

Marketing Healthcare Products: Requirements, Understanding, and Contentment of Elderly Consumers in Assam, India

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ABSTRACT

The elderly have needs and desires different to other consumers. Taking this into consideration, I seek to understand the needs, knowledge, and satisfaction levels of elderly consumers regarding healthcare products and services offered by healthcare companies. I identified a sample of 116 male and female participants aged 60 and above through purposive sampling and surveyed them with open-ended questions on needs, desires, levels of knowledge and satisfaction. A significant relationship was found among perceived healthcare products, the needs (such as medication, bathing, hygiene, mobility, caregiving services), and satisfaction levels. Furthermore, perceptions of healthcare products and services significantly predicted satisfaction levels—perceptions based on the marketing of healthcare products and services. This article assists us to understand marketing to the elderly and can help healthcare companies formulate better marketing strategies.

Keywords: Healthcare products, Needs, Knowledge, Satisfaction, Elderly.

INTRODUCTION

The fundamental purpose of marketing is to identify and meet human needs and wants that create value. According to the American Marketing Association, marketing is an organizational function and a set of processes for creating, communicating and delivering value to customers and for managing customer relationship in ways that benefit organizations and stakeholders. It is an art and a science. It involves choosing and segregating a target market, creating, offering and freely exchanging products and services of value.

Marketing healthcare services and products presents unique challenges compared to other consumer goods and services. Healthcare deals with the adoption or change of human health behavior in contrast to just purchasing behavior. It includes awareness and education, and at the same time, the adoption of healthy behaviors, which are difficult and can take time.

Marketing theory consists of a range of concepts that are used to determine assumptions and articulate strategies. One such fundamental strategy is the concept of the marketing mix (Zeithaml and Bitner, 2000). However, many researchers (Booms and Bitners, 1981; Lovelock, 2001; Ahmad, 2007) find the traditional “4Ps” of the marketing mix model insufficient for marketing products or services.

A product can be characterized in terms of tangibility, exchange value, and durability, whereas a service has characteristics of intangibility, inseparability, heterogeneity, and perishability. Due to the difference between a product and a service, Brooms and Bitner (1981) extended the marketing mix for services from the “4Ps” to the “7Ps”, with three new elements. In recent years, the various segments of society with marketing practices are shifting. The consumer market focuses most attention youths, kids, and women, at the expense of the elderly (Jiang, 2017).

So how can we define 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, et al., 2003). The needs and wants of the elderly are peculiar and different from other consumers. They might encounter various physical and mental complications such as chronic diseases, physical disabilities, mental illnesses, and other psychosocial problems that cannot be viewed in isolation. In addition to that, many other domestic and social issues affect old people, such as separation from their children, finishing work, maltreatment, poor knowledge and awareness about risk factors, food, and nutritional requirements, psycho-emotional concerns like mental stress, difficulty in keeping occupied, financial constraints, and poor healthcare access. This increases the risk of health deterioration and lower quality of life (Abdi et al., 2019).

Furthermore, age is characterized as one of the most critical features in influencing customer behavior as people’s habits evolve with age, resulting in changing needs for products and services which tend to be different from younger cohorts (Carpenter and Yoon, 2015). Marketers cannot expect people from all age groups to have similar desires for products and services. Therefore, the elderly population is gradually becoming of interest to marketers.

OVERVIEW OF ELDERLY POPULATION IN INDIA

Elderly people think and feel differently and are not a simple single group. This group is too large to be ignored, too complex to be stereotyped and too diverse to be predicted. Maybe their needs are different from younger people, but they carry on with their same attitudes and behaviors, no different from any other age group. If marketers cannot fulfill aged people’s needs and wants, they are as likely as anyone to switch brands and suppliers (Moschis, 2012). However, due to increased age, several complexities and physiological changes can occur, like eyesight problems and hearing issues. the companies need to subtly address these types of issues with the help of their marketing mix strategies. An inclusive approach is required, actively targeting the elderly (Chaston, 2010).

