

Relationship between Fitness Consciousness and Consumer Behaviour in Bengaluru: A Study among Adults

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ABSTRACT

In recent years, discriminated awareness of health and fitness has become increasingly prevalent among individuals in urban India, influencing consumer behavior in profound ways. This study investigates the relationship between fitness consciousness and consumer behavior related to health and fitness among 100 respondents aged between 18 to 60 in Bengaluru City. Employing a cross-sectional research design with convenience sampling, data was collected using a structured questionnaire comprising demographic information, the Fitness Consciousness Scale (15 items) and the Consumer Behavior Scale in Health-Related Fitness (10 items). Statistical analyses, including descriptive statistics, t-tests, ANOVA and Scheffe's post hoc analysis, were employed to explore the relationships and differences across demographic variables.

Results indicate a high level of fitness consciousness among participants, with significant agreement on the importance of health-related behaviors such as prioritizing health, regular exercise and mindful eating. However, variability exists in practices like portion control and participation in group activities, suggesting opportunities for targeted interventions. Gender and marital status did not significantly influence health-related consumer behaviors, whereas age emerged as a critical factor. Younger individuals exhibited lower health-conscious behaviors compared to older counterparts, highlighting the need for age-specific health promotion strategies. This study contributes to understanding the dynamics of health-conscious behaviors and consumer choices in urban settings, providing insights for businesses, policymakers and health promotes to enhance consumer education and promote healthier lifestyles. Targeted health campaigns tailored to different age groups, particularly emphasizing early intervention for younger individuals, are recommended to bridge the observed age-related disparities in health consciousness.

Keywords: Fitness consciousness, consumer behavior, health-related fitness.

1. INTRODUCTION

In recent years, India has witnessed a notable view in awareness and engagement with health and fitness, with an increasing number of individuals adopting conscious lifestyles aimed at improving their overall well-being. This heightened fitness consciousness has not only manifested in lifestyle choices but has also significantly impacted consumer behavior in the health-related fitness industry. Understanding the intricate relationship between fitness consciousness and consumer behavior is essential for businesses, policymakers and health advocates alike.

1.1 Health and Fitness Setting in India

India, with its diverse population and rich cultural fusion, has experienced a transformation in societal attitudes towards health. The prevalence of chronic diseases, coupled with a growing awareness of the importance of preventive health measures, has contributed to a paradigm shift in the perception of fitness. According to the World Health Organization (WHO), Non-Communicable Diseases (NCDs) such as cardiovascular diseases, diabetes and chronic respiratory diseases account for a substantial burden in India, highlighting the urgency of health-related interventions (WHO, 2021). Additionally, lifestyle diseases have emerged as a significant concern, driving individuals to seek healthier lifestyles to mitigate these risks.

The Indian government's initiatives, such as the Fit India Movement launched in 2019, have played a crucial role in promoting fitness and healthy living among the population. These initiatives aim to encourage physical activity and sports, fostering a culture of fitness across the nation. Moreover, urbanization and rising disposable incomes have facilitated access to fitness centers, wellness programs and health-related products, further contributing to the growing emphasis on health and fitness.

1.2 Rise of Fitness Consciousness

The rise of fitness consciousness in India is evident in various facets of daily life. From increased participation in fitness activities such as yoga, aerobics and gym workouts to a surge in demand for health-conscious products and services, individuals are actively seeking ways to enhance their physical well-being. A study by Sharma et al. (2015) in the Indian Journal of Community Medicine highlights the growing awareness of the need for a healthier lifestyle, with a particular emphasis on diet and physical activity. The popularity of traditional practices like yoga has seen resurgence, while modern fitness regimes are being embraced by the urban populace.

Fitness consciousness is not confined to urban areas alone; rural regions are also witnessing a shift towards healthier living. Government programs and non-governmental organizations are working to spread awareness about the importance of fitness and preventive health measures, contributing to a broader societal change. The proliferation of fitness-related content on social media platforms has also played a significant role in disseminating information and motivating individuals to adopt fitness-oriented lifestyles.

