

# Care to Commerce: A Study of Assisted Living Facilities in Pune City

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**Abstract**—The world's demographic landscape is changing drastically as the aged population is growing at an unprecedented pace. Niti Aayog predicts the number of elderly in India to go up to 319 million by 2050. Assisted Living Facilities (ALFs) which provide a combination of housing, personalized care and social engagement, are emerging as a vital solution to meet this need. This study explores the evolving models of ALFs in Pune, addressing the growing demand for senior care needs amid societal changes and urbanization. The research incorporates primary data from ALF residents, facility operators as well as the citizens of Pune to get an insight into the current scenario regarding ALF. With a focus on gerontological and geriatric advancements, the study advocates the need for government support, entrepreneurial innovation, and educational integration to enhance senior care services and develop innovative, sustainable, quality-driven ALF models.

**Index Terms**—Assisted Living Facility, Community Engagement, Elderly Care, Entrepreneurship Opportunities, Independent Living.

## I. INTRODUCTION

The advancements in medical science have led to an increase in human longevity, which presents both opportunities and challenges. Ageing is a natural process which is associated with dynamic changes in biological, physiological, environmental, psychological, behavioural, and social processes. Age related challenges include decline in function of the senses, difficulty in performing activities of daily life, increased frequency of diseases, frailty, disability, and so on. In one of the articles of Times of India, Niti Aayog states that the growth of elderly population is 3% per annum in India and hence predicts the number of elderly to go up to 319

million by 2050.

In ancient India, according to the respective stages of life, the activities were divided, and each stage had a respective *dharma* to be fulfilled. These stages were called *ashrams* and included *Brahmacharya*, *Grihastha*, *Vanaprastha* and *Sannyasa*. The *Vanprasthashram* was planned after the fulfilment of all household responsibilities and *Sannyasa* was the final stage of life, to attain *moksha* with intense *sadhana*. Nowadays, due to the advance, hectic lifestyle, and the changing dynamics of the society, this concept has lost its significance.

In today's industrialized society, the elderly often find themselves relatively independent within nuclear families, which has many challenges in meeting their needs. The environment may not be always conducive to fulfilling the physical and socio-psychological needs of the elderly. Relying on their own capacities and resources, they might get exposed to the vulnerabilities associated with aging. Another significant factor affecting particularly the middle-class Indians is 'the migration of the younger generation to foreign lands'. With nuclear families, the traditional responsibility of caring for the elderly, which was once supported by the joint family, now falls mainly on the children. However, many of these children are unwilling or unable to take on this responsibility, leading to lack of socio-psychological support. The dissolution of the joint family system, combined with the challenges of aging, has resulted in a significant number of elderly being left unattended. Many times, it may also be the desire of the seniors to lead their lives independently and not join their children in other cities or nations.

With improved life expectancy, families becoming more nuclear and elders eager to live independently, the need for high-quality elderly care solutions has increased. This highlights the urgent need to address aging as a major social issue. Entrepreneurs are considering this urgent societal need as a promising business opportunity which addresses a pressing social issue and generates financial gains at the same time. Thus Assisted Living Facilities (ALF), which provide a combination of housing, personalized care and social engagement, are emerging as a vital solution to meet this need or challenge.

Assisted living facilities are a kind of retirement community homes which provide home-like setting as well as non-medical assistance with activities of daily living (ADLs) such as eating, bathing, dressing, maintaining good hygiene and toileting. Residents in ALFs generally have access to shared common areas. Depending on the community, shared areas may include dining and activity rooms, a cinema room, a library, a pool and walking trails or other nature settings on the grounds. ALFs range from those offering basics like daily meals and activities to those with luxury accommodations and amenities. Assisted living is gaining prominence due to increased awareness in urban areas. While financial considerations play a crucial role, special care for emerging medical issues is also necessary.