The aging population is one of the most discussed global phenomena. India, the populous in the world, has an over-65 population that has tripled in the last 50 years. In 2001, the population of old people was 7.7% of the total population, increasing to 8.14% in 2011 (according to Government of India censuses). It is

projected that the elderly in India are increasing both in absolute numbers and relative strength. The census projects the percentage of elders as a percentage of total population in the country will increase from 7.4% in 2001 to 12.4% in 2026 and reach 19.7% in 2050. In 2011, India had about 76 million people above the age of 65 and it is expected that this figure will grow to 173 million by 2025, further increasing to about 240 million by 2050 (Bakshi, and Pathak, 2016).

Given this, marketers should develop a constructive understanding of their strategies and focus on this subgroup. While India's healthcare industry is substantial and continues to expand, individual healthcare expenditure yields less satisfactory results. Compared to developed nations like the United States and European countries, as well as emerging economies such as China and Brazil, India lags behind. Notably, India's public healthcare expenditure is less than half the global average (Dwivedi, and Pradhan, 2020).

The situation is particularly dire for those in rural areas who lack access to adequate health infrastructure. India has an estimated average of 0.6 doctors per 1,000 people, significantly lower than the global average (Mehta et al., 2024). This presents a considerable opportunity for companies willing to address the needs of older adults. These opportunities exist not only for companies developing products and services for current elderly consumers but also for the gradually aging workforce.

HOW TO SEGMENT THE ELDERLY MARKET

Marketers often view elderly customers as a heterogeneous segment, making the segmentation process challenging. While many researchers favor age as a convenient segmentation criterion due to data availability, numerous studies indicate that age alone does not yield effective segmentation. This raises the question: what are the relevant bases for segmenting the elderly population?

Currently, consumer tastes and preferences vary with their individual needs for products and services. Therefore, to satisfy customers and market to them efficiently, they can be grouped based on the similarity of their responses. Instead of employing a uniform marketing approach for all potential customers, marketers can tailor different products and services to specific customer segments (Moschis et al., 1997). Despite growing awareness of the aging marketplace, many marketers remain unconvinced that they should appeal to elderly consumers differently from the general population. The concept of specifically marketing to elderly customers is relatively new, as the marketplace has historically focused more on younger demographics.

A generational gap often exists between marketers and their target elderly audience, leading to uncertainty in decision-making (Moschis et al., 1997). Consumers with greater economic power tend to foster better business opportunities, and the elderly consumer group is increasingly becoming a powerful economic force. However, when marketing healthcare products to this demographic, aging or age often becomes a key criterion.

Chen et al., (2023) indicate a lack of consistent correlation between an individual's characteristics and their chronological age due to the significant variability in the aging process. Furthermore, age is multidimensional,

encompassing biological, psychological, and social aspects. Consequently, defining age with a rigid boundary fails to provide a meaningful categorization.

Due to the complexity of using age as a parameter for the elderly, marketers frequently face a segmentation dilemma. They must decide whether to consider elderly customers as a single segment or as a heterogeneous group. Moreover, the mature market should be further subdivided to effectively target and position products and services for elderly consumers (Moschis et al., 1997).

Marketing decisions are often based on marketers' understanding and assumptions about the elderly consumer group. They may create stereotypical profiles to develop strategies for older individuals, such as assuming they are socially isolated and lack adventure or romanticism. While this hypothesis might apply to some, generalizing it to the entire population is foolish (Moschis et al., 1997).

In India, the needs of the elderly population are similar to those across the globe. But some factors are more unique to India – limited healthcare facilities for the elderly, lack of trained geriatric care, absence of insurance products and services for the elderly, and more. Lack of stable income and financial dependency remains a burden for the elderly, as only 33.5% of them were economically independent in 2014 – 13.3% were partially dependent and 51.8% were fully dependent on their children. Other issues such as lack of access to benefits such as pension schemes, perks to the elderly, and provident funds add complexity to these financial issues (FICCI 7th Annual Health Insurance Conference, 2014).

LITERATURE REVIEW

Products can be identified as an object, service, personality, organization, or solution offered for consumption in a market. A product helps fulfill the needs of consumers with the help of goods, services, or ideas (Dhargalkar, Shinde, and Arora, 2016). A product does not need to be physical. Sometimes it can be intangible, perishable, or inseparable (Levitt, 1974). A service product should be developed from the perspective of consumers (Lovelock et al., 2007). Marketers should elements of innovation and customization while responding to customers' needs and wants to add value to the products offered by them.

