

Marketing of Healthcare Products and Services for the Elderlies in Select District of Assam, India: An Empirical Assessment on Needs and Satisfaction

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Abstract

Background: *The marketing concepts and theories in the modern era are still lagging behind while catering the attention on the elderly group of consumers. The elderly population tends to have needs and wants which is different from the other segment of customers. Taking the elderly market into consideration, the marketing companies can importantly target this segment of customers in the near-term decades.*

Objective: *The present study is to understand the healthcare needs and satisfaction level of the elderly people regarding healthcare products and services which are offered by the healthcare companies.*

Method: *For the present study, a sample of 66 (both male and female) participants was taken, comprising of 32 male and 34 female ($M= 1.5$, $SD= .50$) selected through purposive sampling technique and age group ranging from 60 years & above. A descriptive research design was used in the present study. A questionnaire survey design was employed to examine the needs and satisfaction of the elderly population based on the marketing of healthcare products and services. For collection of data, a self-developed questionnaire was used to conduct the study and to accomplish the objectives, purposive sampling technique was used.*

Results: *The results highlighted a significant relationship among the needs (such as medication, bathing, hygiene, mobility, care giving services) and satisfaction level based on the marketing of healthcare products and services. Moreover, the inter-correlation showed that there is a significant positive relationship among the healthcare products and services with the needs and satisfaction of the elderly people. From the demographic perspective, it can be seen that there is a significant difference in educational qualification, employment status, source of earning, and mode of stay with the overall healthcare needs of the respondents.*

Conclusion: *The present study will help in understanding the untouched area of marketing of the elderly population. This will help the healthcare companies to formulate better marketing strategies hence delivering the right products and services to them.*

Keywords: *Healthcare products, needs, satisfaction, elderly, marketing strategies*

I. INTRODUCTION

Marketing theory consists of a range of concepts that are used to determine assumptions and formulate strategies. One such fundamental strategy is the concept of the marketing mix (Ziethaml & Bitner, 2000). Marketing mix can be highlighted as a set of tools acquired by an organization to alter and shape the characteristics of its product or service which is offered to its customers (Palmer, 2001). In the words of Kotler, (2000), defines marketing mix as *“the set of marketing tools that the firm uses to pursue its marketing objectives in the target market”*.

Numerous researchers (Booms & Bitners, 1981; Lovelock, 2001; Ahmad, 2007) have squabbled in the past years over the traditional 4Ps of marketing mix model and found it insufficient for the marketing of products or services. The basic characteristics of a product that make it different from service are that; a product can be stated in terms of tangibility, exchange value, and durability whereas services hold the characteristics of intangibility, inseparability, heterogeneity, and perishability. Therefore, Brooms and Bitner (1981) had extended the marketing mix for services from 4Ps to 7Ps which include three more elements into the traditional model. Although marketing is emerging actively for the various segments of the society yet in years we can see that the consumer market has been obsessed with some specific group of people especially the youths, kids, and women (Jiang, 2017). While talking about the marketing concepts and theories in the modern era, one of the most crucial segments where marketing of products is still lagging is the focus on the elderly group of consumers.

Who comprises the elderly market? Based on a study of the senior citizen's lifestyle, researchers define the elderly market *“as people of 55 years of age and older who are consumers of products and services for seniors”* (Kim, Kim & Kim, 2003). The elderly population tends to have different types of needs and wants which is different from the other group of people. They have a higher prevalence of chronic diseases, physical disabilities, mental illnesses, and other psychosocial problems that cannot be viewed in isolation. A wide range of factors that affects the mental as well physical health of the aged people consists of a variety of social concerns like separation from their children, occupation, maltreatment, poor knowledge and awareness about the risk factors, food, and nutritional requirements, psycho-emotional concerns like mental stress, difficulty in keeping themselves occupied, financial constraints, improper health-care system accessibility increase the risk of health deterioration for the aged people thus reflecting an adverse impact on the quality of life of the elderly people (Shrivastava et al, 1997). Studies reveal that in the recent decade many marketing and advertising companies are tapping their focus on the young consumers thus neglecting the focus from the elderly consumers. An ongoing stereotype restricts the rationality in the thinking progression which leads to the conclusion that the aged group of customers has a peculiar segment of low net-worth and is unaccompanied solely on the income of their children (Dwight & Urman, 1985; Bivins, 1984; Allan, 1981). But many researchers have contradicted to this subtext and represented a different picture which signifies that the elderly segment of the population stands for a vast untouched market that has the financial earnings to remain independent on its members (Klebl, 2007; Arnold & Krancioch, 2007; Hunke & Gestner, 2006; Haimann, 2005; Hölper, 2002). There are surveys which reveal that the demographic characteristics of the elderly consumers are high in educational qualification and independent in the source of income. They have even marked their presence in the world of digital and virtual media through the access of internet and print media (Meiners, 2010). There is enormous potential in the elderly group in regards to buying and spending behavior than that of the younger market. If the elderly consumers are motivated they can purchase more investment properties,

cars, travel more often, and purchase better quality products. Therefore considering the elderly market, the marketing companies can importantly target this segment of customers in the near-term decades.