In Pune, the senior living communities have grown in number over time. With rapidly changing social and environmental scenario many ALFs have mushroomed in the city. ALFs in Pune are dedicated to creating a nurturing environment where senior citizens can thrive. These facilities prioritize the well-being of the elderly by offering a comprehensive range of services and amenities. Quality medical care, nutritious meals, recreational activities, and educational programs are provided to support the physical and mental health of residents. Social activities, including group outings and games, foster a sense of community and engagement among seniors. In addition to these services, ALFs in Pune extend need-based support to residents for various needs. Transportation services are also available to ensure seniors can access essential services and activities outside the home. Furthermore, the homes assist seniors in finding employment opportunities,

empowering them to supplement their income and maintain independence. There are several facilities which provide such services either for rent or as apartments in complexes and there is a need to understand their role in present times. This study aims to explore some of these entrepreneurial initiatives in Pune city and understand the perceptions of residents about the same.

## II. THEORETICAL CONSTRUCT

In the book *Growing Old in Young India* by Dr Usha Bambawale, the following points have been derived to understand the concept of ageing. Aging is a gradual, continuous process of natural change that begins in early adulthood. During early middle age, many bodily functions begin to gradually decline. People do not become "older" or "elderly" at any specific age. Traditionally, age 65 has been designated as the beginning of older age. But the reason was based in history, not biology. Many years ago, age 65 was chosen as the age for retirement in Germany, the first nation to establish a retirement program. In 1965 in the United States, age 65 was designated as the eligibility age for Medicare insurance. This age is close to the actual retirement age of most people in economically advanced societies. How a person becomes an older adult can be answered in different ways:

- The chronological age is based solely on the passage of time. It is a person's age in years. Chronological age has limited significance in terms of health. Nonetheless, the likelihood of developing a health problem increases as people age, and it is health problems, rather than normal aging, that are the primary cause of functional loss during older age. Because the chronological age helps predict many health problems, it has some legal and financial uses.
- Biological age refers to changes in the body that commonly occur as people age. These changes affect some people sooner than others so, some people are biologically older at 65, and others not until a decade or later. However, the most noticeable differences in apparent age among people of similar chronological age are caused by lifestyle, habits, and subtle effects of disease rather than by differences in actual aging.

- Psychological age is based on how people act and feel. For example, an 80-year-old who works, plans, looks forward to future events, and participates in many activities is considered psychologically younger.

Gerontology is the science of ageing. The word Gerontology is derived from the Greek word 'Geron' meaning 'Old Man' and 'ology' meaning 'the study of'. Getting old is result of biological, sociological, psychological and ecological forces. As a science, Gerontology is concerned with all aspects of aging, with all forms of life. Geriatrics is the area of medical practice dealing with physiological and disease problems of those in later maturity and of the elderly. It also deals with the health of the aged just as Paediatrics deals with the health of the infants and children. Gerontology enquires into the characteristics of long-lived people. Scientific study of Gerontology is basically concerned with time between maturity and death. Problems and influence of this period of life could be divided into the following major categories -

- 1) Social and economic problems
- 2) Psychological problems
- 3) Physiological and pathological deviations
- 4) Politico-religious factors

In the Book *Care of the Elderly in India* by Arun P. Bali, the concept to understand the importance of care giving is highlighted. Care giving for the elderly is different from disease prevention or treatment for youngsters or other groups of people. It is said that caring for the elderly is interdisciplinary. “*A fundamental principle in caregiving of elderly people is to empower them to live independent lives in their own homes and communities as long as possible*”.

One of the compiled and edited books named *Ageing Issues and Responses* states that, in ancient India each stage of life is considered to have their own *dharma* which is stated as *ashrams*. There were four stages known as four ashrams, viz, *Brahmacharya*, *Grihastha*, *Vanprastha* and *Sanyas* which were bound to be followed by everyone. While following these values, ethics and discipline is followed which result in peaceful and harmonious life of the people. But with time the practice of the system of ashrams became less and now it is completely in disuse. These

days, people are running behind name, fame and wealth which results in a hectic lifestyle. Due to this quest, the value system and ethics in people are diminishing while some people are struggling to earn bread and butter to get the best possible life. In this scenario, all-quest *ashrams* have no meaning at present. There are a few families which have very strong family bonds. In such families retired people are given love, care and importance till they live. In these families, their legacy is carried forward from generation to generation and they don't need to worry about anything.