Roy, Basu, and Ray, (2020) discuss the relationship between marketing mix and customer decision-making, defining 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: high product quality and high customer satisfaction. But consumers are not always motivated to adopt 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 consumers to change their behavior. However, when it comes to targeting the elderly population, a special set of unique strategies are required. Some barriers in the adoption of new products by the elderly population include shortening product life cycle, rapidly changing technology, and a growing diverse market.

Over the past decade, marketing and advertising companies have predominantly focused on young consumers, often neglecting the elderly. This has fostered a stereotypical perception that elderly consumers possess low net worth and

rely solely on their children's income (Allan, 1981; Bivins, 1984; Dwight and Urman, 1985). However, numerous researchers have challenged this notion, presenting a different view that highlights the elderly segment as a large, untapped market with financial maintaining its independence (Hölper, 2002; Haimann, 2005; Hunke and Gestner, 2006; Arnold and Krancioch, 2007; Klebl, 2007).

Further studies reveal that elderly consumers often possess high levels of education and independent sources of income. They have also established a presence in the digital and virtual realms through internet access and print media (Meiners, 2010). Consequently, the elderly demonstrate significant potential in terms of purchasing and spending behavior, possibly exceeding that of the younger market. When motivated, elderly consumers are capable of purchasing more investment properties and cars, traveling more frequently, and opting for higher-quality products. Therefore, considering the potential of the elderly market, marketing companies could significantly benefit from targeting this customer segment in the coming decades.

Bhuyan et al. (2020) revealed the importance of ethics by healthcare service providers in dealing with customers. The study disclosed a significant difference in work experience and education qualifications among healthcare service providers in terms of their ethical considerations. Therefore, it is also vital to change the attitude of healthcare service providers who should have adequate knowledge and awareness of the ethical codes in medical processes.

Companies develop marketing strategies and plans to launch products. This involves gathering information on consumers. Companies struggle to focus on all different market segments. They also struggle to market and provide appropriate products and services to elderly customers. Therefore, the aim of the study is to identify the various healthcare needs of elderly people, identify knowledge of healthcare products and services among elderly people, and study if the healthcare products and services adopted by healthcare companies for the elderly significantly correlate with the needs and demands and customers. Then, to identify if the perceived healthcare products and services would significantly predict satisfaction among elderly people.

METHODOLOGY

RESEARCH DESIGN AND DATA COLLECTION

A descriptive research design was used in the present study. The targeted respondents were of different genders, age groups, education levels, modes of stay, incomes, and sources of income. The responses were collected by visiting different participants to encompass better coverage of responses. Purposive sampling was used. The inclusion criteria were:

- Age group (60 years and above)
- Residence in Assam, India
- Respondents who give their consent

The exclusion criteria were:

- Participants under 60 years
- Participants who are not permanent residents of Assam
- Participants suffering from severe psychological disorders

Regarding ethics, permission was taken from the participants for data collection and informed consent was given by all participants. The study ensured the privacy and confidentiality of participants and did not store participants' personal information like names and addresses.

THE RESEARCH POPULATION AND SAMPLE SIZE

When surveying participants to answer a research question, the population must be accurately specified in order to collect the required data. In the present study, the target population was elderly people above the age of 60 from Assam, Northeast India. Participants from Guwahati, Nagaon, and Tezpur districts were taken into consideration. With the help of Rao sample size calculation, a total of 116 samples were selected, 44% females and 56% males.

TOOLS FOR THE STUDY

Socio-demographic data sheets and a self-developed questionnaire were administered to a heterogeneous elderly population in Assam. A structured questionnaire was employed to conduct the study, divided into three parts. The first part included items related to the identified needs of elderly individuals, the second part focused on healthcare products offered by companies, and the third part assessed the satisfaction levels of the elderly participants. All scale items were analyzed using IBM SPSS®23. Specifically, the items were examined for Skewness, Kurtosis, Item Discrimination, Total-Item Correlation, and Cronbach's Alpha.