1.1 Overview of the elderly population in India:

It is apparent that elderly people think and feels different but they are not a single segment. This group is too large to be ignored, too complex to be stereotyped, and too diverse to be predicted. When it comes to addressing the needs of the elderly market, businesses often fall back. May be their needs are different but they carry on with their same attitudes and behavior which is not different from any other age group. If the marketers cannot fulfill the aged people's needs and want they are as likely as anyone to switch brands and suppliers. However, due to increasing age, several complexities and physiological changes might occur like eyesight problem, hearing issues which make them unskilled. Hence the companies need to address these types of issues with the help of their marketing mix strategies without necessarily making a big deal of it. Every people are a potential customer and it suits the elderly people as well who are a group of experienced consumers. An inclusive approach is required, meaning not excluding the elderly people rather actively targeting them (Dixom, 2010). Population aging is one of the most discussed global phenomena in the present century. Countries like India which is the second-most populous country, the population over the age of 65 years has tripled in the last 50 years in India. In 2001, the population of old people was 7.7 % of the total population which has increased to 8.14% in 2011 (according to the 2001 census, Government of India). It is projected that the elders in India would increase both in absolute numbers and relative strength, indicating a steady swing to a senior population. As per the Census of India projections, the percentage of elders as a percentage of the total population in the country would jump from 7.4% in 2001 to 12.4% in 2026 and touch 19.7% in 2050. In 2011, India had about 76 million seniors above the age of 65 years and it is expected that this figure will grow to 173 million by 2025, further increasing to about 240 million by 2050 (United Nations Department of Economic and Social Affairs, 2008).

Considering this fact, the marketers need to have a constructive insight into their strategies and need to focus on this subgroup as well. The healthcare industry in India is large in number and is still expanding but when the individual expenditure in healthcare is seen the results are not satisfying. India is lacking behind in comparison to other developed nations like the United States and the European countries or other emerging economies like China and Brazil. India's public healthcare expenditure is less than half the global average, (WHO, 2012). The condition is severely poor especially for those living in the rural parts as they do not have access to health infrastructure. It is estimated that India has an average of 0.6 doctors for every 1000 people as compared to the global average (CII & Technopak Advisors Ltd, 2011). This reflects a significant opportunity for those companies which are willing to address the needs of aged people in later life. These opportunities not only exist for the companies which are developing products and services for the present elderly customers but also for the slowly aging workforce.

1.2 How can the elderly market be segmented?

Often the marketers who outlook the elderly customers as a heterogeneous segment of the population tackle the tricky task of deciding the segmentation process. Most researchers prefer the criteria of choosing age as a convenient basis for segmentation due to the availability of data, yet many studies show that age does not produce effective segmentation. So what can be the relevant basis of segmentation for the elderly population? Nowadays, consumer's taste and preferences vary with their needs and preferences

for products and services. Hence to satisfy the customers and market efficiently the customers can be grouped in a way based on the similarity of their responses. Instead of using a uniform marketing approach to appeal to every potential customer, marketers can design different products and services for a specific segment of customers (Moschis, Lee & Mathur, 1997). Even though most marketers are aware of the aging marketplace, yet most of them are still not convinced that they should appeal to the elderly consumer market differently than they presently market to the general population. The idea of marketing to an elderly customer is very novel and narrative as for years the marketplace had focused more on the younger customers. There exist a generation gap between the marketers and the target elderly audience which results in uncertainty while making marketing decisions (Moschis, Lee & Mathur, 1997). Taking into account the worldwide perspective of the elderly population, it is likely to increase nearly double in 20 years due to advancements in healthcare facilities and better economic conditions available in developing nations (Moschis, 1992). Consumers who have more economic power are prone to establishing better business facilities and the elderly consumer group is increasingly becoming a powerful consumer group. But when it comes to marketing of healthcare products to the elderly population, aging or age of the population comes in criterion. Meyer-Hentschel and Meyer-Hentschel, (2009); Berghaus, (2006) and Stuttgart, (2006) reveals that there is no agreement between the characteristics of an older person and the age of a person as there is a deal of variability in aging. Also, age is multidimensional which means an individual can grow old biologically, psychologically, and socially and therefore defining age with a specific boundary won't derive any meaningful definition. Due to the complexity of defining age as a parameter of the elderly, marketers often fall in a dilemma of segmentation. It is crucial for the marketers to decide if the elderly customers should be considered as one segmented or heterogeneous. Additionally, the mature market should be subdivided to target and positioning the products and services to the elderly consumers (Moschis, Lee & Mathur, 1997). The decision of marketing the products and services is usually based on their understanding supposition which is formed about the elder consumer group. They perform stereotypic profiles to develop strategies for elderly persons; for example, elderly people are socially isolated and lack adventure and romanticism. Maybe this hypothesis might fit some individuals but generalizing the whole population is likely to be vague (Moschis, Lee & Mathur, 1997).

II. LITERATURE REVIEW

The main objective of this literature review is to understand the different pros and cons, concepts, and approaches in the context of the marketing mix that includes the segment of elderly people with the needs and satisfaction of the elderly population. The selection of papers for reviewing was from journals and books that helped in widening the vision and analyzing the marketing of healthcare products and services.

Products can be identified as any physical object, service, personalities, organization, and desires that are offered in the market which helps in deriving some attention, acquisition, or consumption. It helps in fulfilling the needs and requirements of the consumers with the help of goods, services, or ideas (Sharma, 2008; Drummonr & Ensor, 2005). But a product does not need to be physical or tangible in nature every time. Sometimes its nature can be in the form of intangible, perishable, and inseparable as well which is known as service (Levitt, 1974). A service product should be developed from the perspective of the consumers which incorporates all aspects of service performance that create value which response to customer's primary need (Lovelock, Wirtz, & Chatterjee, 2007). The marketers should bring the element of innovation and customization while responding to customers' needs and wants to add value to the products offered by them.