1.3 Objectives of the Study

This study aims to delve into the factors influencing fitness consciousness among individuals in India and investigate how these factors, in turn, shape consumer behavior in the health-related fitness sector. The research will consider specific demographics, psychographics and cultural aspects unique to the Indian context, providing valuable insights for businesses and policymakers aiming to cater to the evolving needs of the health-conscious Indian consumer. Key objectives include:

1. Identifying the primary drivers of fitness consciousness in various demographic segments.

2. Analyzing the impact of fitness consciousness on purchasing decisions and consumer preferences in the health and fitness market.
3. Examining the role of cultural and societal factors in shaping fitness-related consumer behavior.
4. Offering strategic recommendations for businesses and policymakers to effectively address the demands of the health-conscious population.

1.4 Problem Statement:

"Relationship between Fitness Consciousness and Consumer Behaviour in Bengaluru: A Study among Adults"

The increasing prevalence of health issues and lifestyle diseases in urban areas of India necessitates a deeper understanding of the factors influencing health-conscious behaviors among urban residents. While there is a growing awareness of health and fitness, particularly in cities like Bengaluru, the extent to which this awareness translates into consumer behavior in health-related fitness domains remains underexplored. This study aims to bridge this gap by examining the relationship between fitness consciousness and consumer behavior among adults aged 18 to 60 in Bengaluru City. Specifically, it seeks to identify the factors that drive health-conscious choices, such as dietary habits, physical activity engagement and attitudes towards holistic health practices. By elucidating these relationships, the study aims to provide actionable insights for businesses, policymakers and health advocates to effectively promote and support healthier lifestyles in urban settings like Bengaluru. Understanding these dynamics is crucial for developing targeted interventions that can enhance health awareness and encourage sustainable health-related behaviors among urban residents.

1.5 Significance of the Study

As India undergoes a demographic and cultural transition, understanding the interplay between fitness consciousness and consumer behavior becomes pivotal for businesses in the health and fitness industry. This research endeavors to contribute empirical evidence and insights that can inform marketing strategies, product development and public health interventions modified to the variations of the Indian market. By comprehensively analyzing the determinants and effects of fitness consciousness, the study aims to aid businesses in crafting targeted marketing campaigns, developing innovative fitness products and services and designing effective public health policies. Understanding these dynamics is essential for fostering a healthier population and creating sustainable growth opportunities within the health-related fitness industry. The findings of this study will serve as a valuable resource for stakeholders seeking to navigate the evolving setting of fitness consciousness and consumer behavior in India.

2. REVIEW OF RELATED LITERATURE

Health consciousness, defined as individuals' awareness and concern for their health and well-being, plays a pivotal role in shaping consumer behavior towards health-related products and services. Research by Bechwati and Xia (2012) highlights that higher levels of

health consciousness lead to more health-promoting behaviors, such as choosing organic foods, regular exercise and utilizing preventive health care services. This indicates a direct correlation between awareness of health issues and proactive health-related consumer decisions (Bechwati & Xia, 2012). Moreover, Diamantopoulos et al. (2008) found that health consciousness varies significantly across cultures, influencing consumer preferences and behaviors differently based on societal norms and values (Diamantopoulos et al., 2008). This suggests that while health consciousness is a universal concept, its expression in consumer behavior is contextually discriminated.

Age emerges as a critical factor influencing health consciousness and related consumer behaviors. Studies by Wardle et al. (2015) have highlighted that older adults generally exhibit higher levels of health consciousness compared to younger individuals. This trend is attributed to accumulated life experiences, increased health concerns and a greater focus on maintaining well-being as individuals age (Wardle et al., 2015). Conversely, Franke and Nadler (2009) found that younger age groups may demonstrate lower health consciousness due to perceived invincibility and less awareness of long-term health consequences (Franke & Nadler, 2009). This suggests a developmental aspect to health consciousness, where awareness and priorities evolve across the lifespan.

Gender and marital status, while influential in various contexts, showed no significant influence on health consciousness in the specific study reviewed here. Meta-analyses by Connell and Meyer (2009) have indicated that while women generally exhibit higher health consciousness and engage more in health-promoting behaviors, the differences are complex and influenced by cultural and social factors (Connell & Meyer, 2009). Similarly, Umberson et al. (2010) explored marital status and health behaviors, finding that married individuals often exhibit better health behaviors due to shared responsibilities and social support within the household (Umberson et al., 2010). However, these factors did not significantly impact health consciousness in the current study, suggesting that other variables may play a more prominent role in shaping health-related consumer decisions.