DATA COLLECTION

Data for this study were collected using structured questionnaires. Elderly individuals, including those employed, unemployed, or retired, were selected to participate. The date and time of data collection were arranged according to the participants' convenience. The researcher visited participants at their preferred locations and times, establishing rapport with them. Participants were informed about the study's purpose, and all agreed to participate. Informed consent was obtained, and they were assured that their responses would be kept confidential and used for academic purposes only. The questionnaires were distributed individually, and participants took approximately one hour to complete them. Communication was conducted in the local language, and participants were thanked for their involvement. Data collection spanned from November 2021 to June 2022.

Table 1 contains Cronbach'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.

Table 1

Reliability of variables.

Variables	Cronbach's Alpha	No. of Items
Perceived healthcare products	0.833	13
Satisfaction Level	0.709	7

Therefore, the following tools were used to collect data:

1. Needs assessment items: Need is assessed by using self-developed items, which includes items based on daily activities such as exercise, medication, bathing, hygiene, mobility, food and beverages, caregiving services, and other useful items.

2. Perceived healthcare products and services scale: To understand how the elderly perceive healthcare products and services, 13 items were developed on a 5-point Likert scale. The Cronbach's alpha for this scale is .833

3. Level of satisfaction scale: This scale is used to determine the satisfaction level of the elderly people, comprising seven items which are measured using a 5-point Likert scale. The Cronbach's alpha for this scale is .709.

RESULTS

Table 2

Identified needs and demands of participants.

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

Characteristics	Categories	Frequency	Percentage %
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

Figure 1 shows that the participants most common needs were for medicines (24%), followed by bathing (23%), hygiene (21%), mobility (16%), other useful items (10%) and services (6%).

Figure 1

Needs and demands of participants.

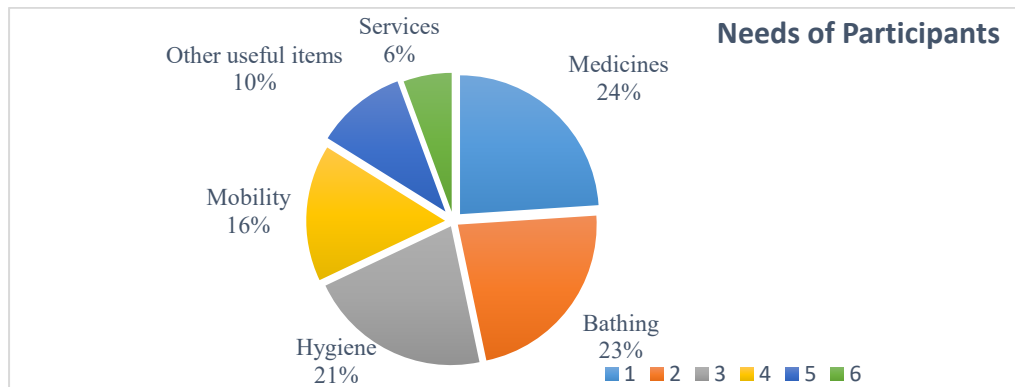


Figure 2 shows that 35% of participants had perfect knowledge of bathing products, 31% had partial knowledge, 24% had poor knowledge and 10% did not know about the products.

Figure 2

Knowledge about bathing products.

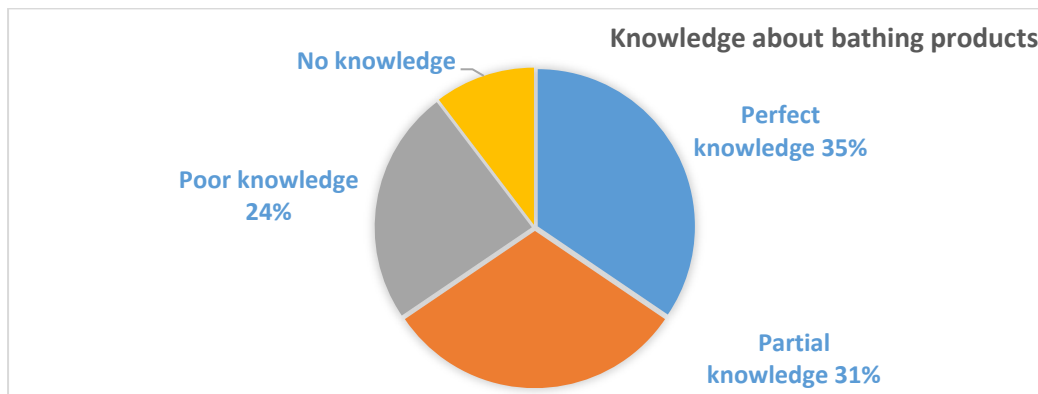


Figure 3 explains that 49% of participants had perfect knowledge about medicinal products, 31% had partial knowledge, 10% had poor knowledge, and 10% no knowledge at all.

