CHAPTER – 1

INTRODUCTION

1.1. INTRODUCTION

Tourism is a stay of one or more nights away from home for holiday visits to friends or relatives, business conferences or any other purpose except such things as boarding education or semi permanent employment. Tourism in today's world is no more a luxury or mere sight seeing. This has been made possible by the recent advances in transportation and information technology, which has enabled tourists to reach even the remotest parts of the earth by spending much less. The Tourism industry is proving new career opportunities in hospitality, leisure and health concepts. World Travel and Tourism Council (WTTC) predicts that globally, travel and tourism sector would contribute 9.6% of GDP and create 300 million jobs by 2020.1

Tourism is one of the important components in the India’s services sector, which has exhibited considerable dynamism in recent years. Tourism in India contributes to around 6.11% of GDP, as compared to over 10% of GDP in 2006 generated in the world. The sector generates employment for over 40 million persons, a share of nearly 9% of total employment generated in the country. Share of India in world international tourist arrivals has been growing at a moderate level from

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0.39% in 1995 to 0.52% in 2006. In terms of absolute numbers, India received 4.40 million international tourists in 2006.²

Foreign exchange generated through the arrival of international tourists in India amounted to an equivalent of over Rs.30,000 crores. It may be mentioned that foreign exchange earnings by India has been growing greater than the growth in tourist arrivals.³

The foreign exchange earning per international tourist arrived in India is over US $ 2000 as compared to the world average of US $ 873 in 2006. This is higher than many other competitor countries in the region such as China ($683), Sri Lanka ($984), Malaysia ($548), Thailand ($892), Singapore ($934), and Indonesia ($897). Such a high spending in India may be attributed to more number of days spent by a foreign tourist in India compared to other countries besides the visit of high-end tourists to India.⁴

According to a foreign tourist survey conducted by Ministry of Tourism (MOT), Government of India, a foreign tourist from the top 15 international markets for India spend in the range of 7 to 18 days in India, the overall average being 16 days.⁵ Nearly two-third of international tourist arrivals in India are catered by UK and USA. Other major source markets for India include Canada, France, Sri

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³ ibid
⁴ ibid
⁵ ibid
Lanka, Germany, Japan, Malaysia, Australia and Singapore. These ten countries cumulatively account for around 57% of international tourist arrivals in India.  

Nearly 50% of international tourists have stayed in budget hotels, as compared to 20% that have stayed in starred hotels. Nearly 50% of tourists are repeat visitors; about 10% of total international visitors to India have visited more than five times.  

In an attempt to achieve rapid growth in tourist arrivals to India, the Government of India has recently launched a campaign called "Athithi Devo Bava" which means guests are like Gods. In spite of stiff competition among the nations, the New Delhi-Agra-Jaipur golden triangle is still a hot favourite for international tourists. The Tourism industry is showing all signs of transforming from a lack-lustre entity into a market and revenue driven one. With the airfares looking downwards, there is bound to be a boom in tourism sector. India is a wonderful package with everything from ancient temple and medieval castles to verdant forests. The Confederation of Indian Industry has prepared a vision paper for 2020, which envisages employment of 50 million persons in travel and tourism industry and an increase in the share of this industry to 7% of GDP.  

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6 ibid  
8 Travel & Tourism-India-Future, October, 2001.  
<http://www.scribd.com/doc/20045699/Tourism-Industry-India>
Tourism has a very strong linkage with socio-economic progress of the country, a multiplier effect on the economy. 10th Five year plan was Rs.2900 crores as against Rs.750.00 crores in the 9th Five year plan period. 9

Among the various forms of tourism like Leisure Tourism, Pilgrim Tourism, Heritage Tourism, Adventure Tourism Business Tourism, Fairs/Festivals Tourism, Social functions, Academic Tourism, Rural Tourism, Eco-Tourism, the Medical Tourism has received considerable attention from Ministry of Tourism and Health at state and central level. Now days it is popular among medical care providers and tourist operators at corporate level.

Medical tourism can be broadly defined as provision of 'cost effective' private medical care in collaboration with the tourism industry for patients needing surgical and other forms of specialized treatment. Medical or Health tourism has become a common form of vacationing, and covers a broad spectrum of medical services. It mixes leisure, fun and relaxation together with wellness and healthcare. The World Tourism Organization includes the following in its definition of medical tourism: medical care, sickness and well-being, rehabilitation and recuperation.