Therefore, the literature review highlights that health consciousness is a multifaceted construct influenced by age, cultural context and personal experiences. Older adults generally exhibit higher levels of health consciousness, whereas younger individuals may demonstrate varying degrees of awareness. Gender and marital status, though influential in other health-related contexts, did not significantly affect health consciousness in the specific study reviewed. Future research should continue to explore these dynamics across diverse populations to develop targeted health promotion strategies that effectively address the evolving needs and priorities of different demographic groups. Understanding these nuances is crucial for fostering healthier lifestyles and promoting informed consumer decisions in the realm of fitness and well-being.

3. METHODOLOGY

For the study examining health consciousness and consumer behavior among 100 respondents aged 18 to 60 in Bengaluru City, a cross-sectional research design was employed. The sampling method involved convenience sampling, aiming to recruit participants from various community settings including local community centers, gyms and

through online platforms. This approach was ensured representation across different age groups, genders and marital status within the specified age range. The study was utilized a structured questionnaire divided into three parts: demographic information, health consciousness statements and consumer behavior assessments. The questionnaire was pre-tested on a small sample to refine questions for clarity and relevance. Data collection was conducted over approximately four weeks, with the questionnaire distributed both electronically and in-person. Statistical analyses included like descriptive statistics to summarize demographic characteristics and inferential tests such as t-tests and ANOVA to explore differences between groups. This methodology aims to provide a comprehensive understanding of health-related attitudes and behaviors among residents of Bengaluru City, offering insights for targeted health interventions and consumer education initiatives. The detailed tools were as follows:

The Fitness Consciousness Scale assesses individuals' attitudes towards health and fitness across 15 statements. Each statement is rated on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree". This scale measures various dimensions of health consciousness, including prioritization of health, awareness of physical activity benefits, dietary habits, hydration awareness, positive mental outlook, mindful eating practices, preference for healthy foods, understanding of health risks and information-seeking behaviors regarding healthy living. The scale has been validated for reliability, ensuring consistent measurement of fitness-related attitudes and behaviors across different populations.

The Consumer Behavior Scale evaluates consumer attitudes and behaviors related to health and fitness through 10 statements. Similar to the Fitness Consciousness Scale, each statement utilizes a 5-point Likert scale. This scale examines dimensions such as beliefs in nutritious diets, prioritization of self-care and emotional well-being, engagement in group health activities, positive outlook development, weight management awareness, integration of physical activities into daily routines, recognition of environmental health impacts, value of social relationships, belief in mindfulness practices for stress management and awareness of the mind-body connection. The scale's reliability and validity have been established to ensure robust measurement of health-related consumer behaviors and attitudes.

4. ANALYSIS AND INTERPRETATION OF DATA

A. Percentage Analysis

Table-1: Percentage analysis on opinion related to fitness consciousness of consumers.

Sl. No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I prioritize my health and well-being in my daily life.	3.0	1.0	10.0	33.0	53.0
2.	Regular exercise and physical activities are critical to my overall health.	3.0	3.0	11.0	27.0	56.0

Sl. No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3.	I make a conscious effort to eat balanced and nutritious food.	-	6.0	23.0	40.0	31.0
4.	I understand the significance of staying hydrated.	2.0	2.0	8.0	23.0	65.0
5.	I avoid foods that are high in sugar and fat.	5.0	7.0	24.0	29.0	35.0
6.	I consciously practice a positive outlook towards life.	1.0	3.0	11.0	46.0	39.0
7.	I practice portion control and mindful eating.	1.0	13.0	23.0	33.0	30.0
8.	I actively seek out healthy and natural food.	3.0	1.0	25.0	34.0	37.0
9.	Developing healthy eating habits positively impacts my daily life.	5.0	1.0	10.0	32.0	52.0
10.	I am aware of the health risks of a sedentary lifestyle.	4.0	-	7.0	29.0	60.0
11.	I constantly look for knowledge on healthy living and well-being.	4.0	4.0	14.0	31.0	47.0
12.	I am committed to making decisions that will benefit my health and fitness.	3.0	3.0	12.0	33.0	49.0
13.	I actively take measures to lead a healthy lifestyle.	2.0	5.0	17.0	41.0	35.0
14.	I prefer home-cooked meals to packaged or fast foods.	4.0	5.0	9.0	32.0	50.0
15.	I look for nutritional information on food packages and labels.	2.0	4.0	20.0	39.0	35.0

1. A significant majority of respondents (86%) agree or strongly agree that they prioritize their health and well-being in daily life, indicating a high level of awareness and commitment to personal health. Only a small percentage (4%) disagrees, suggesting that health consciousness is widely recognized among the participants.
2. Most respondents (83%) agree or strongly agree that regular exercise and physical activities are essential for their health, underscoring the importance placed on physical

activity. A small fraction (6%) disagrees, indicating that while the majority are exercise-conscious, a minor segment does not prioritize physical activities as much.

