DETCELGEN fo aera ehT ÂµÃÃ¯ .eruc ot sehcaorppa evitavonni fo tnempoleved eht sdrawot ESITREPXE EVITCEPSER RIEHT TNEMELPMOC OT SEINAPMOC LACITUECAMRAHP htiw etaroballoc netfo snoitulos TI eseht fo sreploveeD .ainerhpozihcs dna redrosid evisserped rojam ,)DHDA(redrosid ytivitcarepyh ticifed noitnetta ,htlaeh fo srevird laruoivaheb dna syawhtap evitingoc edulcni noitnevretni fo saerA .gnisaercni si)yawhtap ovoN eD eht rednu(lavorppa ro ecnaraelc rof ADF eht ot dettimbus yrogetac siht fo sppa elibom fo rebmun ehT .slebal gnibircserp rieht ni smialc ssenevitceffe tnemtaert cificeps-esaesid dna snoitacidni gniyrrac dna seitiladom tnemtaert wen edivorp ot demialc secived era yehT .tcudorp laciituecamrahp a tuoba kniht ot yaw wen yletelpmoc a tneserper thgim)XTD(SCITUEPAREHT LATIGID NOITPIRCSERP ÂµÃÃ¯ seigolonhcet dna sdnert gnigremE .22 .tnempoleved lacinilc fo ycneiciffe dna noitacifitnedi tegrat ,noitadilav lacinilc-erp fo saera eht ni ylralucitrap ,STNEMTAERT HGUORHTKAERB WEN fo tnempoleved dna noitacifitnedi eht troppus yam yeht sa ,stnemtsevni rof tseretni fo saera rojam eb ot eunitnoc lliw gninrael peed dna enihcam ,ECNEGILLETNI LAICIFITRA ÂµÃÃ¯ .ssecorp noitubirtsid dna gnirutcafunam eht fo ytixelpmoc eht yb detimil si dleif eht ni noititepmoc ,dnah rehto eht nO .9saC/RPSIRC sa hcus seigolonhcet fo esu dewolla eht enimreted retteb ot dedeen osla era snoitaredisnoc scihteoiB .ytilibaniatsus products. Remote monitoring applications and new study designs for NON-LOCATION CLINICAL TRIALS are prerequisites to achieving this goal. 23 Emerging trends and technologies 1. Artificial Intelligence. The use of artificial intelligence (AI) and machine learning is accelerating drug discovery and development. ... 2. Big data and analysis. ... 3 Flexible manufacturing. ... 4 Precision medicine. ... 5 Additive manufacturing. ... 6 Blockchain. ... 7 Reality Extended (XR) ... 8 Real Data. 9 Digital therapy 10. Treatment 24. Demographic segmentation ÃÂµIn , the Ã market is divided into small segments based on demographic variables such as: 1. EtÃ 2. Gender 3. Income 4. Employment 5. Education 6. Family 7. Family life cycle 8. Religion ÃÂµDemographic factors are the most important factors¹ for segmenting customer groups. The needs, the desires, the utilization rate of these all depend on demographic variables. So considering the demographics, while defining the marketing strategy, Ã is crucial. 25 Consumer behavior ÃÂµ Consumer behavior Ã is the study of when, why©, how and where people buy a product. It depends fundamentally on the psychology of the consumer. Try to understand the buyer's decision-making process both individually and in groups. Study individual consumers as demographic and behavioral aspects to understand the Â Â. Ã Âµ In the study of consumer behavior the main focus is the satisfaction of the customer because the customer Ã© the only person with whose presence the companies actually exist 26. Consumer behavior ÃÂÂµ Consumer: according to the International Dictionary of Management Ã ④ Â ÂConsumer Ã is a buyer of goods and services for immediate use or consumption ÃÂ. Ã Âµ Ã ÂµBuyer: Ã ¯ the person who buys goods for his own use or for