One of the research papers in this edited book states that having a family physician visit the elderly in the house whenever needed is a good option as the elderly can be looked after in a better way, in the comfort of their own home. As the family physician knows so much about the family members, they may encourage the elderly with their pleasant words which help them recover better and faster comparatively. A family which is close enough to each other creates a better environment for the elderly people.

Tata Report has articulated a few observations which are as follows.

- The elderly in India have several notable characteristics that point to their unique vulnerabilities. At 7.5% of the total population, two-thirds of these individuals live in rural areas. Nearly half of these are living in poor socio-economic conditions (Lena et al., 2009).
- A significant portion, approximately 50%, is dependent on others due to widowhood, divorce, or separation. Women make up most of the elderly population, accounting for 70% (Rajan, 2001).
- Among the 2.4% of elderly people living alone, women are overrepresented (3.49% compared to 1.42% for men) (Rajan and Kumar, 2003).

Many elderly people in India work in the informal sector, often in precarious condition with low wages. This perpetuates deprivation, vulnerability, and distress in terms of health and economic security (HelpAge International, 2002). The studies suggest that their quality of life is steadily going down with high dependency rates and inadequate access to basic

needs (Rajan, Mishra, and Sarma, 1999; Rajan, 2004; Alam, 2007). Economic, health, and social insecurities are increasingly common among the elderly population (Dey, 2000; World Bank, 2001; Priya, 2003; Alam, 2007).

The traditional family support systems, which have been the backbone of elderly care in the past, are disappearing due to shrinking family sizes and demographic changes (Dandelkar, 1996). There is evidence of younger generations refusing to care for older family members in cities, and the trend has been spreading to rural areas (Desai, 1985). In nuclear families, the elderly are often ignored and considered a burden (Nayar, 1992). Social marginalization is a result of the changing cultural, social, and economic relations and demographics (Achenbaum, 1978). Intergenerational relations are shifting and cause the vulnerability of elderly. Loss of traditional support systems within families along with inequalities at various societal levels have weakened living habits and consequently increased vulnerabilities (Alter, G. et al., 1996; Hareven and Adams, 1996). Thus, social security programs at all levels will need to be established which could promote the safety and dignity of India's aged populations.

In the article *Why assisted senior living is much needed in India*, Mr Amit Paranjape states that institutionalization of elderly care in India is still in the nascent stage. At such a time when the nation is adapting to increasing lifespans, India has come to a crossroads. The growth of elderly populations at such a high pace calls for businesses and organizations to focus on providing quality service towards this age group. Considering that the elderly population will surge in the coming years, it is a societal duty as well as a sound economic approach that is mandated. Investment in elderly care is more than empathy. It is a path to the socio-economic growth of India. The fast-growing elderly population may not be a challenge but with innovative policies and diligent efforts, it can certainly become an asset. Proactive measures will ensure their dignity, independence, and precious contribution towards their health, financial, and social needs.

As highlighted in *Awakening to age: India's urgent call for senior care reform*, prioritizing senior

welfare secures not just their golden years but also the nation's inclusive development, making their presence a cornerstone of progress. One of the articles from The Times of India states that nowadays Retirement Colonies are gaining popularity in India as attractive options for seniors who wish to have an active social life during their "golden years". The thought is that happiness is around people with similar interests, and the concept of "senior living" has worked. However, the vibrancy and energy of the people mentioned above come from relating to a diverse cross-section of people, cutting across different ages and interests.

Another The Times of India article published recently in November 2024 states, "*Today's senior citizens are redefining retirement and senior living, prioritizing vibrant and fulfilling lifestyles that align with their aspirations. This shift presents a compelling investment opportunity, particularly in India, where the demand for senior living facilities far outpaces the existing supply. The substantial gap between what the market needs and what is currently available offers investors a promising entry point. The Association of Senior Living India (ASLI) is set to host a landmark event that could reshape India's emerging senior care industry, often referred to as the "Silver Economy"*".