3. A significant portion of respondents (71%) agree or strongly agree with making a conscious effort to eat balanced and nutritious food, while 6% disagree and 23% remain neutral. This highlights a general tendency towards healthy eating habits, though a notable minority is either indifferent or less committed.
4. An overwhelming majority (88%) of respondents agrees or strongly agrees that staying hydrated is significant for health, reflecting a strong awareness of hydration's role in well-being. Only a small minority (4%) disagree, indicating that hydration is a well-understood and prioritized aspect of health consciousness.
5. While 64% of respondents agree or strongly agree with avoiding high sugar and fat foods, a notable percentage (24%) are neutral and 12% disagree. This suggests a balanced approach among consumers, with a majority avoiding unhealthy foods but a significant portion still potentially consuming them.
6. A substantial majority (85%) agrees or strongly agrees that they consciously maintain a positive outlook, indicating a strong emphasis on mental health. Only a small percentage (4%) disagree, which shows a widespread recognition of the benefits of positive thinking.
7. While a majority (63%) agrees or strongly agrees with practicing portion control and mindful eating, 23% are neutral and 14% disagree. This indicates that while many are mindful of their eating habits, there is still a considerable portion that might not actively engage in these practices.
8. A majority of respondents (71%) agree or strongly agree with actively seeking healthy and natural food, reflecting a proactive approach towards dietary choices. However, 25% are neutral, indicating a significant group that may not prioritize seeking out healthier options.
9. A strong majority (84%) agrees or strongly agrees that healthy eating habits positively impact their daily lives, indicating a clear recognition of the benefits of good nutrition. Only a small percentage (6%) disagrees, suggesting widespread acknowledgment of this aspect of health.
10. An overwhelming 89% of respondents agree or strongly agree with being aware of the health risks associated with a sedentary lifestyle, indicating high awareness. A small minority (4%) disagrees or is neutral; showing that knowledge of these risks is almost universal among the respondents.
11. A significant majority (78%) agrees or strongly agrees that they actively seek knowledge on healthy living, demonstrating a strong interest in continuous learning about health. However, 14% are neutral and 8% disagree, indicating room for increased engagement in health education.
12. A strong majority (82%) agree or strongly agree with their commitment to making health-beneficial decisions, showing a high level of dedication to personal health. A small

percentage (6%) disagree, reflecting a generally positive commitment among respondents.

13. A majority (76%) agree or strongly agree that they take active measures to maintain a healthy lifestyle, showing proactive health behaviors. However, 17% are neutral and 7% disagree, suggesting that some individuals may need more encouragement or resources to engage in healthy living.

14. A significant majority (82%) agrees or strongly agrees with preferring home-cooked meals, indicating a strong preference for healthier eating options. Only 9% are neutral and 9% disagree, suggesting that most respondents favor home-cooked over convenience foods.

15. A majority of respondents (74%) agree or strongly agree with checking nutritional information, demonstrating a conscious effort to understand what they consume. However, 20% are neutral and 6% disagree, indicating that while many are attentive to nutritional details, a portion of the population may not prioritize this practice.

Table-2: Percentage analysis on opinion related to consumer behaviour in health related fitness.