In a study by Satit et al. (2012) discussed the relationship between marketing mix and customer decision-making where they have defined the product as one of the core predictors. The study revealed two perceptions that will persuade the customers to increase their purchase intentions and influence them to buy frequently. Those are high product quality and high customer satisfaction. But the consumers are not always motivated towards adopting innovation. Whatever may be the target market, the adoption of innovation is always an obstruction. Hence to overcome this hindrance effective marketing strategies are required to influence the consumers to change their behavior. However, when it comes to targeting the elderly population, a special set of unique strategies are required to deal with the circumstances. Some of the reasons which act as a barrier in the adoption of new products by the elderly population include shortening product life cycle, rapidly changing technology and a growing diverse market (Lunsford, & Burnet, 1992).

Another study conducted by Zhafira et al. (2013), discussed the numerous risk factors related to the adoption of new products by the elderly population. These factors are physical, financial, and social which is a reason why the elderly market is slow to try new products that are available in the market. Speaking in the context of healthcare products, it does not need to consist of only physical products that are tangible in nature. The products can be in an intangible form as well which can be identified as service. The marketers need to design and develop the benefit of the service product from the perspective of the consumers. Various studies explored the susceptible and vulnerable market of the elderly population. It is mentioned that in case of any complaints or grievances, the elderly population is less likely to get it corrected into a satisfactory conclusion due to lack of financial resources (Waddell, 1976; Koeske & Srivastava, 1977). But, according to the study by Bearden and Mason (1979), found no significant difference between the elderly and younger customers on the number of grievances issued. However, they did find the elderly people to be less-informed regarding the in-store product information and its availability. The elderly population was further found to be less familiar with nutritional labeling and pricing of the products. This finding support Koeske and Srivastava's (1977) hypothesis that the elderly people are less sophisticated about the market place. Additionally, a study by Bhuyan et al. (2020) revealed the importance of ethics by the healthcare service providers in dealing with the customers. The study disclosed the significant difference in work experience and education qualification among the healthcare service providers in terms of ethical consideration. Therefore it is vital to change the attitude of healthcare service providers and should have adequate knowledge and awareness about the ethical codes among all the stage of the medical process.

For the initiation of any marketing activities, the marketer must initially identify the needs and demands of its customers for the intended products or services. The customers can be from any section of age which the marketer has segmented for targeting and positioning its item, but when it comes to marketing of healthcare products and services for the elderly section, the marketer should take special care in primary health care. A study conducted by Moschis and Bovell (2013) explained the factors which create differences in motives and needs in the minds of the elderly customers and how they differ from those of younger customers. The study further elucidates that the present knowledge about the elderly market is derived from many disciplines which include marketing, gerontology, and some areas of social sciences which clarify that the differences in elderly consumer motives and needs are the result of three types of factors. To understand the needs and wants of the elderly customer, it is very much important for a marketer to understand the aspect of aging and their relation with shopping behavior. Firstly, it is the psychological state which includes biophysical, psychological, and social aging. As we know that

physiologically people may differ with aging. The physiological state explains the various experiences which an individual faces in their body. It can be a loss of vision and hearing or prolong chronic condition and disease at different phases of ages. For instance, when an individual becomes aged they might face difficulty in reading, distinguishing colors, increase sensitivity to light, sound, taste and manual dexterity which creates trouble in holding and manipulating objects such as opening bottles and cans (Moschis & Bovell 2013). Taking such changes into account, a marketer can respond to the different needs of the elderly population in terms of providing the appropriate product or service (Gregoire, 2003). An individual may mature socially and therefore may assume and understand the various roles associated with old age. The different roles which they assume may further develop into new responsibilities and based on that they might need new products and services which are suitable for their daily livelihood (Moschis & Bovell 2013). Lastly, psychological aging describes an individual's increasingly thinking of oneself as an old person. Sometimes a person of a certain age might stay young mentally while a person of the same age may think of themselves as old. Hence this difference in the thought process may affect the marketers' approach in satisfying their needs and wants of the elderly individuals (Moschis & Mathur, 2006). Secondly, the elderly person's needs differ due to life circumstances they have experienced in the past. These circumstances are independent of the aging process which influences the present and future consumption patterns of the elderly population. Factors such as cohort, historical, and environmental shapes the shopping habits and tend to affect the mindsets of elderly consumers and trigger definite needs (Mathur et al., 2008). For instance, there were times where a group of elderly consumers aged between 50 and 60 grew up in an environment where innovation and experiments were kept under the priority list. Hence, their previous experiences may not only make these older baby boomers more likely to try the new products and services but also such an open-mindedness consumers may instigate peculiar needs making them unpredictable to the marketers (Moschis & Mathur, 2007). Lastly, elderly consumers' needs and wants can be influenced by significant life-changing events (Moschis, 1996, 2012). These events can be accidental or unexpected such as natural calamity and sometimes programmed or expected such as retirement (Moschis & Bovell 2013). Many elderly people in their late forties, fifties, and sixties develop a host of life-changing events as a result there is a change in their mindsets and consumption priorities. As they undergo such changes, the needs of the elderly customers are likely to change and so as their perception towards marketing stimuli (Mathur et al., 2003, 2008).

In a study by Day and Wensley, (1988), found customer satisfaction high on the list of strategic priorities while achieving long-term objectives. According to the study, customer satisfaction reflects the effectiveness of a hospital while offering value to its patients.

Another study by Lied and Kazandjian, (1999), defined customer satisfaction as a vital element in assessing performance for any organization.

III. RESEARCH GAP

- Not enough marketing is directed towards elderly customers although few of the healthcare products and services suitable for elderly people are available.
- Healthcare companies are ambiguous about the communication channel directed to market the healthcare products and services to the elderly people.
- Proper market research is lagging to understand the problems that elderly people are facing. The companies need to grab opportunities and invest in the aged group section.