The Indian medical tourism industry, growing at an annual rate of 30 percent, caters to patients chiefly from the US, Europe, West Asia and Africa. Although in its nascent stage, the industry is outsmarting similar industries of other

9 Dr. Kavita Chavali and Dr. Subrat Sahu:, “Comparative Study of Tourism Websites in India –With special reference to South India”, Conference on Tourism in India – Challenges Ahead, 15-17 May, 2008, IIMK. <http://dspace.iimk.ac.in/bitstream/2259/573/1/313-322+Dr+Kavita.pdf>
countries such as Greece, South Africa, Jordan, Malaysia, Philippines and Singapore. In 2006, over 1,50,000 medical tourists have visited India and is growing by 15% a year\textsuperscript{10}. The medical tourism industry in India is presently earning revenues of $450 million. Encouraged by the incredible pace of growth exhibited by the industry, the Confederation of Indian Industry (CII) and McKinsey have predicted that the industry will grow to earn additional revenue of $2.2 billion by 2012.\textsuperscript{11} India, touted as the favourite destination for information technology majors, is currently emerging as a preferred destination for medical or health tourism.

The Government of India, State tourism boards, travel agents, tour operators, hotel companies and private sector hospitals are exploring the medical tourism industry for tremendous opportunities. They are seeking to capitalize on the opportunities by combining the country’s popular leisure tourism with medical tourism. The factors that make India as one of the favorable destination for health tourism starts with low medical cost which is one-fifth of the costs in western countries.

The new services to meet new demand may include the “medical tourism”. Merging healthcare and tourism an industry has been evolved in many developing countries like Greece, South Africa, Jordan, India, Malaysia, Philippines and Singapore. Medical tourism where foreigners travel abroad in search of low cost,


world-class medical treatment is gaining popularity in India. India’s medical tourism industry could yield as much as $3 billion in annual revenue by 2012. Indian government hopes to encourage a budding trade in medical tourism, selling foreigners the idea of traveling to India for low cost but world class medical treatment. According to the confederation of Indian industry India has the potential to attract 1 million tourists per annum, which could contribute to $6 billion to the economy.\textsuperscript{12} India must leverage its competitive edge, especially its cost advantage.

The tourist inflow for a wide healthcare service spectrum, from wellness tourism to surgery and rehabilitation has made all interested stakeholders to tap the unexplored potential. Both the industry and Government (central and state governments) are independently or jointly taking initiatives to project India as an ideal healthcare destination.

The Ministries of Health and Family Welfare, and Tourism, Government of India are evolving an approach to give a strategic push to open the Indian healthcare sector to foreign tourists. The Ministry of Health and Family Welfare has set up a National Accreditation Board for Hospitals, under the Quality Council of India for accreditation of hospitals. Indian Healthcare Federation (IHCF) is an independent non- statutory body, with a membership of around 300 members, comprising non-government hospitals, diagnostic centers, medical equipment manufacturers and pharmaceutical firms. The main objective of IHCF is to promote and encourage healthcare industry in the country.

\textsuperscript{12} ibid
Medical tourism industry is economically and socially vibrant service sector growing positively in India. The scope for the development of medical tourism is widened today with the help of Government support and private sector hospitals. The strength and competitive edge of Indian medical tourism industry is achieved by cost competitiveness, quality infrastructure, qualified and experienced doctors and dedicated care. The inbound international medical tourists are highly satisfied with Indian medical service and it is evidenced by continuous growth in the arrival rate. Since it is a growing core sector, research on the various aspects of medical tourism in India is a very essential and viable.

1.2. REVIEW OF LITERATURE

This study includes medical tourism, medical tourism in India, hospital facilities and services, cost competitive advantage and medical tourist satisfaction. Indeed, literature on medical tourism has been already enriched with worthy contributions of books, articles, research reports and others. Literary pieces of academic excellence and interest reviewed in the context of launching the present research work are briefly referred here.

1.2.1 MEDICAL TOURISM

Lunt N.Carrera. P\textsuperscript{13} in his article “Medical Tourism: Assessing the evidence on treatment abroad” transverses discussion on medical tourist markets,

consumer choice, clinical outcomes, quality and safety and ethical and legal dimensions.