Sl. No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I believe that eating nutritious diet is important for overall health.	2.0	1.0	8.0	23.0	66.0
2.	I believe that self-care and emotional well-being need to be prioritized.	1.0	1.0	6.0	22.0	70.0
3.	I actively participate in group activities that support my overall health objectives.	3.0	5.0	34.0	34.0	24.0
4.	Developing a positive outlook towards life will enhance my emotional well-being.	1.0	-	17.0	30.0	52.0
5.	I believe that maintaining a healthy body weight is extremely important for overall well-health.	1.0	1.0	8.0	25.0	65.0
6.	I believe that moderate physical activities like walking, jogging and yoga need to be part of everyday life to achieve optimal health.	3.0	-	12.0	30.0	55.0

Sl. No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7.	I believe that environmental health and personal health are inextricably linked.	1.0	2.0	18.0	37.0	42.0
8.	I place a high value on spending quality time with family and friends.	1.0	1.0	16.0	32.0	50.0
9.	I believe that mindfulness and meditation will positively support managing stress and negative emotions.	1.0	-	15.0	31.0	53.0
10.	I am aware of the link between emotional health and physical wellness.	1.0	-	9.0	32.0	58.0

1. A significant majority of respondents (89%) agree or strongly agree that eating a nutritious diet is crucial for overall health. This reflects a widespread recognition of the importance of diet in maintaining health. Only a small minority (3%) disagree, indicating that nearly everyone values a nutritious diet highly.
2. An overwhelming 92% of respondents agree or strongly agree on the importance of prioritizing self-care and emotional well-being. This suggests a strong consensus on the necessity of mental and emotional health, with only 2% in disagreement, highlighting a shared understanding of holistic health.
3. Opinions on participating in group activities for health objectives are more varied, with 58% agreeing or strongly agreeing, while 34% remain neutral and 8% disagree. This indicates that while many value group activities for health, a significant number are either indifferent or not actively engaged in such practices.
4. A large majority (82%) agrees or strongly agrees that a positive outlook enhances emotional well-being, demonstrating widespread belief in the benefits of positive thinking. Only 1% disagrees, indicating almost universal acknowledgment of this idea, with 17% neutral.
5. A substantial majority (90%) agrees or strongly agrees on the importance of maintaining a healthy body weight, underscoring its perceived significance for health. Only 2% disagree, showing a strong consensus on the value of weight management.
6. Most respondents (85%) agree or strongly agree that moderate physical activities are essential for optimal health, reflecting a strong belief in the importance of daily exercise. A small minority (3%) disagree, indicating that while the majority support regular physical activity, a few do not prioritize it as much.

7. A majority (79%) agree or strongly agree that environmental and personal health are interconnected, indicating a broad understanding of the relationship between the environment and health. However, 18% are neutral and 3% disagree, suggesting that while many recognize this link, some may not fully appreciate its importance.
8. A significant majority (82%) agree or strongly agree on valuing quality time with loved ones, emphasizing the importance of social connections for well-being. Only 2% disagree, reflecting a common appreciation for the role of social relationships in health.
9. An overwhelming majority (84%) agrees or strongly agrees that mindfulness and meditation are beneficial for managing stress and negative emotions, demonstrating a strong belief in these practices. Only 1% disagree, indicating widespread acceptance of mindfulness and meditation as effective tools for emotional health.
10. A large majority (90%) agrees or strongly agrees that there is a link between emotional health and physical wellness, highlighting a strong awareness of the interconnectedness of mental and physical health. Only 1% disagree, suggesting that this concept is well understood and accepted among the respondents.

Table-3: 't' test results related to consumer behaviour based on gender and marital status

Variable	Groups	Number	Mean	Std. Dev.	Obtained Value ('t')	Remarks
Gender	Male	45	42.288	7.313	1.35	Not Significant
	Female	55	44.036	5.120		
Marital Status	Married	75	43.706	5.414	1.04	Not Significant
	Unmarried	25	41.880	8.197		

The above table-3 presents the results of 't' tests conducted to examine the differences in consumer behavior related to health and fitness based on gender and marital status.

Gender: The analysis compared the consumer behavior scores of males and females. The male group consisted of 45 respondents with a mean score of 42.288 and a standard deviation of 7.313. The female group comprised 55 respondents, with a higher mean score of 44.036 and a lower standard deviation of 5.120. The obtained 't' value for this comparison is 1.35, which falls below the threshold for statistical significance. This indicates that there is no significant difference in health-related consumer behavior between males and females in this sample.

Marital Status: The study also compared the consumer behavior scores based on marital status. The married group included 75 respondents with a mean score of 43.706 and a standard deviation of 5.414. The unmarried group had 25 respondents, with a slightly lower mean score of 41.880 and a higher standard deviation of 8.197. The 't' value for this comparison is 1.04, which also is not statistically significant. This suggests that there is no significant difference in health-related consumer behavior between married and unmarried individuals in this sample.