IV. RESEARCH PROBLEM

For any product to be launched in the market, the companies develop new marketing strategies and plans. But, before making any strategy, the companies have to gather information on the targeted people, and accordingly, they can increase the marketing based on their demand. The problem exists with the companies due to their incapability to focus on the needs of all the segments of the population of which some specific groups of people are mostly emphasized and few are overlooked. However, an additional section which comprises a major population is the group of aged class remains unnoticed. Another problem which the companies are facing is in identifying the appropriate products and services to offer customer satisfaction to the elderly customers and the application of the appropriate marketing strategies on these segments as numerous approaches and alternatives are depending on the nature of the market.

V. SCOPE OF THE STUDY

- The study will delve into the area of the marketing of healthcare products and services to the elderly population which will help the healthcare companies to formulate better marketing strategies.
- The study will focus on the relationship between the healthcare products and services with the various needs and wants of the elderly people.
- The study will further try to understand the satisfaction level of the aged people which will help in delivering the right products and services to them. The study will include the aged people from the select districts of Assam.

VI. OBJECTIVES OF THE STUDY

- To identify the various healthcare needs and demands of the elderly people.
- To study if the healthcare products and services adopted by the healthcare companies for the elderly people have a significant correlation with needs and demands and customer's satisfaction.
- To identify the significant difference in demographic factors regarding healthcare products, satisfaction and needs of the elderly people.

VII. HYPOTHESIS OF THE STUDY

- The healthcare products and services offered by the healthcare companies for elderly people will have a significant relationship with needs and customer satisfaction.
- There would be a significant difference in demographic factors regarding healthcare needs among the elderly population.
- There would be a significant difference in demographic factors regarding healthcare products among the elderly population.
- There would be a significant difference in demographic factors regarding the satisfaction level among the elderly population.

VIII. METHODOLOGY

8.1 Research design

A descriptive research design was used in the present study. A questionnaire survey design was employed to examine the needs and satisfaction of the elderly population based on the marketing of healthcare products and services. In countries like India which is one of the most populated countries in the world, elderly people with the age of 65 years has tripled in the last 50 years in India. In 2001, the population of old people was 7.7 of the total population which has increased to 8.14% in 2011 (According to 2011 census, Government of India). Considering this fact, the marketers need to have a constructive insight into their strategies and need to focus on this subgroup as well. The healthcare industry in India is large in number and is still expanding but when it comes to individual expenditure in healthcare the results are not satisfying.

8.2 Data collection

In the present study, socio-demographic data sheets as well as a self developed questionnaire was applied to a heterogeneous elderly population in Assam. The targeted respondents come from different gender, age groups, education levels, mode of stay, monthly earning, and source of income. The responses were collected by visiting different participants to encompass better coverage of responses. To accomplish the objectives, purposive sampling technique was used.

Inclusion criteria

- Age group (60 years and above)
- Both male and female
- Residence of Assam
- Respondents who have given their consent

Ethical consideration

- Permission was taken from the participants for data collection
- The informed consent of the participants was taken.
- Confidentiality: Ensuring the privacy and confidentiality of personal information
- Non-inclusion of subject's personal information like name and address in data files.

8.3 The research population and sample size

Any research population must be accurately specified to collect the required data for the research problem. In the present study, the target population was the elderly people (both male and female) who were above the age of 60 years from the select district of Assam. The geographical location used for the study is Assam, a north-east state of India. Out of 33 districts, three districts, namely Guwahati, Nagaon, and Tezpur districts were taken into consideration for the collection of data. A total of 66 samples were selected to conduct the study.

8.4 Tools for the study

A self-developed questionnaire was used to conduct the study. The questionnaire was divided into 3 parts. The 1st part of the questionnaire includes items related to identified needs of the elderly people, 2nd part of the questionnaire includes items related to healthcare products offered by the companies, and 3rd part of the questionnaire includes items related to the satisfaction level of the elderly people. All the items in

the scale were analyzed using IBM SPSS®23. The items were investigated for Skewness, Kurtosis, Item Discrimination, Total-Item Correlation, and Chronbach's Alpha. Items were removed from the scale if they did not comply with the criteria set: firstly if the item discrimination is not significant and secondly if the total-item correlation is not significant. For a few insignificant items, the kurtosis was found to be more than 2, due to which those items were rejected (criteria for kurtosis is more than 2). The criterion for the skewness test is 3 but no item was found to be more than that. Those items which did not conform to the given criteria were removed from the scale. From a total of 31 items of the original scale, 11 items were removed. Thus the total items dropped off to 20 items. The scale for perceived healthcare and satisfaction level of the elderly participants are shown in table 1.1 and 1.2 below:

Table 1. Perceived healthcare products scale:

Mean	Standard deviation	Skewness	Kurtosis	Item discrimination Index	Total Item correlation
3.29	1.313	-0.508	-0.961	2.901**	0.747**
1.75	0.803	0.885	0.283	2.870**	0.306*
2	1.063	1	0.501	3.015**	0.539**
1.9	0.962	1.322	2.031	2.023*	0.384**
2.41	1.159	0.412	-0.633	2.961**	0.313*
2.44	1.278	0.46	-0.81	4.429***	0.403**
2.6	1.289	0.464	-0.832	3.09**	0.423**
2.1	1.187	1.064	0.338	3.266**	0.338**
2.34	1.163	0.692	-0.201	3.185**	0.263*
2.43	1.211	0.798	-0.177	3.094**	0.464**
2.48	1.09	0.41	-0.64	2.349**	0.528**
2.16	1.167	0.939	-0.004	4.958***	0.472**
2.13	0.992	0.859	0.266	6.168***	0.497**

Table 1.2 Satisfaction level scale:

Mean	Standard deviation	Skewness	Kurtosis	Item discrimination Index	Total Item correlation
1.97	0.861	0.532	-0.422	3.866***	0.392**
2.34	1.105	0.521	-0.509	2.268**	0.301**
1.98	1.044	1.141	0.842	5.96***	0.584*
2.11	0.969	0.76	0.239	2.965**	0.421**
2.16	0.97	0.42	-0.756	2.873**	0.393**
2.14	1.014	0.76	-0.021	4.099***	0.652**
3.11	1.246	-0.527	-0.871	2.569**	0.508**

Table 1.3: Reliability of the variables

Variables	Chronbach's Alpha	No. of Items
Perceived healthcare products	.803	13
Satisfaction Level	.792	7
Total	.864	20

Table 1.3 contains Chronbach's Alpha for all the dimensions of the scale after the deletion of items that did not comply with the above-mentioned criteria. From this, it can be seen that both variables have very good internal reliability. The Chronbach's alpha for the whole scale is .864 with the total number of items being 20.

Therefore, the following tools were used to collect data:

1. Socio-demographic data sheet (self, 2020): Socio-demographic datasheet consists of the personal records of the elderly respondents like gender, education level, employment status, source of earning, and mode of stay.
2. Needs assessment Items (self, 2020): Need assessment is measured by using self-developed items that are designed to assess the various needs and demands of the elderly people. It includes items based on various products and services which are related to their daily activities such as exercise, medication, bathing, hygiene, mobility, food & beverages, care giving services, and other useful items.
3. Perceived healthcare products and services scale (self, 2020): To understand the perception of the elderly people for the healthcare products and services offered by the healthcare companies, 13 items were developed which was measured on a 5 point Likert scale. The Cronbach's alpha for this scale is .803
4. Level of satisfaction scale (self, 2020): This scale is used to determine the satisfaction level of the elderly people regarding the various products and services offered by the healthcare companies. This scale comprises 7 items which are measured using a 5 point Likert scale. The Cronbach's alpha for this scale is .792.

IX. RESULTS

TABLE 2: Demographic characteristics of the sample

Characteristics	Categories	Frequency (N)	Percentage %
Gender	Male	32	48.5%
	Female	34	51%
Village/ town	village	26	39.4%
	town	40	60.6%
Education	Illiterate	5	7.6%
	Primary	8	12.1%
	Secondary	3	4.5%
	Higher Secondary	10	15.2%
	Graduate	25	37.9%
	Post-graduate	13	19.7%
	Diploma	2	3%
Marital status	Married	36	54.5%
	Unmarried	8	12.1%
	Divorced	7	10.6%
	Widowed	15	22.7%
Current employment status	Employed	19	28.8%
	Unemployed	24	36.4%
	Retired	23	34.8%

Monthly earning	Less than 20,000 ₹	32	48.5%
	Between 21,000 to 40,000₹	28	42.4%
	More than 41,000₹	6	9.1%
Source of earning	Salary	10	15.2%
	Pension	20	30.3%
	Business	26	39.4%
	Rent	5	7.6%
	Children	5	7.6%
Mode of stay	Family	46	69.7%
	Old age home	8	12.1%
	Single	12	18.2%

Table 2 portrays the demographic profile of the respondents such as gender, education qualification, employment status, monthly earning, source of earning, and mode of stay work was assessed. Out of 66 samples, there were 32 male and 34 female as in gender with ($M= 1.5$, $SD= .50$). 40 participants was belonging from town and 26 participants from village with ($M= 1.60$, $SD= .49$). Out of 66 samples, 36 were married, 8 unmarried, 7 divorced and 15 were widowed with ($M= 2.01$, $SD= 1.25$). In education qualification, there were 5 illiterates, 8 primary level, 3 secondary level, 10 higher secondary level, 25 graduates, 13 post-graduates and 2 were diploma with ($M= 4.34$ and $SD= 1.60$). In current employment status, 19 participants were employed, 24 were unemployed and 23 were retired with ($M= 2.06$ and $SD= .80$). Monthly earning of the respondent is coded as less than 20,000 ($f= 32$), 21,000 to 40,000 ($f=28$) and more than 41,000 ($f=6$) where ($M= 1.60$ and $SD= .65$). Source of earning, 10 participants gets salary, 20 gets pension, 26 participants earns from businesses, 5 from rent, and 5 respondent depends on their children with ($M= 2.62$ and $SD= 1.07$). Lastly, mode of stay, where 46 respondents stays with family, 8 at old age home, and 12 were single with ($M= 1.48$ and $SD= .78$) respectively.

Table 3: Identified needs and demands of the elderly people

Characteristics	Categories	Frequency	Percentage %
Medicine	Allopathic	29	43.9%
	Ayurvedic	32	48.5%
	Homeopathic	31	47.0%
	None of the above	4	6.1%
Bathing	Medicated soaps and shampoos	29	43.9%
	Sponges and washing aids	39	59.1%
	Shower chair	39	59.1%
	Shower mats	28	42.4%
	Hand shower	31	47.0%
	Geyser	30	45.5%
	None of the above	5	7.6%
Hygiene	Adult diapers	27	40.9%
	Nail cutters	38	57.8%
	Dental care aids	39	59.1%
	Reusable bed pads	28	39.9%
	Body Oil	41	62.1%
	Wipers	22	33.3%
	None of the above	6	7.6%

Mobility	Walking Sticks	37	56.1%
	Wheel chairs	25	37.9%
	Shoes and Knee caps	26	39.4%
	Foldable Walker	28	42.4%
	Crutches	30	45.5%
	Customized bed handle	27	40.9%
	None of the above	6	9.1%
Care giving services	Nursing facilities	29	39.4%
	Care co-coordinators	26	37.9%
	Medical support team	28	42.9%
	In-house care takers	30	45.5%
	None of the above	9	12.1
Other useful items	Hearing machine	23	34.8
	hot water bags	31	47.0
	Eye care items	31	47.0
	personal emergency control system	21	31.8
	Anti slip Mat	27	40.9
	None of the above	6	9.1