#### A Case Study of Suvidha: A Retirement Home in Bengaluru

The Suvidha Retirement Village in Bengaluru serves as an exemplary model of innovative retirement living. Conceptualized by a group of doctors in 2004, Suvidha addresses the challenges faced by older adults, such as the empty nest syndrome and safety concerns. Registered as a public limited company, Suvidha offers 200 cottages designed for residents aged 50 and above (Suvidha, 2014). It faced significant obstacles in its development, including land acquisition issues and financial constraints. However, the project overcame these challenges through strategic planning and community involvement. The residents, who are also shareholders of the company, actively participate in the management and decision-making processes, fostering a strong sense of community. The retirement village emphasizes sustainability through initiatives like waste management, rainwater harvesting, and promoting biodiversity. Its design also prioritizes age-friendly features, including barrier-free access,

wheelchair accessibility, and challenging walking routes to encourage active aging. These features, combined with a range of facilities and services such as healthcare, transportation, and recreational activities, enhance the quality of life for residents. While the demand for retirement communities is growing, the sector faces challenges related to affordability, quality, and sustainability. Suvidha Retirement Village stands out as a pioneering model

that addresses these challenges through innovative design, community involvement, and sustainable practices. Future retirement housing developments in India can draw valuable lessons from Suvidha's approach to creating age-friendly, community-centric living spaces for older adults.

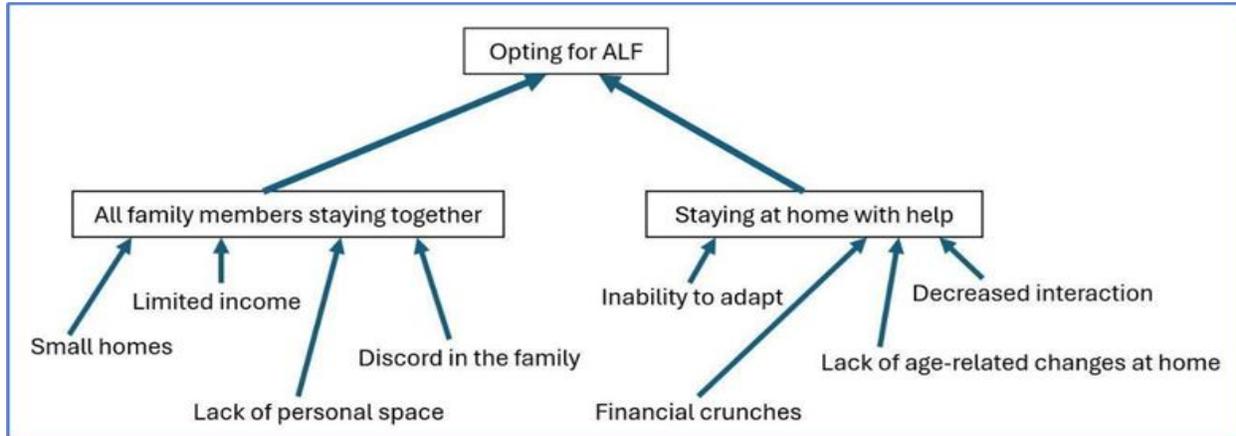


Fig. 1: Justification for ALFs

### III. OBJECTIVES

The main objectives of the study include but are not limited to the following -

- 1) To understand the role and importance of start-ups in ALFs.
- 2) To understand the perception of the people of Pune towards A LF.
- 3) To understand the challenges of management of ALFs.

### IV. RESEARCH METHODOLOGY

The present research is based on primary data collected from the assisted living facilities, old age homes and start-ups related to elder care situated in Pune city. The scope of the study has been confined to people present in Pune city during the time of data collection. Data has also been collected from the citizens of Pune city across age groups, regarding their perception towards assisted living facility.