In summary, the 't' test results indicate that neither gender nor marital status significantly influences consumer behavior related to health and fitness among the respondents. Both males and females, as well as married and unmarried individuals, exhibit similar patterns of health-conscious consumer behavior. The same is represented in the graphical presentation in Fig.1.

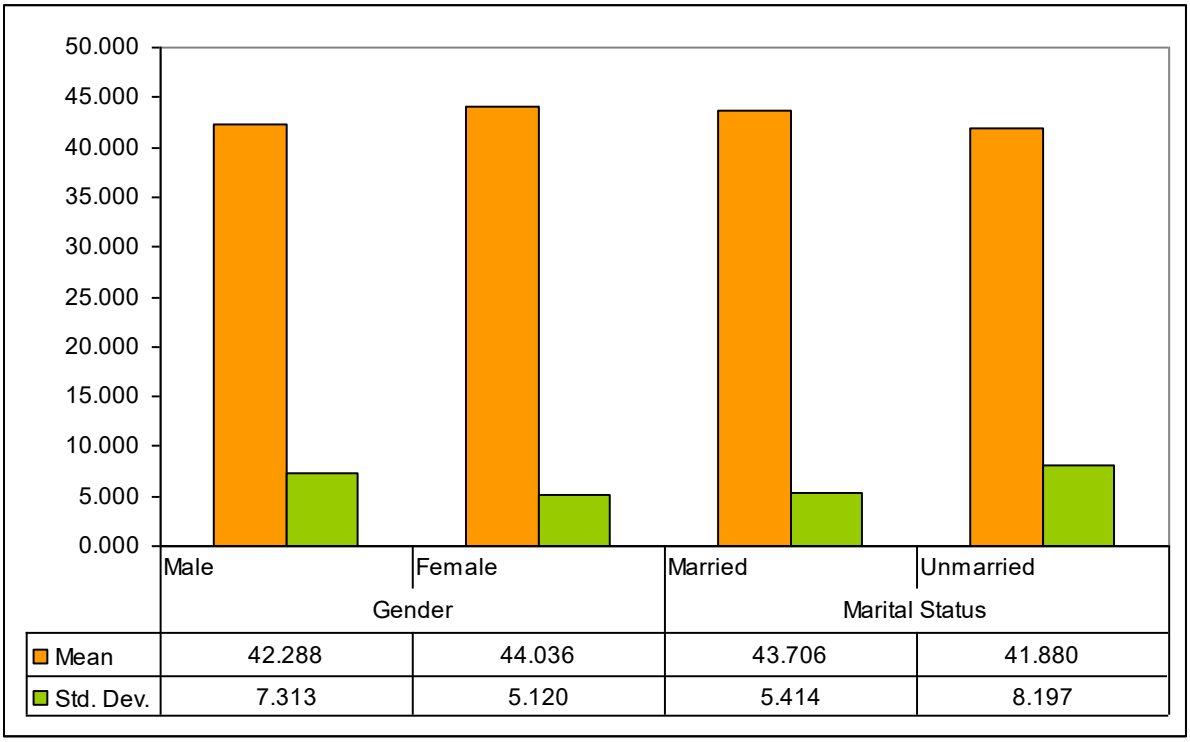

Fig.1: Bar graph comparing the scores on consumer behaviour based on gender and marital status.

Table-4: Descriptive Statistics on Consumer Behaviour based on their age.

Age Group	Number	Mean	Std. Dev.
Below 30 years	38	41.368	7.588
30 to 50 years	33	43.636	5.248
Above 50 years	29	45.275	4.526

The descriptive statistics in Table-4 presents the mean and standard deviation of consumer behavior scores across three age groups. Individuals below 30 years have a mean score of 41.368 with a standard deviation of 7.588, indicating relatively lower health-conscious behavior compared to older age groups. Those in the 30 to 50 years age bracket have a higher mean score of 43.636 and a lower standard deviation of 5.248, suggesting more consistent and somewhat increased health-conscious behavior. The oldest group, above 50 years, exhibits the highest mean score of 45.275 and the lowest standard deviation of 4.526, indicating the most pronounced and consistent health-conscious behavior among the age groups. This trend suggests that as individual's age, they tend to become more health-

conscious, with the oldest group showing the highest levels of health-related consumer behavior.