The table 3 is categorized as: Medication (allopathic with $M= 1.56$ and $SD= .50$), ayurvedic with $M= 1.53$ and $SD= .50$, homeopathic and none of the above with $M= 1.93$ and $SD= .24$). Bathing (medicated soaps and shampoos with $M= 1.57$ and $SD= .52$, sponges and washing aids with $M= 1.40$ and $SD= .49$, shower chair with $M= 1.40$ and $SD= .49$, shower mats with $M= 1.57$ and $SD= .49$, hand shower with $M= 1.53$ and $SD= .50$, geyser with $M= 1.54$ and $SD= .50$ and none of the above with $M= 1.92$ and $SD= .26$). Hygiene (adult diapers with $M= 1.59$ and $SD= .49$, nail cutters with $M= 1.38$ and $SD= .48$, dental care aids with $M= 1.40$ and $SD= .49$, reusable bed pads with $M= 1.62$ and $SD= .48$, body oil with $M= 1.37$ and $SD= .48$, wipers with $M= 1.66$ and $SD= .47$ and none of the above with $M= 1.92$ and $SD= .26$). Mobility (walking sticks with $M= 1.43$ and $SD= .50$, wheel chairs with $M= 1.62$ and $SD= .48$, shoes and knee caps with $M= 1.60$ and $SD= .49$, foldable walker with $M= 1.57$ and $SD= .49$, crutches with $M= 1.54$ and $SD= .50$, customized bed handle with $M= 1.59$ and $SD= .49$ and none of the above with $M= 1.90$ and $SD= .28$). Care giving service (nursing facilities with $M= 1.54$ and $SD= .50$, care co-coordinators with $M= 1.60$ and $SD= .49$, medical support team with $M= 1.57$ and $SD= .49$, in-house care takers with $M= 1.54$ and $SD= .50$ and none of the above with $M= 1.89$ and $SD= .31$). Lastly, other useful items (hearing machine with $M=1.65$ and $SD= .48$, hot water bags with $M= 1.53$ and $SD= .50$, eye care items with $M= 1.53$ and $SD= .50$, personal emergency control system with $M= 1.68$ and $SD= .46$, anti slip Mat with $M= 1.59$ and $SD= .49$ and none of the above with $M= 1.90$ and $SD= .28$) respectively.

9.1 Testing of hypothesis:

Table 4: coefficient of correlation among the healthcare products and services with needs and satisfaction of the elderly people

Variables	Satisfaction	Bathing needs	Hygiene needs	Mobility needs	Care giving service needs	Other useful items	Overall needs
Products offered	.30*	.25*	.34**	38**	.10	.142	.39**

* Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2-tailed)

Table 4, represents Pearson's correlation among the variables included in the study. The significant correlation is shown in a horizontal pattern. Satisfaction among the elderly people along with bathing needs, hygiene needs, and mobility needs has correlated significantly with healthcare products. However, care giving needs and other useful items were not found to be significantly correlated with healthcare products. Since Satisfaction and needs have correlated significantly with healthcare products; therefore, we fail to reject the hypothesis.

Table 5: Mean, SD and F-value among the demographic profile of the respondent based on their needs.

Variables	Group	N	Mean	SD	F - value	Sig/non. sig
Overall needs of the elderly and gender	Male	32	48.84	2.43	1.45	Non-significant
	Female	34	47.79	2.19		
Overall needs of the elderly and village/ town	Village	26	48.03	2.63	.92	Non-significant
	Town	40	48.87	2.18		
Overall needs of the elderly and marital status	Married	36	48.61	2.15	1.36	Non- significant
	Unmarried	8	47.12	1.88		
	Divorced	7	48.28	3.72		
	Widow/Widower	15	48.20	2.33		
Overall needs of the elderly and education qualification	Illiterate	5	48.20	3.49	2.93	Significant
	Primary	8	48.25	2.71		
	Secondary	3	47.66	1.15		
	Higher Secondary	9	49.66	1.58		
	Graduate	25	48.20	2.67		
	Post graduate	14	48.07	1.77		
Overall needs of the elderly and employment status	Diploma	2	46.50	.70	3.50	Significant
	Employed	19	48.26	2.44		
	Unemployed	24	48.04	2.25		
Overall needs of the elderly and monthly income	Retired	23	48.60	2.46	1.40	Non- significant
	Less than 20,000 ₹	32	48.50	2.30		
	Between 21,000 to 40,000 ₹	28	47.96	2.44		
Overall needs of the elderly and source of earning	More than 41,000 ₹	6	48.83	2.48	3.38	Significant
	Salary	10	48.30	2.71		
	Pension	20	48.50	2.50		
	Business	26	48.00	2.36		
	Rent	5	49.40	1.14		
Children	5	48.00	2.34			

Overall needs of the elderly and mode of stay	Family	46	48.28	2.46	6.40	Significant
	Old age home	8	47.87	2.35		
	Single	12	48.66	2.05		

Note: * $p < .05$; ** $p < .01$

Table 5 indicated that there exists a significant difference in the demographic categories like education qualification with F- value= 2.93, current employment status with F- value= 3.50, source of earning with F- value= 3.38 and mode of stay with F- value= 6.40 on overall needs of the participants at 0.05 level. In the contrary, other demographic factors like gender with F- value=1.45, marital status with F-value= 1.36, village/town with F- value= .92 and monthly earning with F- value=1.40 reveals no significant difference on overall needs of the participants. Since there is a significant difference in demographic factors regarding healthcare needs, therefore we fail to reject the hypothesis.