Figure 3

Knowledge about medicine products.

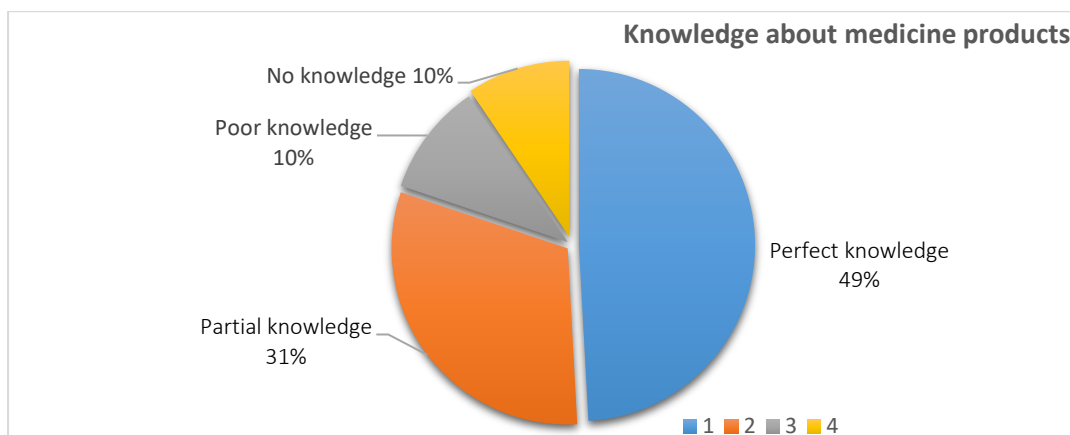


Figure 4 shows that 36% of participants had partial knowledge about hygiene products, 30% had perfect knowledge, 21% had poor knowledge and 13% had no knowledge.

Figure 4

Knowledge about hygiene products.

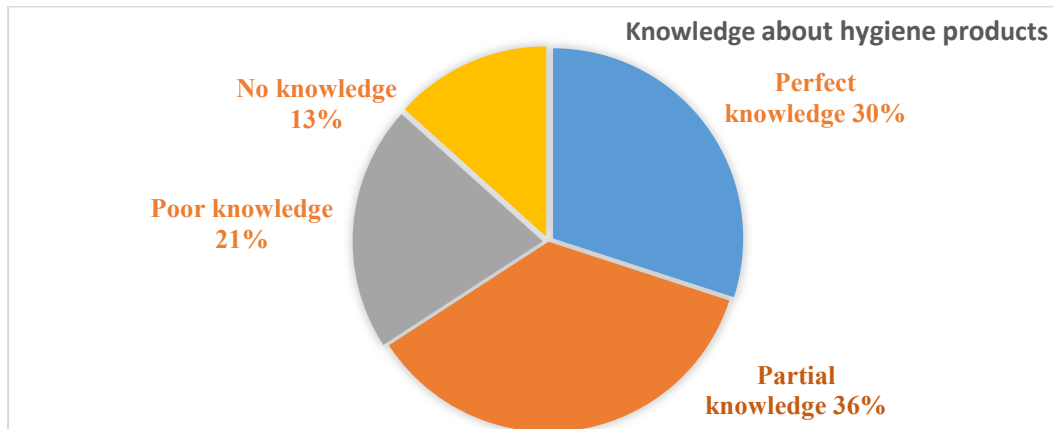
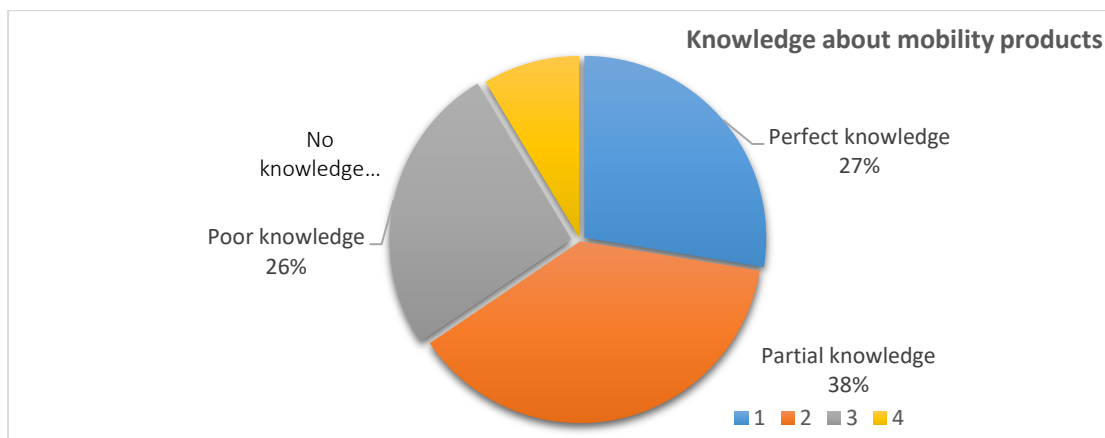