Dr Christine Lee and Dr Michael Spisto\textsuperscript{14} in their article, “Medical Tourism, the Future of Health Services”, concluded that Medical tourism is becoming a new and emerging international business that is gradually increasing in importance. In capitalising on the tourism infrastructure that supports this industry, nations do not need to invest much more in supporting medical tourism. As an international business, this is not too different from the subcontracting or the off-shoring of services. With higher costs and expertise, in the future, medical tourism is likely to be the new global trend for providing medical services. The rapid developments in medical tourism demands have left the policing and legislation behind. It would be imperative for this legislation to catch up in order to protect the vulnerable that are unable to make well informed research-based decisions. It remains to be seen in the future which countries will adopt the proactive stance to strategically avoid future problems to maintain and protect their country’s reputation in this important and growing area of healthcare.

Berryman P, Tompkins OS\textsuperscript{15} in his article on “Medical tourism” stated that Medical tourism is becoming popular as an alternative to the high cost of health care in the United States and as an inexpensive resource for cosmetic surgery. The

\textsuperscript{14} Dr Christine Lee and Dr Michael Spisto:, “Medical Tourism, the Future of Health Services”, April 2007. \texttt{<http://www.bm.nsysu.edu.tw/tutorial/iylu/12th\%20ICIT/07-07.pdf>}

occupational health nurse is an excellent resource to assist in the pre-decision due
diligence and post-decision travel health counseling.

Indrajit Hazarika\textsuperscript{16}, in his article “MEDICAL TOURISM: The potential
impact of Medical tourism on health work force and health systems in India”
discussed the expansion of medical tourism in India, Cost of surgical treatments in
India vs. Thailand, Challenges and threats of the Expansion of Medical Tourism in
India and finally made some recommendations that could help minimize the threats
and maximize the benefits of the expansion of trade in the health sector.

Holland JB, Malvey D and Fottler MD\textsuperscript{17}, in their article “Health care
globalization: a need for virtual leadership” provides global managers with guidelines
for leading and motivating individuals or teams from a distance while overcoming the
typical challenges that "virtual leaders" and "virtual teams" face: employee isolation,
confusion, language barriers, cultural differences, and technological breakdowns.
And discussed three models of globalization as outsourcing of health care services,
medical tourism, and tele robotics.

Michael D. Horowitz, Jeffrey A\textsuperscript{18}, Rosensweig and Christopher A.
Jones, in their article “Medical Tourism: Globalization of the Healthcare

\textsuperscript{16} Indrajit Hazarika:, “MEDICAL TOURISM: The potential impact of Medical tourism on
health work force and health systems in India”, 19\textsuperscript{th} November, 2009.

\textsuperscript{17} Holland JB, Malvey D, Fottler MD:, “Health care globalization: a need for virtual

\textsuperscript{18} Michael D. Horowitz, Jeffrey A. Rosensweig and Christopher A. Jones:, “Medical
Marketplace” discussed the increasing popularity of medical tourism, medical tourism destinations, procedure for which patients pursue medical tourism, global healthcare market place and quality and safety in medical tourism. Finally they concluded that medical tourism is changing the healthcare landscape in industrialized and developing countries around the world.

Abdullahel Hadi 19 in his research paper “Globalization, medical tourism and health equity” argued that devising an agenda for medical tourism governance to routinely monitor its growth, developing a regulatory framework for medical tourism acceptable to all stakeholders and translating the benefits of this approach for all is the next logical step in the evolution of medical tourism. This paper concludes that medical tourism as an alternative approach to health care is neither positive nor negative in itself but a historical process in continuous evolution within the health care system.

1.2.2. MEDICAL TOURISM IN INDIA

Gowri Shankar Nagarajan20, in his paper titled “Medical Tourism India: Strategy for its development” suggested that an apex body for the industry needs to be formed to promote the India brand abroad and aid inter-sectoral coordination, joint venture with overseas partners and establishment of MEDICITIES will help India building a significant advantage and leadership position in the industry.

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Sonam Jagasia\textsuperscript{21}, in his article “Medical Tourism India – A report” analysed segmentation of the patient population, challenges and government support. It also pointed out that the role of government in encouraging a budding trade in medical tourism by improving medical education and infrastructure.

Maheshwari and Shushmul\textsuperscript{22} in their report “Booming Medical tourism in India” provide a complete insight into the Indian medical tourism market. It evaluates the past, present and future scenario of the Indian medical tourism market and discusses the key factors which are making India a favorable medical tourism destination.

\textbf{1.2.3. MEDICAL TOURISM FACILITIES AND SERVICES}

Venkata Krishna Prasad C.B.\textsuperscript{23}, in his paper “Medical Tourism Industry – Advantage in India” pointed out that the biggest challenge is to position India as a favorable healthcare destination by setting high health standards for ourselves and work in association with the government and the medical council to see it that all hospitals keep up to those standards.

