



CHALLENGES AND SCOPE FOR MEDICAL TOURISM IN DAKSHINA KANNADA AND KASARAGOD DISTRICTS- AN EMPIRICAL STUDY

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ABSTRACT:

Since medical tourism is the fastest growing sector in the 21st century and also because many countries are interested in taking advantage for its economic potential, countries are capitalizing their popularity as tourist destinations by combining high quality medical services at competitive prices with tourist packages. Here comes India, which is considered as one of the popular medical tourism destinations of the world providing First World Health Care at Third World Price. It offers a world-class healthcare that costs substantially less than those in most of the other developed countries, using the same and at times even advanced technology by competent specialists resulting in similar success rates. At present, many hospitals in India are getting ready to attract the international patients and are trying their best to propagate their names by providing world standard medical services.

Mangalore and Kasaragod – The Myriad Marvel of Medi-Tourism explores into the Mangalore and Kasaragod's tourism potentiality as a destination in general and as a medical tourism destination in particular. It explores into the capacity of the destination, its' hospitals, doctors, hotels, travel agents and patients. The present study adopts a narrative style as far as tracing the evolution and emergence of medical tourism in both the districts is concerned. It is also exploratory in nature, for, it apart from tracing the current state of medical tourism in Mangalore and Kasaragod will be projecting how it can be transformed as one of the best sought after medical tourism hub of India on par with other well established medical tourism destinations of India like the Bangalore, Chennai, Delhi and so on. The main respondents selected for the primary survey data are the people who are undertaking medical tourism activities and the service providers in the medical tourism.

KEYWORDS : *medical tourism , tourist destinations , economic potential.*

INTRODUCTION

Medical tourism is described as an act of people making health choices and accessing health treatments across borders. Depending on who is asking the question, it can be trade in goods and services, a health choice or a health service. Medical tourism is becoming a popular option for tourists across the globe. It encompasses primarily and predominantly biomedical procedures, combined with travel and tourism. The term medical tourism has been coined by travel agencies and the mass media to describe the rapidly growing practice of travelling across international borders to obtain hi-tech medical care. Since medical tourism is the fastest growing sector in the 21st century and also because many countries are interested in taking advantage for its economic potential, countries are capitalizing their popularity as tourist destinations by combining high quality medical services at competitive prices with tourist packages. It offers a world-class healthcare that costs substantially less than those in most of the other developed countries, using the same

and at times even advanced technology by competent specialists resulting in similar success rates. At present, many hospitals in India are getting ready to attract the international patients and are trying their best to propagate their names by providing world standard medical services. Medical tourists are in general patients paying out-of-pocket and pursuing medical services offered in the private sector. They are considered to be the manager of their own medical case. The question remains whether medical tourists can manage well, giving the circumstances of asymmetry of information and lack of medical expertise. What needs to be emphasized is that patients carry great responsibility for their health tourism outcomes.

It explores into the capacity of the destination, its' hospitals, doctors, hotels, travel agents and patients. The present study adopts a narrative style as far as tracing the evolution and emergence of medical tourism in both the districts is concerned. It is also exploratory in nature, for, it apart from tracing the current state of medical tourism in Mangalore and Kasaragod will be projecting how it can be transformed as one of the best sought after medical tourism hub of India on par with other well established medical tourism destinations of India like the Bangalore, Chennai, Delhi and so on. The main respondents selected for the primary survey data are the people who are undertaking medical tourism activities and the service providers in the medical tourism.

OBJECTIVES OF THE STUDY:

The central objective of the study is to measure and assess the Challenges and the scope of medical tourism in Dakshina kannada and Kasaragod districts. The objectives of carrying out this study are:

- ❖ To Discuss the Concept of Medical Tourism.
- ❖ To Identify the major advantages of medical tourism available for the development of an economy.
- ❖ To explore the existing major hospitals along with their treatment options to the people who visit as Medical Tourists to Mangalore and Kasaragod tourist destinations.
- ❖ To study the challenges of medical tourism in Dakshina kannada and kasaragod Districts.

METHODOLOGY OF THE STUDY:

This paper is based on an empirical study. Hence it is purely exploratory and descriptive one. The data for the study has been collected through Primary and Secondary data.

- 1) **Primary Data:** is collected through Questionnaires, direct interview with the respondents, both the service providers and Customers. Sample of Survey is restricted to 30 customers and 20 service providers in both the districts together.
- 2) **Secondary Sources:** This data has been collected through Books, Magazines and Internet sources.