Figure 5 shows that 38% had partial knowledge regarding mobility products, 27% had perfect knowledge, 26% had poor knowledge and 9% had no knowledge.

Figure 5

Knowledge about mobility products.



TESTING OF HYPOTHESIS

Table 3 represents Pearson's correlation among variables in a horizontal pattern. Satisfaction bathing needs, hygiene needs, and mobility needs have correlated significantly with perceived healthcare products. However, caregiving needs and other useful items were not found to be significantly correlated with healthcare products. Since satisfaction correlates significantly with healthcare products, therefore we do not disprove the hypothesis.

Table 3

Coefficient of correlations among healthcare products and services with needs and satisfaction of participants.

Variables	Satisfaction	Bathing needs	Hygiene needs	Mobility needs	Caregiving service needs	Other useful items	Overall needs
Perceived healthcare products and services	0.43**	0.30*	0.32**	38**	0.10	0.12	0.24*

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

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

Table 4 highlights that perceived healthcare products and services significantly predicted satisfaction among participants ($P>.03$). Since satisfaction is predicting the perceived healthcare products and services, therefore we fail to disprove the hypothesis.

Table 4

Perceived healthcare products and services significantly predicting satisfaction.

Variables	β	SE	t	P
Perceived healthcare products and services	0.34	1.61	2.24	0.03

FINDINGS AND DISCUSSION

The primary objective of this study was to understand the relationship between products and services offered by companies and satisfaction among elderly individuals. The study also examined the various needs, demands, and knowledge levels of elderly people concerning these products and services. The majority of the results supported the study's hypotheses.

Various needs emerged related to medicine, bathing, hygiene, mobility, caregiving services, and other useful items, from the open-ended questions. The identified needs and demands of the elderly participants revealed interesting insights. In medication, participants showed a preference for Ayurvedic medicine, followed by Homeopathic and Allopathic. This result aligns with the study by Katole (2020), which focused on customer preference for Ayurvedic and Allopathic medicine. That study suggests that Ayurvedic medicine is favored due to its lower price, fewer side effects, and natural ingredients. Similar reasons might explain the participants' greater preference for Ayurvedic medicine in this context.

In bathing, participants preferred shower chairs, sponges, and washing aids, followed by shower mats, hand showers, and geysers. This finding supports the study by Singh (2007), which highlighted safety concerns among elderly individuals due to decreased physical capabilities and poorly designed bathing equipment. The reduced ability to bend, grip, and kneel makes older adults more susceptible to

injuries from applying excessive force. Consequently, elderly participants likely prefer shower chairs and shower mats, which require less force and offer better grip for handling taps and showers.

In hygiene, participants favored dental care aids, followed by adult diapers, nail cutters, reusable bed pads, body oil, and wipers. This is related to Singh's (2007) study, which examined the interrelationship between oral health and general healthcare, particularly among older adults. Elderly individuals often experience various oral hygiene problems, affecting their chewing, eating abilities, and nutritional intake. Regular dental examinations and necessary oral care equipment are crucial. Therefore, elderly participants likely prefer dental care aids.