The sample includes –

- 30+ occupants of the ALFs
- 6 assisted living dwellings + 1 Start-up providing home care to the elderly

- 174 citizens of Pune city who are NOT living in such dwellings

Methods of data collection used are:

- Interview schedules for the elderly with questionnaire
- Interviews with questionnaire of the authorities/start-up running assisted living dwellings
- Structured questionnaire administered to the public

Two hypotheses are also developed to be tested in the course of the study. They are as follows:

H1: There is a relationship that exists between assisted living and income.

H2: The possible solution suggested by the respondents depends on the thought of the possibility of joining ALF in the future.

The analysis of this data is carried out using Descriptive Statistics and hypothesis testing is done using Chi-Square Test of Independence of Attributes. The statistical testing is done at 5% level of significance. Software packages like IBM SPSS and MS Excel are used by the researcher.

## V. DATA ANALYSIS AND FINDINGS

Data collected from the public and from the members of the ALFs have been presented as follows:

- i. Data collected from the members of ALFs at the facilities through personal interviews

While interacting with the people living at these facilities, they were very happy about the activities conducted at the facility. They have a kind of family bonding to celebrate any festival or any special day. They have so many activities, some conducted by the facility itself or some which they plan on their own. Some of the residents of ALFs specified that their family, mostly their children, are settled in some other country or they are extremely busy with their own work that even if they want or wish, they are not able to give time to their parents. In some cases, the parents have willingly chosen these facilities. The relationship of the residents with their family is good and thus whenever possible, their kins visit them, take them outside for lunch or other outings. Most of the respondents were happy with the staff service in all the facilities visited. The only complaint at one of the projects was that the canteen vendor changes frequently, resulting in a change in the menu or taste. Most of them also trusted the staff at the facilities. The comfortable rooms in these facilities are thoughtfully designed to accommodate two individuals, with ample space for personal belongings and privacy. The corridors are equipped with sturdy support rods, and the floors are designed to be anti-slippery tiles, reducing the risk of accidents. In case of emergencies, panic buttons are strategically located near beds and in washrooms to ensure immediate assistance when needed.

- ii. Data collected from the owners and managers of the assisted living facilities using interview technique

Dr Anuradha Naralkar is the founder of *Ananddham* elder care home on Apte Road, Pune. She expressed that *Ananddham* was established with the primary goal of providing not just care, but also a nurturing and respectful environment for elderly individuals in need of specialized planning and palliative care services. The caregivers at *Ananddham* emphasized the importance of community and support, highlighting amenities such as transportation services to nearby hospital, nutritious meals,

monthly birthdays, and motivational sessions offered to the residents. She also emphasized the affordability of *Ananddham*, noting that fees are approximately ₹15,000 per month (₹500 per day), making it accessible for short-term stays of 2-3 days, catering to the growing demand for quality elder care.

In an exclusive interview with Ms Meenal Paranjpe, one of the visionaries behind *Athashri* and *Aastha*, two pioneering assisted living facilities under the Paranjpe Scheme, she shed light on the ethos, operations, and challenges of managing these facilities. At *Aastha* food is given to the elderly according to the prescribed diet. Residents can stay on a temporary basis (6 months, 3 months, and even a year), secured by a deposit. The facility comprises 42 rooms, almost fully occupied, offering amenities like in-house cabs and medical tests. Deposits are utilized for emergency hospital expenses. *Aastha* follows a rental model and employs an outsourced agency for caregivers and medical personnel. The permanent staff is of 6 members, including 2 cooks. Additionally, there are 3-4 managers and 2 security personnel. Medical services are outsourced, ensuring round-the-clock availability of doctors and nurses. The facility is equipped with solar panels and features well-designed closed balconies. One noteworthy observation was the care provided to the elderly during the pandemic.