HYPOTHESES

The following assumptions have been formed which enlighten the factors related to the research study.

1. **H₁:** The medical tourism centers have an impact on the economy and provide better treatment to the public.
2. **H₂:** Though medical tourism is a one of the emerging tourism product, still the government or district administration is not taking due interest in picking it up.
3. **H₃:** Both the districts of Dakshina kannada and Kasaragod have lack potentialities for medical tourism.

DATA ANALYSIS AND INTERPRETATION:

PART-I: ANALYSIS OF SERVICE PROVIDERS

Table-1: Influence of Gender on medical tourism activities

Gender	No. of Respondents		
	Customers	Service providers	Total
Male	18	14	32
Female	12	06	18

Total	30	20	50
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Source: Survey Data

Table- 1 exhibits the extent of influence of gender on the activities of medical tourism. It shows that out of 50 respondents, 30 are Customers and 20 are Service providers 32 respondents belong to the Male category (64 percent) and 18 (36 percent) are females. And majority of both the categories of respondents i.e., Customers and service providers are the males (60 percent and 70 percent) who engage themselves in medical tourism related activities. Hence, it may be concluded, majority of Males engage in medical tourism related activities than females.

Table 02: Type of facilities that are provided at the centre

Type of facilities provided	Respondents	Percentage
Allopathic treatment	08	40
Massage	06	30
Ayurvedic treatment	02	10
Naturopathy	04	20
Total	20	100

Source: Survey Data

The above table indicates that, out of 20 respondents who are Service providers 40 percent of the service providers provide allopathic treatment, 30 percent of them provide massage facilities, 10 percent of the respondents provide Ayurvedic treatment, and remaining 20 percent of the respondents provide Naturopathy treatment. So it is clear that, majority of the service providers engaged in providing Allopathic treatment in their centres.

Table 03: Problems faced by the service providers

The major bottlenecks	No of Respondents	Percentage
Capital Investment	10	50
Advertisement requirement	03	15
Lack of awareness	04	20
Costly Maintenance	03	15
Total	20	100

Source: Survey Data

Table-3 shows that, out of 20 respondents (Service providers) 50 percent of the service providers face Capital investment is their main bottleneck, 15 percent of the respondents face Advertisement requirement as their main problem, 20 percent of the respondents face lack of awareness is their main weakness, and remaining 15 percent of the respondents felt costly maintenance is the main bottleneck. So it is clear from the survey that, majority of the service providers suffer from capital investment requirement as the major bottleneck they face in their business.

Table 04: The marketing problems faced by the Service Providers

Major marketing problems	No of respondents	Percentage
Lack of market accessibility	08	40
Lack of awareness among public	06	30
Lack of transportation	03	15
Heavy advertisement expenditure	03	15
Total	20	100

Source: Survey Data

Table -4 explains that out of 20 Service providers 40 percent of the service providers face lack of market accessibility as the main marketing problem, 30 percent of the respondents face lack of awareness

among the public as the main marketing problem, 15 percent of the respondents face lack of transportation as the main marketing problem, and remaining 15 percent of the respondents face heavy advertisement expenditure as the main marketing problem they faced. So it is clear from the survey that, majority of the service providers face lack of market accessibility as the major marketing problem they face in their business.

Table 05: Reasons and the methods suggested eradicating the blames against medical tourism that for not picking up in spite of adequate awareness efforts taken up

Reasons	Suggested Measures				Total Response	Percentage
	Clear System	Online feedback	Online banking	Widened package		
Lack of interest	03	04	05	08	20	40
Lack of facilities	02	03	02	05	12	24
Lack of awareness	03	02	03	02	10	20
Lack of arrangements	02	01	02	03	08	16
Total	10	10	12	18	50	
Percentage	20	20	24	36		100

Source: Survey Data

Table -5 explains the reasons for the sluggishness found in the industry and makes an attempt to suggest to get to know whether is there any common outlook between the customers and the service providers while they look at the problem of awareness in the industry. Out of 50 respondents (Both the Customers and Service providers) majority of the service providers (18 out of 20) suggested widened service package is the method to eradicate the blames against medical tourism. Majority of the customers (20 out of 30) feel that lack of interest is the main cause/reason why industry is not picking it though adequate awareness towards this kind of safe treatment is already in existence.