Dr.Gopal.R\textsuperscript{24}, in his paper “ A key issues and challenges in medical tourism sector in India (A Hospital perspective)” discussed the key issues and

\textsuperscript{21} Sonam Jagasia:, “Medical Tourism India – A report”, ACUMEN, issue 2 March, 2008.
\textsuperscript{22} Maheshwari and Shushmul:, ”Booming Medical tourism in India”, 11 July 2008 <http://researchconnect.com/download report.asp?RepID=71906>
\textsuperscript{24} Dr.Gopal.R:; “A key issues and challenges in medical tourism sector in India (A Hospital perspective)”, May, 2008. <http://dsapce.iimk.ac.in/bitstream/2259/575/1/331_+335+Dr.+R+Gopal.pdf>
challenges that a hospital faces in promoting medical tourism and suggested action plans, which will help the hospitals in promoting medical tourism.

Binay T.A.\(^{25}\) in his article “Prospects of Developing medical tourism in India” analysed various health tourism facilities and pointed out that medical tourism industry need to pool their resources to improve medical standards, clinical expertise and appropriate infrastructure.

1.2.4 COST COMPETITIVE ADVANTAGE

Ms. Jaspreet Kaur, Mr.Hari Sundar.G, Deepti Vaidya and Sheela Bhargava\(^{26}\) in their paper “Health Tourism in India Growth and Opportunities” analysed various unique selling point and rightly observed the Price advantage is one of the unique selling point for the Indian medical tourism products.

James A.Unti\(^{27}\) in his paper “Medical and Surgical Tourism: The new world of healthcare globalization and what it means for the practicing surgeon” analysed safety and quality issues in medical tourism and rightly stated that prices for medical services in countries like India may be as low as 10 per cent of the corresponding prices in the United States, and obtaining such services in other


countries like Thailand and Singapore could result in cost savings of as much as 80 per cent.

Mike Adams\textsuperscript{28}, in his article “Rising popularity of medical tourism reveals deterioration of US healthcare system” made a comparative analysis on cost of various medical treatment in Asia and U.S. and stated that countries like India, Thailand, Singapore, Philippines etc. have modern hospitals with better technology and equipments than hospitals in the United States of America. He pointed out that the cost of treatment for various surgical procedures in Asian countries is one tenth of that in USA.

Pafford B.\textsuperscript{29} in his article “The third wave--medical tourism in the 21st century” focused the cost competitiveness and stated that Overseas prices for most procedures, including airfare, are often half the cost of those performed in the United States; some procedures are 80\% less. International facilities in India, Thailand, and elsewhere are obtaining Joint Commission International (JCI) accreditation and aggressively marketing to Western customers and insurance agencies and advertising high quality standards and personalized service. The acceptance of medical tourism is growing, with a recent poll showing more than 40\% of US healthcare consumers willing to travel abroad for care. Insurance companies

have begun to integrate foreign care into their coverage, offering discounts to patients agreeing to overseas travel.

Renu verma and Sumeet Gupta\textsuperscript{30}, in their article “Medical Tourism Opportunities and challenges for India” focuses on various push and pull factors responsible for the development of the medical tourism industry in India and the promotional role played by the government and private sectors. It also throws more light on the key issues and challenges faced by the industry and suggested various measures to develop it. The article made an cost comparative analysis for selected medical procedures in India Vs UK and USA and found that the treatment cost in India are around a tenth of the price for comparable treatment in the USA or UK.

Ritu sinha\textsuperscript{31}, in her article “Medical Tourism: Its Long-Term Implications” discussed the growth of the medical tourism industry, positive aspects of medical tourism, unintended side effects and long term implications. She pointed out that as the percentage of senior citizens in the western continues to increase, there will be greater demand for healthcare services which will impact the cost in India. She indicated that the foreign patients are coming to India for medical treatment because the Indian hospital prices are economical.

\textsuperscript{30} Renu verma, Sumeet Gupta: “Medical Tourism Opportunities and challenges for India”, Marketing master mind, June, 2008, vol.6, pps.46-49.
1.2.5. MEDICAL TOURIST SATISFACTION

Dr. Zuber Mujeeb Shaik, Dr.Gazalakhan³² studied the satisfaction level of international patients in their research paper “A case study on Medical Tourism in Hyderabad city”.