The researchers also conducted an interview of a start-up founder Tarun Sharma in Pune, offering services to the seniors who do not wish to leave the comfort of their own homes but seek support services. Retired military people are appointed to be vigilant on the work done by the assistants. While elaborating about the services they provide, he stated that they focus on providing varied services through their start-up YODDA. One of the services provided is managing emergency, medical or otherwise. The start-up has extensively done research on this sector in other states as well and implemented the best possible model in Pune city. YODDA leverages technology to provide good and trusted care facilities to seniors at home and mainly caters to the affluent clientele more with better services provided at a higher cost.

iii. Data collected from individuals who are not members of the ALFs:

Table I shows the detailed demographic profile of the respondents which includes gender, age and income level per month.

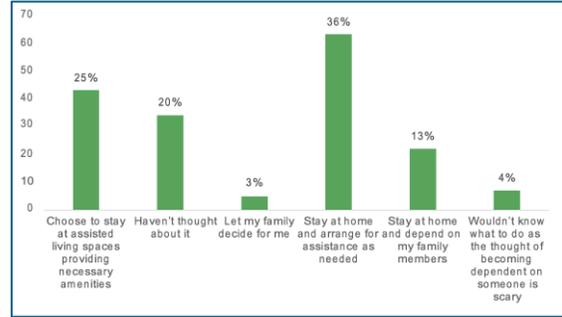
Table I: Demographic Details

		Frequency	Percentage
Gender	Male	71	41
	Female	103	59
	Total	174	100
Age	Less than 30 years	24	14
	30 - 40 years	2	1
	40 - 50 years	40	23
	50 - 60 years	61	35
	Above 60 years	47	27
	Total	174	100
Income Level per month	Below Rs. 50,000	19	11
	Rs.50,000 – Rs.1,00,000	49	28
	Above Rs.1,00,000	50	29
	No disclosure	56	32
	Total	174	100

Source: Primary Data

The table depicts that the sample is female dominant with 59% female respondents. The maximum number of respondents (35%) are from the age group of 50 to 60 years, followed by above 60 years of age group (27%). Majority of the respondents (32%) did not prefer to disclose their income. From the remaining respondents, most of them fall under the category of income below rupees one lakh per month. There are 29% of respondents who have income above rupees one lakh per month.

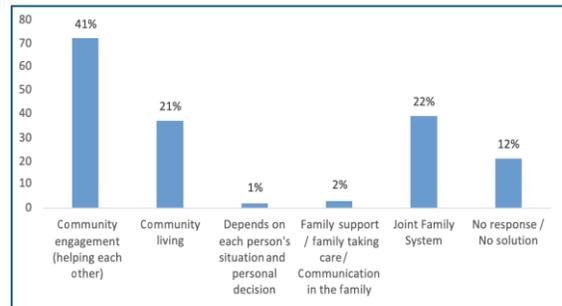
The data also reveals that most of the respondents are aware of the Assisted Living Facilities being available. Figure II shows the choice of dwelling of respondents at a later stage of life.



Source: Primary Data

Fig II: Choice of Dwelling at a Later Stage in Life

Out of all the participants, 25% of respondents chose ALF while, 20% of respondents were undecided, reflecting uncertainty or the need for more information. The majority, constituting 36% respondents, expressed a strong preference for staying at home and hiring assistance, indicating a significant inclination towards maintaining independence and comfort in familiar surroundings while receiving necessary care.



Source: Primary Data

Fig. III: Alternatives/Solutions for Old Age Problems

Figure III reflects the alternatives/solutions for old age problems as identified by the respondents. Community engagement followed by community living emerged as the most favoured solutions, with consolidated 62% of the respondents emphasizing the need for mutual support. Joint family systems were also highly valued, with 22% of the respondents highlighting the benefits of living with extended family. A minority of respondents offered other perspectives, suggesting that solutions depend on each person's situation, family support, or personal decisions.

The hypotheses were tested using Chi Square Test of Association at 5% level of significance.

1. There is a relationship that exists between assisted living and income.

In order to test this hypothesis two sub hypotheses have been framed -

a)  $H_0$ : The reaction to the decision about ALF when the situation arises does not depend on income.

$H_1$ : The reaction to the decision about ALF when the situation arises depends on the income.