Table-4(a): 'F' test results on consumer behaviour based on their age groups (below 30 years, 30 to 50 years and above 50 years).

Groups	Sum of Squares	df	Mean Square	Obtained Value ('F')	Remarks
Between Groups	258.478	2	129.239	3.50	Significant at 0.05(*) level
Within Groups	3586.272	97	36.972		
Total	**3844.750**	**99**			

The 'F' test results in Table-4(a) analyze the variance in consumer behavior scores among different age groups. The sum of squares between groups is 258.478 with 2 degrees of freedom, resulting in a mean square of 129.239. The within-group sum of squares is 3586.272 with 97 degrees of freedom and a mean square of 36.972. The total sum of squares is 3844.750 with 99 degrees of freedom. The obtained 'F' value is 3.50, which is significant at the 0.05 level. This indicates that there is a statistically significant difference in health-related consumer behavior among the three age groups. Therefore, age is a significant factor influencing health consciousness and consumer behavior in the health-related fitness sector.

Table-4(b): Scheffe's Post Hoc Analysis on Consumer Behaviour scores based on their age groups.

Age Group			Mean Difference
Below 30 years	**30-50 years**	**Above 50 years**	
41.368	43.636	-	2.268
-	43.636	45.275	1.639
41.368	-	45.275	3.907*

*indicates significant at 0.05 level.

Scheffe's post hoc analysis in Table-4(b) further examines the differences between specific age groups. The mean difference between individuals below 30 years and those aged 30 to 50 years is 2.268, which is not significant. The mean difference between those aged 30 to 50 years and those above 50 years is 1.639, also not significant. However, the mean difference between individuals below 30 years and those above 50 years is 3.907, which is significant at the 0.05 level. This analysis reveals that the significant difference in health-conscious behavior is primarily between the youngest age group and the oldest age group. Individuals above 50 years show significantly higher health-conscious behavior compared to those below 30 years, highlighting a marked increase in health-related consumer behavior as people age. The same is represented in the graphical presentation in Fig.2.