Indu Grewal, JK Das, J Kishore, Deoki Nandan³³ in their research paper “Satisfaction Levels of International Patients in India” discussed about the patient’s satisfaction and concluded that most of the respondents were satisfied with the service that they received. However, elimination of language barrier, improvement in nursing care, more facilities in the room and individualized food taste should be considered to improve overall patients’ satisfaction.

1.3. STATEMENT OF THE PROBLEM

Medical tourism is a new thing that has caught with the pace of time well. Gaining great importance and response throughout the world, medical tourism means to travel to another nation for treatment as well as sight seeing. As more and more international companies are providing with these medical tourism packages, people are using more of this tour cum treatment facility. People go to various destinations for medical treatments.

³² Dr. Zuber Mujeeb Shaik, Dr.Gazalakhan:, “A case study on Medical Tourism in Hyderabad city”. <http://cyber lectures.indmedica.com/show/235/1/A case study on Medical Tourism in Hyderabad city>

³³ Indu Grewal, JK Das, J Kishore, Deoki Nandan:, “Satisfaction Levels of International Patients in India”. <http://webcache.googleusercontent.com/search?q=cache:0WeECCzOHykJ:www.imtj.com/resources/%3FEntryId115%3D201372+Articles+in+medical+tourist+satisfaction&cd=12&hl=en&ct=clnk&gl=in>
Medical tourism has developed into a new source of revenue generation for hospitals in Asia. Growth in the Asian medical tourism market can be attributed to change in the demographics of developed nations, quality healthcare services at low cost in Asian countries and many more.

India is emerging as one of the key players in medical tourism at both Asian and international level. Developing healthcare infrastructure, growing private hospitals such as Wockhardt, Apollo, Escort, expert healthcare professionals, low-cost treatments, less waiting time, and modern allopathic treatment are some of the reasons that attract overseas patients to India. Moreover, it is expected that India will increase its share in Asia to around 25% by 2012.34

People from all over the world travel to India for various medical treatments and pay a much lesser price for the treatment here and also take a holiday here and still save money. Cost of certain treatments in India is as less as 25% of the cost for the same treatment abroad. Now India offers world class medical treatments with world class medical facilities at fraction of the cost in developed countries. It makes India an ideal healthcare destination for highly specialized medical care and high quality medical facilities. India is already one of the most popular destinations for medical tourists and with the all round growth and development, is confident to further enhance its reputation.

Indian corporate hospitals excel in cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology to name a few. The various specialties covered are Neurology, Neurosurgery, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Pediatrics, Pediatric Surgery, Pediatric Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynecology, Pulmonology, Psychiatry, General Medicine & General Surgery with related diagnostic facilities.

However, a nice blend of top-class medical expertise at attractive prices is helping a growing number of Indian corporate hospitals lure foreign patients, including from developed nations such as the UK and the US. The infrastructure in some of India's hospitals are also very good. Many of the doctors practicing in these medical centers have worked or trained in the US, UK and Germany.

KPMG - the International business consultancy identified over 200,000 patients from abroad visited India in 2007 in search of medical care.35 According to a 2008 study by global market research firm Deloitte, India received 4,50,000 medical tourists in 200736. As per a Mc Kinsey study India’s medical tourism industry can be worth a whopping $2.2 billion annually in terms of revenue.

In the light of growing opportunities for the medical tourism in South India, the following valuable questions are need to be answered.

35 http://mediprimeindia.com/
• What is the economic and social background of Inbound International Medical Tourists?

• Which nationals are more attracted by the Indian medical tourism?

• Whether the inbound international tourists are satisfied with the Indian medical tourism services?

• Whether the medical tourism facilities and services in South India are in par with global standards?

• How the cost competitive advantage of South Indian medical tourism industry plays a vital role in attracting foreign medical tourists?

Hence it is justifiable to study the various dimensions of Inbound International medical tourism in South India to provide answers to the various questions raised in the statement of the problem.

1.4. OBJECTIVES OF THE STUDY

The study entitled “A study on inbound international medical tourism with special reference to South India” is undertaken with the following objectives.

1. To study the growth and development of inbound international medical tourism in South India.

2. To analyse the profile of the medical tourists.

3. To examine the standard of medical tourism facilities and services in South India.
4. To assess the cost competitive advantages to South Indian medical tourism.

5. To evaluate the inbound international medical tourists’ satisfaction.

6. To give valuable suggestions to promote medical tourism in South India.

1.5. SCOPE OF THE STUDY

The present study is confined to inbound international medical tourists who availed medical services in major South Indian hospitals. The study covers only their infrastructure, cost competitiveness and Patient’s satisfaction.