Table 6: Mean, SD and F-value among the demographic profile of the respondent based on the healthcare products offered by the companies.

Variables	Group	N	Mean	SD	F - value	Sig/non. sig
Healthcare products and gender	Male	32	41.12	6.18	3.61	Significant
	Female	34	40.85	6.06		
Healthcare products and village/ town	Village	26	40.30	6.41	5.64	Significant
	Town	40	41.42	5.88		
Healthcare products and education qualification	Illiterate	5	37.60	8.44	1.87	Non-significant
	Primary	8	43.00	5.85		
	Secondary	3	41.33	5.77		
	Higher Secondary	9	39.44	4.09		
	Graduate	25	41.72	6.93		
	Post graduate	14	40.42	5.27		
Overall needs of the elderly and marital status	Diploma	2	42.50	4.94	1.61	Non-Significant
	Married	36	39.86	5.93		
	Unmarried	8	42.62	5.37		
	Divorced	7	42.00	9.12		
Healthcare products and employment status	Widow/Widower	15	42.33	5.09	1.51	Non-significant
	Employed	19	39.68	7.38		
	Unemployed	24	40.16	6.42		
Healthcare products and monthly income	Retired	23	42.91	3.90	3.50	Significant
	Less than 20,000 ₹	32	40.46	6.24		
	Between 21,000 to 40,000 ₹	28	41.60	5.98		
	More than 41,000 ₹	6	40.83	6.40		

Healthcare products and source of earning	Salary	10	36.70	8.19	3.48	Significant
	Pension	20	44.45	3.41		
	Business	26	40.07	5.01		
	Rent	5	40.60	4.50		
	Children	5	40.80	10.25		
Healthcare products and mode of stay	Family	46	40.54	5.66	1.46	Non-Significant
	Old age home	8	45.00	7.28		
	Single	12	40.00	6.28		

Note: * $p < .05$; ** $p < .01$

Table 6; indicated that there exist a significant difference in the demographic categories like gender with F- value= 3.61, village/ town with F- value= 5.64, monthly income with F- value= 3.50, and source of earning with F- value= 3.48 on healthcare products at 0.05 level. In the contrary, other demographic factors like education qualification with F- value=1.87, marital status with F-value= 1.61, employment status with F- value= 1.51 and mode of stay with F- value=1.46 reveals no significant difference on healthcare products. Since there is a significant difference in demographic factors regarding healthcare products offered by the companies, therefore we fail to reject the hypothesis.

Table 7: Mean, SD and F-value among the demographic profile of the respondent based on the satisfaction level of the participants.

Variables	Group	N	Mean	SD	F - value	Sig/non. sig
Satisfaction level and gender	Male	32	22.31	3.82	3.42	Significant
	Female	34	22.20	3.08		
Satisfaction level and village/ town	Village	26	22.30	4.07	4.80	Significant
	Town	40	22.22	2.99		
Satisfaction level and education qualification	Illiterate	5	22.40	2.50	4.11	significant
	Primary	8	22.50	4.95		
	Secondary	3	23.33	5.50		
	Higher Secondary	9	21.88	4.37		
	Graduate	25	22.88	2.666		
	Post graduate	14	21.00	3.35		
Overall needs of the elderly and marital status	Diploma	2	22.00	1.41	.77	Non- significant
	Married	36	21.97	3.78		
	Unmarried	8	21.00	2.82		
	Divorced	7	23.57	2.14		
	Widow/Widower	15	23.00	3.22		

Satisfaction level and employment status	Employed	19	22.73	2.99	1.45	Non-significant
	Unemployed	24	22.04	3.40		
	Retired	23	22.08	3.88		
Satisfaction level and monthly income	Less than 20,000 ₹	32	22.43	3.79	.56	Non- significant
	Between 21,000 to 40,000 ₹	28	22.35	3.15		
	More than 41,000 ₹	6	20.83	2.78		
Satisfaction level and source of earning	Salary	10	23.40	3.80	2.02	Non- significant
	Pension	20	22.90	3.38		
	Business	26	22.26	2.61		
	Rent	5	21.20	5.84		
	Children	5	18.40	1.51		
Satisfaction level and mode of stay	Family	46	21.60	3.55	3.12	Significant
	Old age home	8	24.37	3.62		
	Single	12	23.33	1.82		

Note: * $p < .05$; ** $p < .01$

Table 7; indicated that there exist a significant difference in the demographic categories like gender with F- value= 3.61, village/ town with F- value= 5.64, monthly income with F- value= 3.50, and source of earning with F- value= 3.48 on healthcare products at 0.05 level. In the contrary, other demographic factors like education qualification with F- value=1.87, marital status with F-value= .77, employment status with F- value= 1.51 and mode of stay with F- value=1.46 reveals no significant difference on healthcare products. Since there is a significant difference on demographic factors regarding healthcare products offered by the companies, therefore we fail to reject the hypothesis.

