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REVIEW OF LITERATURE

2.1 INTRODUCTION

'Human beings are always not independent; they are dependent on each other. They like to be benefited mutually especially to satisfy their demand for comfort and for luxury.

Now a days, human beings are more careful in their health care because of more awareness. Whatever the commodities they consume, they ensure whether it is harmful to the human being or not, because health plays a vital role. “Sound mind is the sound body”.

Health is defined as, “a state of complete physical, mental and social well-being and merely the absence of disease of infirmity”.

2.2 DETERMINANTS OF HEALTH

Many influences have a bearing on health. The influences that affect health and well-being are called determinants of health. Some of these determinants are
Genetic Configuration

The health of a population or an individual is greatly dependent upon the genetic constitution of populations.

Level of Development

Economic and social development helps to improve health status.

Life style

Life styles of people depend upon their culture and socio-economic development. Sedentary life style is common in the west and is being adopted by more and more people in developing countries also.

Environment

The physical, social and biological environment of man is a very important determinant of health. Poor environment sanitation, inadequate safe drinking water, excessive levels of atmospheric pollution, etc., are important determinants in the physical environment affecting health.
Health infrastructure

Accessible and acceptable health facilities have a direct bearing on health status. Availability of good health facilities would thus result in improved health.

2.3 LEVELS OF HEALTH CARE

Health care is customarily described as consisting of a three-tier pattern as follows:

a) Primary Health Care

This is an essential health care provided at the first level of contact of the individual or the family with the National Health System. It is provided at the level of the primary health centre and sub-centre by the medicinal officer and the health worker respectively.

b) Secondary Health Care

This refers to an intermediate level of health care where specialist facilities are available to deal with the complex health problems referred from the primary level. The community health centre and the district hospitals represent the secondary health care level.
c) Tertiary Level

This is the highest level where super specialties are available and sophisticated investigations and therapeutic procedures can be performed.¹

2.4 WORLD HEALTH ORGANIZATION

²In April 1945 during the San Francisco conference, the representatives of Brazil and China proposed that an International organization on Health should be established. In 1946 an International Health conference was convinced in New York, to frame its constitution. The same conference had set up an interim commission to carry out urgent tasks until W.H.O constitution had been accepted by the United Nations Members States. As soon as the con-currence of the members was obtained the W.H.O was established on April 1948. Every year April ⁷th is celebrated as World Health Day. W.H.O is a specialized non political health agency of U.N. Its head quarters are at Geneva.

2.5 W.H.O’S DEFINITION OF HEALTH?

"Health is a state of complete physical, mental and social well-being and not merely an absence of diseases of infirmity"² - ³the W.H.O. definition goes beyond the more absence of diseases. It envisages three dimensions or components of health, physical, mental and social, all closely related. A fourth dimension has also been suggested namely ‘spiritual’ health.

The need to make health a vibrant social phenomenon rather than a mechanism of reaction to morbidity arranged in hospitals and clinics have
been increasingly recognized. In a recent article Dr. Halfdan Mahler, Director General of the World Health Organization recommends that vertical programs that operate from the Central Government down to the villages need to be substituted by programs that are rooted in and supported by the local community. He states that hospital-based medical care of 5 to 10 percent of the population will just not do and primary health care will have to involve the people because the people know, in a non-professional but, nevertheless, in a fundamental and urgent sense, what by way of health care it is that they require. This is only natural because three quarters of the people in the developing World live in rural areas where modern medicine seldom ventures. These ideas achieved crystallization in the goal of health for all by the year 2000 A.D. following the Alma-Ata declaration.

Health services throughout the world are now confronted with new challenges. They are no longer considered merely as a complex of solely medical measure. They are being increasingly recognized as an important competent of economic systems. Today, it is an established fact that it is not possible to raise the level of people health without making changes in their economic, social and cultural environment. This has given birth to the concept of an "Inter Sectoral Approach" to the problem of health and disease, also known as the concept of health development.
2.6 REVIEW OF LITERATURE ON SOFT DRINKS

i) Ms. V. Jayalakshmi views, “the one company which rose to its heights and which became genetic to the cool drink industry in India is the parle group. This company in a very short span of time could reach the Indian Market and has major brands like Gold Spot. Thums-up, Limca, Maaza and Citra. Cock now entered into strategic alliance with parle and now owns the above brands.

ii) In the late 1980’s, the Pepsi, a Multi National Company entered into Indian Market and the Cola wars began in the country. Pepsi has brands like Lehar 7up, Lehar Slice, Mirinda, Team.

iii) Mr. Y. Subba Rao also views, because of the multi National companies entry, the parle group had to undergo many modifications and thus being innovative. To start with the parle group supplied the cool drinks in bottles. These bottles varied in size and also in quantity. First it was 200ml, Later they replaced with a standard 250ml. Then came 500ml bottles at comparatively lower price. Coca-Cola company after acquiring parle group came up with 300ml bottle for the brand Coke. Another innovative concept in package of cool drinks in tetra packing, which was introduced for the convenience of the consumers. This series of innovations led to the latest concept of a fountain drinks which is to serve chilled in plastic glass of 250ml.
iv) Chairman and chief executive officer Steve Reinemund said: “We’re pleased to have delivered very strong operating profit and earnings per share growth. Our margins expanded as a result of synergies from our merger with Quaker, as well as strong productivity across our divisions. We increased our market share across our key U.S businesses, and our cash flows was extremely healthy.”

v) Mary Bellis says that, “Soft drinks can trace their history back to the mineral water found in natural springs. Bathing in natural springs has long been considered a healthy thing to do, and mineral water was said to have curative powers. Scientists soon discovered that gas carbonium or carbon dioxide was behind the bubbles in natural mineral water.

vi) In 1767, the first drinkable manmade glass of carbonated water was created by an Englishmen, Dr. Joseph Priestly, three years later, the Swedish chemist Torbern Bergmen invented a generating apparatus that made carbonated water from chalk by the use of sulfuric acid. Bergman’s apparatus allowed imitation mineral water to be produced in large amounts.

vii) American Pharmacists, who were selling most of the mineral waters, started to add medicinal and other flavorful herbs to the unflavored beverage. E.g. birch bark, dandelion, sarsaparilla and fruit extracts. The early drug stores with their soda fountain became a popular part of American culture. Customers wanted to take the drinks home with them and the soft drink bottling industry grew from the customer demand.
viii) In 1892, the “Crown Cork Bottle Seal” was painted by William painter, a Baltimore machine shop operator. It was the first very successful method of keeping the bubbles in the bottle.

ix) Caleb Bradham of New Bern, North Carolina was a pharmacist. Like many pharmacists at the turn of the century he had a soda fountain in his drugstore, where he served his customers refreshing drinks, that he created himself. His most popular beverage was something he called “Brad’s drink” made of carbonated water, sugar, vanilla, rare oils, pepsin and cola nuts.
FOOD NOTES


3. Ibid.


5. WWW.SoftdrinksReview.com,