In mobility, participants preferred walking sticks over wheelchairs, shoes, knee caps, foldable walkers, crutches, and customized bed handles. This result resonates with study, which portrayed aging as an inevitable phenomenon. However, mobility and movement are important for maintaining a healthy quality of life in later years. Despite potential limitations in walking and moving, individuals can utilize supporting equipment and accessories that do not hinder their enthusiasm for activity (Copolillo, 2001).

Regarding caregiving services, participants preferred in-house caregivers over nursing facilities, care coordinators, and medical support teams. This preference might stem from the difficulty elderly individuals face in moving between locations. Furthermore, they might rely on family members to establish contact with healthcare teams and manage technical procedures. Thus, in-house care services could be perceived as a more user-friendly and convenient option for elderly individuals. Kaya et al. (2017) highlighted in their study that in-house care services are beneficial for elderly individuals as they help maintain social relationships within their familiar home environment and are often less expensive.

Lastly, concerning other useful items, hot water bags and eye care items were most preferred by the elderly participants, followed by hearing aids, personal emergency control systems, and anti-slip mats.

Regarding knowledge about bathing products, the present study revealed that 35% of the elderly participants have perfect knowledge and 10% have no knowledge of them. Bathing is an important and personal activity for older people, which might be related to wellbeing, relaxation, pleasure or daily routine (Ahluwalia et al., 2010). This might encourage older people to gather knowledge of bathing products. Personal hygiene indicates how important it is for the elderly to be hygienic, as they are vulnerable to life-threatening diseases and suffer from various health issues such as tooth loss, infections, cardiovascular diseases, etc. (Singh, 2007). Therefore, they need to keep themselves updated with innovative hygienic products. 38% of participants have partial knowledge, however, 27% have perfect knowledge and 9% do not know about mobility products. With the process of aging, older people go through a series of changes that can affect movement. Among the mobility supports, the most commonly used are walkers, canes, and wheelchairs. Since such devices differ concerning the level of support, stability, and freedom of movement (Medola et al., 2016) maximum participants might have partial knowledge.

Furthermore, the inter-correlation result among the healthcare products and services with the needs and satisfaction of the elderly people is shown in table 2. The motive behind the relationship could be highlighted by noting that customer

satisfaction is achieved by offering safe, accessible, and equitable products or services, as well as improved quality and effective services to a greater number of consumers, which may help in upholding the level of satisfaction (Patwardhan and Spencer, 2012). The study revealed that perceived healthcare products and services offered by healthcare companies are significantly predicting satisfaction at the 0.03 level. The better the healthcare products accessed by older people, the more they are satisfied. Since the quality of the product and perceived value plays a very important role, they both might influence satisfaction (Malik, 2012). Another important factor regarding the importance of customer satisfaction: that perceived value both directly and indirectly influences customer satisfaction. In some industries, quality may have a significant positive relationship with customer satisfaction which may not be the case in other industries (Lin et al., 2012). Hence, the present study helps the healthcare companies to understand the needs and satisfaction of elderly people in offering the requisite products and services at the grassroots level.

CONCLUSION

Elderly consumers have different needs and wants to other segments of the market. They encounter a higher prevalence of chronic diseases, physical disabilities, mental illnesses, and other psychosocial problems that cannot be viewed in isolation. Various other factors such as separation from their children, losing their occupation, maltreatment, poor knowledge and awareness about risk factors, food and nutritional requirements, psycho-emotional concerns like mental stress, difficulty in keeping themselves occupied, financial constraints, and improper healthcare system accessibility all increase the risk of health deterioration for the elderly. A wide range of factors affect the mental and physical health of the elderly and their quality of life. This study's findings provide insight on whether the healthcare products and services offered by the healthcare companies are fulfilling the needs, knowledge, and satisfaction of elderly consumers. This study also examines the relationship between the demographic profile of its respondents in determining their needs, knowledge, and satisfaction level.

DECLARATION OF CONFLICT OF INTEREST

The author declared no potential conflict of interest for the research, authorship, and publication of this article.

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