Table 06: Measures adopted to overcome the problems

Measures adopted	No of service providers	Percentage
Through Social media	07	35
Publishing the benefits n news papers	05	25
Suggest friends/relatives	08	40
Any Other	00	00
Total	20	100

Source: Survey Data

Table - 6 shows that, out of 20 respondents (Service providers) 40 percent of the service providers used to suggest their friends/relatives regarding medical tourism, 35 percent of the respondents try to overcome the problems through social media, 25 percent of the respondents publishing the benefits of medical tourism treatment in newspapers or magazines to overcome the problems of awareness, Thus it is clear from the survey that, majority of the service providers suggest their friends/relatives and they make use of social media to overcome the problems.

PART-II: ANALYSIS OF CUSTOMER'S RESPONSE:**Table 07: The kind of treatment that has attracted towards this centre**

The kind of treatment that has attracted	Customer's response	Percentage
Ayurveda	10	33.33
Naturopathy	08	26.66
Hospitality	07	23.33
Spa	05	16.66
Total	30	100

Source: Survey Data

The above shows that, out of 30 respondents (Customers) majority (33.33 percent) have an opinion that, Ayurvedic treatment has attracted them, 26.66 percent of respondents prefer Naturopathy treatment, 23.33 percent of the respondents go for Allopathic treatment and remaining 16.66 percent of the respondents prefer SPA. So it is clear from the survey that, majority of the medical tourism aspirants go for Ayurvedic treatment.

Table 08: Duration of treatment

Duration of treatment that may carry	No of Customers	Percentage
03 Years	06	20
02 Years	08	26.66
01 Years	10	33.33
06 Months	06	20
Total	30	100

Source: Survey Data

The above table shows that, out of 30 respondents majority of the respondents (33.33 percent) have an opinion that, their treatment may carry 01 year, 26.66 percent of the respondents' treatment may carry 02 years, 20 percent of the respondents treatment may carry 03 years and remaining for 6 months. So it is clear from the survey that, the majority of the respondents generally prefer to go for a travel of 01 year treatment.

HYPOTHESES TESTED**HYPOTHESES-1**

H₁₀: There is no significant relationship between medical tourism and the availability of facilities and treatment in the districts.

H₁₁: There is a significant relationship between medical tourism and the availability of facilities and treatment in the districts.

Table 9: Perception towards district's comparative Edge

The scope and comparative advantage the districts possess	No of Respondents	Percentage
Easy Accessibility	05	16.66
Well provided facilities	14	46.66
Quite reasonable	06	20
Effective	05	16.66
Total	30	100

Source: Survey Data

The above table shows that, out of 30 respondents majority of the respondents (46.66 percent) of the respondents have opined that, well provided facilities and infrastructure in these two districts are the comparative advantage these districts possess over the other districts, 20 percent respondents expressed the comparative advantages of these districts possess over the other districts is the reasonable expenses,

16.66 percent of the respondents have perceived that comparative advantage these districts possess over the other districts is the centers' easy accessibility and the treatments are effective. So it is clear from the survey that, majority of the respondents' expressed the comparative advantage these districts possess over the other districts is because the centers possess well provided facilities and expenses that are reasonable. Thus a Hypothesis that **"There is no significant relationship between medical tourism and the availability of facilities and treatment in the districts"** is proved to be a Null Hypothesis and is hereby rejected. Therefore an alternative hypothesis on the basis of the above findings may be developed that there is a significant relationship between medical tourism and the availability of facilities and treatment in the districts.

HYPOTHESES-2

H₂₀: Though medical tourism is a one of the emerging tourism product, still the government or district administration is not taking due interest in picking it up.

H₂₁: In both the districts the government or district administration is showing much interest to promote medical tourism products.

Table 10: Suggested methods of government intervention

The methods of government intervention	No of Response	Percentage
Promoting medical tourism products	08	40
Providing liberalized license to suppliers	07	35
Reducing the regulations	05	25
Total	20	100

Source: Survey Data

The table -10 shows that, out of 20 respondents (Service providers) 40 percent of the service providers suggest promoting variety of medical tourism products and packages should be the method of government intervention in promoting medical tourism , 35 percent of the respondents suggest providing liberalized license to suppliers, 25 percent of the respondents feel that the government should reduce the regulations. So it is clear from the survey that, majority of the service providers suggested that the government should promote the medical tourism products and packages. Thus a Hypothesis that **"Though medical tourism is a one of the emerging tourism product, still the government or district administration is not taking due interest in picking it up"** is hereby proved and said to be accepted on the basis of opinion given by service providers of the district.

HYPOTHESES-3

H₃₀: There is a lack of scope for the growth of potentialities for medical tourism in these districts.