the use of another person nu nu ¯Ã de ottodorp .43 ytilibadnepeD noitarepo ni ycneiciffE niag yratenoM sevitoM lanoitaR evitom ecneinevnoc & trofmoC evitom etalumE evitom lanoitaerceR evitoM ytinaV evitom ecnatpecca laicoS srehto fo evoL sevitoM lanoitomE sevitoM lanoitaR & lanoitomE sevitoM lanoitaR & lanoitomE .B sevitoM gniyuB fo sepyT .33 renwo eht fo ytilanosreP yteiraV secivreS noitacoL tilauQ ecirP sevitoM eganortaP yradnoceS yramirP sevitoM tcudorP sevitoM eganortaP & tcudorP sevitoM eganortaP & tcudorP .A sevitoM gniyuB fo sepyT .23 .ÂÃÃ¢secivres dna sdoog fo esahcrup eht ni eciohc enimreted ro noitca ecudni ,yub ot eslupmi eht edivorp hcihw snoitaredisnoc ro secneulfni esoht era sevitoM gniyuBÃÃ¢ ,nacuD.J.D ot gnidroccA sevitoM gniyuB .13 roivaheB remusnoC fo sepyT lautibaH gnikees yteiraV gnicudeR ecnanossiD xelpmoC .03 .seruliaf tekram erutuf diova oT ÂµÃÃ¯ .seicilop gnicirp ekam ot yduds ydtuts roivaheb remusnoc â¢¯ .Secne snoc woh dna snoisiced gniyub eht wonk oT ÂµÃÃ¯ .ssentif & eneigyh ,htlaeh sÃÃÃ¢remotsuc noitaredisnoc otni ekat oT ÂµÃÃ¯ .stiforp gnisaercni rof seigetarts retteb ekam oT ÂµÃÃ¯ roivaheB remusnoC fO ydutS fO deeN / ecnatropmI .92 .gniyub retfa neve dna gniyub erofeb strats ruoivaheb remusnoC ÂµÃÃ¯ .cte srotcaf latnemnorivne ,sutats , erutluc ,spuorg laicos ekil srotcaf lanretxe yb osla dna sevitom & sedutitta ,stnaw ,sdeen sih ekil srotcaf lanretni suoirav yb detceffa si ruoivaheb gniyub laudividnI ÂµÃÃ¯ .yltnatsnoc gnignahc no speek hcihw cimanyd dna xelpmoc yrev si ruoivaheb remusnoC ÂµÃÃ¯ .remusnoc fo seitivitca lacisyhp dna latnem htob fo sesirpmoc tI ÂµÃÃ¯ .yub ot hcum woh & yub ot erehw , yub ot woh ,yub ot nehw ,yub ot tahw ediced remusnoc erehw ssecorp a si tI ÂµÃÃ¯ ruoivaheB remusnoC fO scitsiretcarahC .82 reyuB remusnoC remotsuC reyuB lanoitutitsnI remusnoC etamitlU remusnoc fo sepyT roivaheB remusnoC .72 remusnoc fo sepyT .snoitazinagro etavirp ro snoitutitsni .TVOG REHTIE ERA ESEHT :Reyub Lanoittsni âµâ â â¯ Ralucitrap Fo remotsuc Reasons to purchase C. Intrinsic and learned reasons Ã¯ÂÂµIntrinsic reasons are those that come from physiological and basic needs such as hunger, thirst, sleep etc. If these reasons are not satisfied then the consumer feels dissatisfied and mentally tense. Ã¯ÂÂµLearned motives are those that are learned or acquired by a person from the environment and education such as social status, acceptance, fear, security etc. 35. Types of Reasons to Purchase D. Physiological Reasons and Social Purchase Ã¯ÂÂµPhysiological reasons are those that are driven by learning, perception or attitude. The reasons for social purchasing are those that are influenced by the society in which consumers live. 36 CONSUMER DECISIONS: Theory and Reality in Consumer Purchasing IDENTIFICATION OF ALTERNATIVES/INFORMATION SEARCHING PROBLEMS OF PURCHASE RECOGNITION/ RECOGNITION OF UNSatisfied REQUIREMENTS EVALUATION ALTERNATIVE POST PURCHASED EVALUATION/COMPORTS 37. Factors Influencing Consumer Behaviour Psychological Factors Role and Status Consumers need a theory of hierarchy Perception Learning Beliefs and Attitudes Cultural Factors Â Â Â Â

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