Table II: Cross tabulation between Choice of Dwelling and Income

Choice of Dwelling / Income	50,000 to 1 lac. pm	Above 1 lac. to 3 lac. pm	Below 50,000 pm	Prefer not to disclose	Total
Choose to stay at assisted living spaces providing necessary amenities	12	13	3	15	43
Haven't thought about it	9	5	6	14	34
Let my family decide for me	1	3	0	1	5
Stay at home and arrange for assistance as needed	18	23	4	18	63
Stay at home and depend on my family members	8	4	4	6	22
Wouldn't know what to do as the thought of becoming dependent on someone is scary	0	3	3	1	7
<b>Total</b>	<b>48</b>	<b>51</b>	<b>20</b>	<b>55</b>	<b>174</b>

The calculated p-value in this case is 0.174, which is much greater than 0.05, leads to the acceptance of the null hypothesis. That indicates that the choice of dwelling is not dependent on income.

b)  $H_0$ : Choice of dwelling in old age is not dependent on income.

$H_1$ : Choice of dwelling in old age is dependent on income.

Table III: Cross tabulation between income and reaction to the decision about ALF

Reaction / Income	Below 50,000 pm	50,000 to 1 lac. pm	Above 1 lac. to 3 lac. pm	Prefer not to disclose	Total
Will be mentally prepared for it	30	39	14	44	127
Will worry about my family more than my condition	9	2	0	4	15
Will worry about the finances	5	2	0	4	11
Will worry about the society's reaction	0	1	1	0	2
Would not like it	4	7	5	3	19
<b>Total</b>	<b>48</b>	<b>51</b>	<b>20</b>	<b>55</b>	<b>174</b>

After applying the Chi-square test of independence of attributes, the calculated p-value in this case is 0.066, which is greater than 0.05, leading to acceptance of the null hypothesis. This indicates that the decision about ALF, when the situation arises, does not depend upon the income.

2. The possible solution for old age problems depends on the thought of the possibility of joining ALF in the future.

Table IV: Cross tabulation between possible solution suggested and reaction/thought

Reaction / Possible Solution Suggested	Will be mentally prepared for it	Will worry about my family more than my condition	Will worry about the finances	Will worry about the society's reaction	Would not like it	Total
Community engagement (helping each other)	57	0	4	0	0	61
Community living	29	4	5	1	6	45
Depends on each person's situation and personal decision	2	1	0	1	1	5
Family support / family taking care / Communication in the family	3	0	0	0	0	3
Joint Family System	21	6	2	0	10	39
No response / No solution	15	4	0	0	2	21
<b>Total</b>	<b>127</b>	<b>15</b>	<b>11</b>	<b>2</b>	<b>19</b>	<b>174</b>

After applying Chi-square test, the calculated p-value obtained is 0.042, which is smaller than 0.05. Thus the null hypothesis is rejected. This indicates that the possible solution suggested for old age depends on the thought of the possibility of the ALF being the possible dwelling in the future.

The following are the representative comments from the citizens of Pune collected through the structured questionnaire -

- Financial independence is very important for a retiree to consider assisted living either in a community or assisted at home. Further keeping oneself active mentally and physically (if possible) is important to enjoy a positive assisted living experience.
- It's the need of the hour especially since the children are settling abroad.
- The concept of nuclear families is on the rise. So

assistance is required in old age.

- Assisted living is the need of the hour. There needs to be advocacy programs to sensitize the society that assisted living is not punishment. It is living with dignity. Especially, when families are growing smaller, living across geographies and all members are working. It doesn't mean one is disrespectful to the seniors. It means one is concerned about them not being lonely, yet with immediate support.
- It's a fact of life, you have to accept the changes in your body as well as the family background. There are so many ifs n buts... you can discuss.
- Finding helpers for assisted living seems to be difficult as the helpers are not professionally trained like nurses in hospitals are. Many people hiring helpers or assistants for their old parents are not finding the right persons.
- It needs to be more personal and maybe with few people known to them in the same facility.
- Currently, the people who have to move to assisted living not by their own choice but because of the circumstances, feel uprooted. We have to understand that people are connected to their surroundings and their social circle of relatives, friends and neighbours. The need to connect grows more especially when one has lost the ability to go out and fulfil his/her needs. If such a facility is available in the areas/nearby societies they are currently staying, probably more people will opt for it.