H₃₁: There is an adequate scope for the growth of potentialities for medical tourism in these districts

Table 13: Perception towards treatment consideration

Perception towards choice	No of Respondents	Percentage
It is near	06	20
It is not much costly	04	13.33
Easily Accessible	08	26.66
Treatments are good	12	40
Total	30	100

Source: Survey Data

The above table shows that, out of 30 respondents majority (40 percent) of the respondents have opinion that, their center is medically safe than other centers because the treatments are good, 26.66 percent of the respondent's choose the center because it is easily accessible, 20 percent respondents prefer

the center because it is near to them and remaining 13.33 percent of the respondents choose the center because it is not much costly. So it is clear from the survey that, majority of the respondents visit the particular center with the hope that they get the better treatment in the center than other centers. Thus the study makes it clear that a **Hypothesis that "There is a lack of scope for the growth of potentialities for medical tourism in these districts"** as a Null Hypothesis which is not accepted. Therefore an alternative hypothesis on the basis of the study that "There is an adequate scope for the growth of potentialities for medical tourism in these districts" may be suggested.

FINDINGS OF THE STUDY:

The major findings of the study are given below:

- 1) Compared to females, males are undergoing medical tourism activities considerably in a large way. Out of 50 respondents surveyed, Males constitute 64 percent and females constitute 36 percent. (Part-I Table No 1)
- 2) The service providers have been demanded for more of allopathic treatment (40 percent) in their centers. (Part-I Table No 2)
- 3) Capital investment is the major bottleneck among the service providers (50 percent) face in their business. (Part-I Table No 3)
- 4) Lack of marketing accessibility is the major marketing problem the service providers face (40 percent) in their business (Part-I Table No 4)
- 5) Lack of interest is the major reasons among the respondents (40 percent) why the industry is not picking medical treatment. (Part-I Table No 5)
- 6) Widened service package is the best method that large number of respondents suggest to eradicate the blames against medical tourism. (Part-I Table No 5)
- 7) The service providers are used to suggest their friends/relatives to overcome the problems and they resort to social media and news papers. (35 percent) (Part-I Table No 6)
- 8) The Ayurvedic treatment (33.33 percent) is much attracted the customers than other treatments in medical tourism. (Part-II Table No 7)
- 9) Majority of the customer's treatment (33.33%) may carry for 01 year. (Part-II Table No 8)
- 10) Well provided facilities in the center is the comparative advantage these districts possess over other districts. (Part-II Table No 9)
- 11) Promoting medical tourism products is the most suggested methods of government intervention in promoting medical tourism. (Part-I Table No 10)
- 12) The customers get better treatment (40 percent) in the centre, so they feel that the center is medically safe than the other centers. (Part-II Table No 13)

SUGGESTIONS

Based on the findings of the study following suggestions may be offered:

- 1) The service providers may have to provide the treatment that should be effective in carrying customer's health complaints.
- 2) The service providers should eradicate the major marketing problem and it should reach to the customers.
- 3) The Governments and NGO's both must jointly take the initiatives to promote medical tourism.
- 4) The Government should liberalize the rules and regulations and should provide liberal licenses to medical tourism centers.
- 5) Insisting on adequate facilities in the medical treatment centers.
- 6) Local government bodies like City corporations should support the medical tourism activities and should create the awareness among people about medical tourism.
- 7) Efforts in building and promoting the image of these districts as high quality medical tourism destination

- 8) Creating and promoting new combination of medical tourism products
- 9) Keeping up the high standard of quality treatments at a reasonable price
- 10) Providing informative online and offline materials and make them available to the potential customers.

CONCLUSION

The government's role is crucial to the development of medical tourism. The government should take steps in the role as a regulator and but more prominently as a facilitator private investment in healthcare. Mechanisms need to be evolved to enable quicker visa grants to foreign tourists for medical purposes where patients can contact the Immigration Department at any point of entry for quick clearance. Tax incentives to the service providers, import duty reduction on medical equipment, committees to promote and foster medical tourism are some of the initiatives that can be undertaken. There is also a need to develop supporting infrastructure such as transport services to facilitate tourism in both the districts. The tourism, health, information and communication departments need to work in tandem for efficient patient care. This paper has recommended some of the medical tourism strategies for further promoting medical tourism in Dakshina Kannada and Kasaragod districts. Also attaining the accreditation/standard to reassure the quality of treatments as well as emphasizing on the needs and demands of the existing target markets must be incorporated.

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