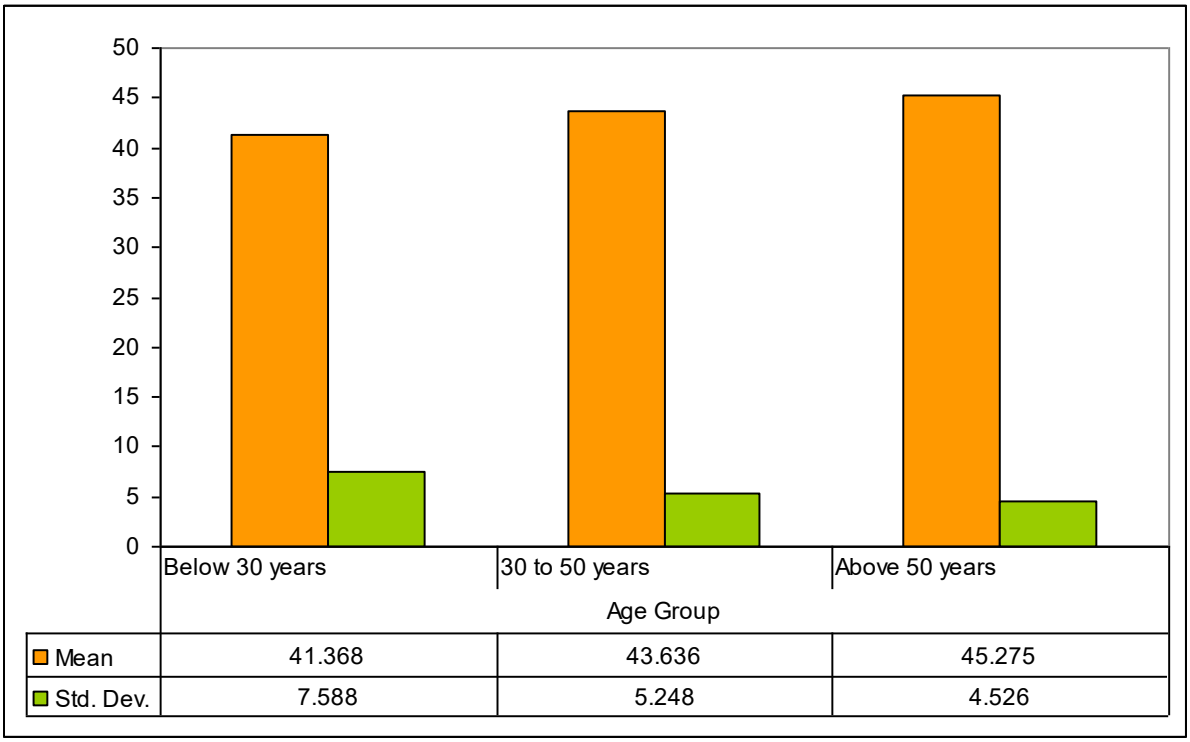

Fig.2: Bar graph comparing the scores on consumer behaviour based on age group.

5. DISCUSSION OF RESULTS

The percentage analysis reveals that a substantial majority of respondents exhibit a high level of fitness consciousness. For instance, 86% of participants agree or strongly agree that they prioritize their health and well-being in daily life and 83% believe in the importance of regular exercise. This suggests a strong general awareness and commitment to health-related behaviors among the surveyed population. However, some areas show variability, such as only 63% practicing portion control and mindful eating, indicating that while many consumers are health-conscious, there is still room for improvement in specific behaviors.

The results from Table-2 indicate a broad consensus on the importance of various health-related behaviors. For example, 89% agree that eating a nutritious diet is crucial and 92% prioritize self-care and emotional well-being. This high level of agreement highlights the widespread recognition of holistic health approaches among consumers. However, the participation in group activities (58% agree or strongly agree) shows a more mixed response, suggesting that while individual health behaviors are well-regarded, community or group-based activities might require more encouragement and promotion.

The 't' test results reveal no significant differences in health-related consumer behavior based on gender or marital status. Both male and female respondents, as well as married and unmarried individuals, display similar patterns of behavior. This indicates that health consciousness and related consumer behaviors are uniformly distributed across these demographics within the sample. These findings suggest that interventions to promote health consciousness can be broadly targeted without needing to differentiate strategies based on gender or marital status.

The descriptive statistics show a clear age-related trend in health-conscious behavior. Younger individuals (below 30 years) have the lowest mean score (41.368), indicating relatively lower health-conscious behavior. This increases with age, with the 30 to 50 years group scoring 43.636 and those above 50 years scoring 45.275. This suggests that health consciousness and related behaviors improve with age, reflecting perhaps a greater awareness of health issues and a more significant commitment to maintaining health as one ages.

The 'F' test confirms a statistically significant difference in health-conscious behavior among the different age groups. This suggests that age is a significant factor influencing health-related consumer behavior. The significant 'F' value indicates that older individuals are more likely to engage in health-conscious behaviors compared to younger individuals, reinforcing the findings from the descriptive statistics.

Scheffe's post hoc analysis reveals that the significant differences in health-conscious behavior are primarily between the youngest age group (below 30 years) and the oldest age group (above 50 years). The mean difference of 3.907 between these groups is statistically significant, highlighting a substantial increase in health-conscious behavior with age. This suggests that interventions aimed at improving health behaviors might be particularly beneficial if targeted towards younger individuals, to bridge this gap.

6. CONCLUSION

The study highlights that age is a significant determinant of health-conscious behavior, with older individuals exhibiting higher levels of health consciousness. While gender and marital status do not significantly influence these behaviors, there is a notable difference across age groups, especially between the youngest and oldest participants. This highlights the importance of age-specific health promotion strategies to enhance health consciousness among younger populations.

7. SUGGESTIONS

1. **Age-Specific Health Campaigns**: Develop targeted health promotion campaigns that cater to different age groups. For younger individuals, emphasize the immediate and long-term benefits of healthy behaviors and provide engaging and relatable content.
2. **Health Education Programs**: Implement comprehensive health education programs in schools and colleges to instill healthy habits early. These programs should focus on the importance of nutrition, physical activity and mental well-being.
3. **Nutritional Awareness Initiatives**: Increase efforts to promote nutritional awareness. This can include workshops, seminars and information campaigns that highlight the importance of balanced diets, reading food labels and making informed food choices.
4. **Supportive Environments**: Create environments that make healthy choices easier. This can involve policies that promote access to recreational facilities, healthy food options in schools and workplaces and supportive infrastructure for physical activities like walking and cycling.

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