## VI. FINDINGS AND CONCLUSION

Currently India is witnessing a significant rise in the number of elderly individuals choosing to live independently in their later years. While the desire for independent living and self-reliance is growing, this trend also brings forth various challenges for the elderly population. The shift in retirement living patterns in India, mirrors broader societal transformations driven by urbanization and changing family dynamics. As more seniors seek independent living options, the demand for retirement communities has increased. However, the sector faces several obstacles, including issues related to affordability, quality of services, and long-term sustainability.

Most of the respondents expressed a strong preference for staying at home and hiring assistance, reflecting a desire to maintain independence and comfort in familiar surroundings while receiving necessary care. Most participants also foresaw a growing demand for assisted living facilities. Of the respondents, 95% believed that the need for such facilities would increase soon, indicating awareness of the challenges posed by an aging population and the importance of accessible care options. On the topic of planning ahead for future care, majority of respondents advocated for early preparation, suggesting a proactive stance toward future needs. Community involvement emerged as the most popular solution, with maximum respondents emphasizing the importance of mutual support networks.

The study found that the decision about ALF does not depend upon the income and occupation of people who have not yet opted for it. ALF is a choice based and willingly chosen option. ALF cannot be forced upon the elderly by other members of the family or friends unlike the old age homes.

## VII. SUGGESTIONS

It cannot be denied that staying within a joint family offers many benefits that foster emotional well-being, companionship, and support for older adults. Assisted living can only be a valuable alternative when staying with family is not viable due to various reasons as children moving out of the city or country or social or medical issues. Government should consider extending some tax benefits for such facilities or associations, which will make them a little more affordable for the residents of low-income groups. They can also extend some SOPS to encourage more construction companies to venture into this domain to provide affordable housing for the seniors in existing or developing townships. GST on medical equipment, bought or rented, used for such facilities should be waived off or to be kept at the bare minimum.

The construction, maintenance or support to assisted living facilities could be added into the scope of CSR activities to encourage corporates to support such establishments. Corporates can provide facilities for senior care in the same manner as creche facilities for

children are provided. Alternatively corporates can tie up with start-ups like *Yodda* for care of the parents of their employees under welfare schemes. This would also help in boosting the productivity and efficiency of their employees who would not then worry or be stress-free during their working hours.

Canteen facilities at such establishments can enforce tie-ups with home kitchens or small start-ups in this area for better functioning of the same. The management of the canteen and other allied facilities at such establishments can be entrusted to the interested residents to ensure better and effective supervision and control. The establishments could create a database of the residents, and their services and expertise can be used for the betterment of society and its welfare as well. Book clubs and think tanks across such establishments can provide more academic interactions besides the regular entertainment avenues and options. Financial prudence and investment should be given priority for better and secured old age. Gerontology and Geriatrics can be included in the syllabus in higher education as an Open Elective (OE) component in the NEP structure.

Due to changing societal demands and demographic trends, the assisted living industry offers significant possibilities for entrepreneurs. Success stories of start-ups in this space must be given more visibility to encourage future social entrepreneurs. There could be some internship opportunities provided to educational institutes to facilitate review of the working of such establishments and to find the gaps which can also provide a good source of inspiration to start-ups in this avenue. Entrepreneurs can create profitable and substantial businesses that serve the elderly population by emphasizing innovation, high-quality care, and operational excellence. As the need for senior care continues to increase globally, the time is right for futuristic entrepreneurs to improve the lives of elders while developing long-term business strategies.

#### VIII. SCOPE FOR FUTURE RESEARCH

Further research can be conducted to explore the impact of technology developments and AI on elderly care service delivery, the long-term financial sustainability of different business models, and methods for improving the lives for senior citizens for a happy second inning.

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