X. DISCUSSION

The identified needs and demands of the elderly people revealed interesting insights. In medication, the participants tend to prefer Ayurvedic medicine followed by Homeopathic and Allopathic. The result resembles the study by Katole, (2020) which is based on the customer's preference for Ayurvedic and Allopathic. The study reveals that Ayurvedic medicine is preferred due to its low price, fewer side effects, and a mixture of natural ingredients. Similar assumptions can be made in the above context due to which the participants have chosen more of Ayurvedic medicine than that of others. In bathing, participants preferred shower chairs and sponges and washing aids followed by shower mats, hand shower and, geyser. This result substantiates with the study done by Singh, (2007) which highlighted the safety problems among elderly people due to the loss of physical capabilities and poor design of bathing equipment. The loss of potential to bend, grip, and kneeling make the aged people vulnerable in receiving injuries from applying excessive force. Due to this reason, the aged participants might prefer to use a shower chair and shower mats which require less force and better grip in handling the taps and showers while bathing. In hygiene, participants preferred dental care aids followed by adult diapers, nail cutters, reusable bed pads, body oil, and wipers. The result of the study can again relate with the study done by

Singh, (2007) which examined the interrelationship between oral health and general health care, particularly among older people. The elderly people in their later age encounter a series of oral hygiene problems ranging from chewing difficulty, eating abilities, and nutritional intake. It requires a regular dental examination with necessary oral care equipment. Due to this reason, elderly participants might prefer to use dental care aids. In mobility, participants preferred walking stick than wheelchairs, shoes, and knee caps, foldable walker, crutches, and customized bed handle. The result of the study can relate to the study done by Lugun, (2007) which portrayed aging as an inevitable phenomenon. However, mobility and movement are important for a healthy quality of living in the later stage of life. Despite their inability to walk and roam in their later life, individuals can take the help of the supporting equipment and accessories which doesn't constrain their enthusiasm to work. In the care giving service, participants preferred in-house caregivers more than nursing facilities with, care co-coordinator, and medical support team. The reason might be supported by the aspect that elderly people may face difficulty in moving from one ground to another. Further, elderly people might be dependent on their family for establishing contacts with the healthcare team and for other technical procedures. Hence, in-house care service might act as a user friendly and a convenient method for elderly people. Kaya et. al (2017) in their study have highlighted in-house care service as a boon for elderly people as it helps in maintaining social relationships without leaving their family environment. It is further mentioned as less expensive. Lastly, in other useful items, hot water bags and eye care items are mostly preferred by the elderly participants followed by a hearing machine, personal emergency control system, and anti-slip mat.

The inter-correlation table showed that there is a significant positive relationship among the healthcare products and services with the needs and satisfaction of the elderly people. The reason behind the relationship can be that the elderly participants are receiving value for money for the healthcare products which they are buying from the companies. The result of the study can be related with the study done by Patwardhan & Spencer, (2012), which elucidate that customer satisfaction can be achieved by offering safe, accessible and equitable products or services to its customers while from a seller's point; quality improvement and providing more effective services to a greater number of consumers may help in maintaining the level of satisfaction.

From the demographic perspective, it can be seen that there is a significant difference in educational qualification, employment status, source of earning, and mode of stay with the overall healthcare needs of the respondents. Education plays a crucial role in maintaining ones self-care. Individuals can remain informed about the market overview and can have a better understanding of their actual requirements. Gerald, (2007) explains the link between education and health which referred that increase in education directly improves health. The employment status of the respondents also has a significant difference with the overall needs. People who are employed are in a better state of purchasing the required materials to fulfill their basic needs. Cutler & Muney, (2012) mentioned income as a great financial resource that helps in enabling more access to healthcare. Furthermore, a recurring source of income helps in satisfying their daily expenses. Finally, in the mode of stay, it can be explained that the respondents who stay with their family might fulfill their needs more easily than the respondents who stay single or in old age homes. This is because respondents who stay with their families might get emotional support along with financial assistance. However, according to the study by Pandey et al. (2015) mentioned that elderly people who stay in old age homes have a better quality of life due to frequent visits of doctors for check-ups and availability of better healthcare facilities. The findings explain that the physical health, environmental health, and psychological health of the elderly people living at old age home is better than

the one who is living with family. Hence, the present study will help the healthcare companies to understand the needs and satisfaction level of the elderly people in offering the requisite products and services at the grassroots level.

XI. LIMITATIONS AND FUTURE RESEARCH INFORMATION

The present study gauges the importance of needs and satisfaction level of the elderly people concerning healthcare products and services offered by the companies in the select district of Assam, India. The research however is subject to some limitations. The study result obtained by the purposive sampling method were difficult to generalize the whole population. A more representative sampling technique needs to be considered in future research to generalize the findings of the study. The current study was primarily a cross-sectional due to time and cost constraints, although a longitudinal study is recommended to monitor the evolution of elderly customer behavior over time. It is important to note that the study is limited to a sample size of 66 Indian elderly customers. Larger sample sizes with consumers residing from other states can be considered by future researchers. The scope of the study is also limited to only 3 districts of Assam, India. Finally, the future researchers are recommended to use the impact of another marketing mix (Product, price, place, promotion, people, process and physical evidence) on understanding the dimensions of needs and satisfaction of the elderly people. However, irrespective of the limitations, the current paper has contributed to the existing literature.

XII. CONCLUSION

The elderly people are likely to have different sets of needs and wants than that of other segmented consumers. In the later stage, elderly people encounter a higher prevalence of chronic diseases, physical disabilities, mental illnesses, and other psychosocial problems that cannot be viewed in seclusion. Various other factors such as separation from their children, occupation, maltreatment, poor knowledge and awareness about the risk factors, food and nutritional requirements, psycho-emotional concerns like mental stress, difficulty in keeping themselves occupied, financial constraints and improper health-care system accessibility upsurge the risk of health deterioration for the elderly people (Shrivastava et al, 2013). A wide range of factors that affects the mental as well as the physical health of the aged people consists of a variety of social concerns thus reflecting an adverse impact on the quality of life. The primary objective of the present study is to understand whether the healthcare products and services offered by the healthcare companies are fulfilling the needs and satisfaction of the elderly customers were fulfilled. The study also examined the relationship between the demographic profile of the respondents in determining their needs and satisfaction level.

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