1.6. METHODOLOGY

1.6.1. SOURCES OF DATA

The study is a descriptive one based on the data collected from various primary and secondary sources. Primary data is collected directly from inbound international medical tourists by researcher by conducting a sample survey. Secondary data is collected from various sources including official websites, magazine, research publication and books.

1.6.2. SAMPLE DESIGN

The study involves a survey of selected sample of 360 inbound international medical tourists who visited various major South Indian hospitals. Unrestricted, non-probability convenience sampling technique has been applied in the research study. For the purpose of the study, sample tourists who used airway as a medium of transport to arrive six major cities in South India were selected. The cities
include Chennai, Hyderabad, Bangalore, Trivandrum, Calicut and Cochin covering four states viz. Tamilnadu, Andhra Pradesh, Karnataka and Kerala in south India.

The sample of 360 respondents comprises of 162 from Tamilnadu, 110 from Karnataka, 55 from Andhra Pradesh and 33 from Kerala. The researcher selected 162 international medical tourists from 15 hospitals at Chennai; 110 medical tourists from 11 hospitals at Bangalore; 55 medical tourists from 5 hospitals at Hyderabad and 33 from one hospital each at Cochin, Trivandrum and Calicut.

**TABLE: 1.1**

**DISTRIBUTION OF THE SAMPLE**

<table>
<thead>
<tr>
<th>State</th>
<th>City Name</th>
<th>No. of hospitals</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamilnadu</td>
<td>Chennai</td>
<td>15</td>
<td>162</td>
</tr>
<tr>
<td>Karnataka</td>
<td>Bangalore</td>
<td>11</td>
<td>110</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>Hyderabad</td>
<td>5</td>
<td>55</td>
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<tr>
<td>Kerala</td>
<td>Trivandrum</td>
<td>1</td>
<td>33</td>
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<td>Cochin</td>
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<td>Calicut</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>33</td>
<td>360</td>
</tr>
</tbody>
</table>

**1.6.3. COLLECTION OF DATA**

Two different questionnaires have been designed for the collection of data from the inbound international tourists and hospital authorities. A pilot study has
been conducted among international medical tourists as well as the hospital authorities and the two questionnaires have been finalized.

The questionnaire for the medical tourists has been advocated to the respondents through the hospital authorities and collected by the researcher. The questionnaire for the hospital authorities has been advocated through the personal interview by the researcher. The observation made at the time holding the interviews and the outcome of the discussion with the hospital authorities have also been used for analyzing and interpreting the data.

Secondary data have been mainly collected from the records of the hospitals, related websites, published articles, News papers and magazines.

1.6.4. TABULATION AND ANALYSIS

The duly filled questionnaires have been scrutinized and the errors and slips have been rectified. The collected data have been tabulated and statistically analyzed using percentage and diagrammatic methods. In addition, to analyze the attitude and opinion of the medical tourists regarding the facilities available and the level of satisfaction, ranking technique have been adopted.

1.6.5. PERIOD OF STUDY

The study was confined to a period from 2005 to 2010 and the secondary data collected was pertaining to this period. The collection of primary data was carried out during the period from 2008 to 2009.
1.6.6 LIMITATIONS

The present study is subjected to the following constraints and limitations.

1. The study covers only the views of the inbound international medical tourists and hospital authorities. It excludes the views of all others such as travel agents, tour operators and tourist guides.

2. The study is limited to major allopathic hospitals providing various treatments to inbound international tourists only. On account of time and cost constraints it was not possible to visit all the hospitals in various cities and thereby produce an exhaustive work.

3. The study excludes NRIs from the purview of inbound international tourists.

4. The findings may not be applicable when the set of circumstances during the period of study undergo a change. The results could only be applicable to the areas having similar conditions.

5. The study is limited to tourists who have undergone allopathic medical treatment and it excludes those who are interested in alternative medicines like siddha, ayurveda, unani, spa, meditation and yoga.

1.7. CHAPTERIZATION

The present study entitled “A study on inbound international medical tourism with special reference to South India” has been organized into seven chapters.
Chapter 1, “Introduction” deals with the statement of problem, review of literature, scope of the study, objectives of the study, methodology adopted and limitations of the study.

Chapter 2, “Medical tourism industry – an overview” reveals an outline of the history and growth of medical tourism industry world wide and the development of medical tourism industry in South India.

Chapter 3, “Profile of the medical tourists” presents a vivid picture of the socioeconomic and geographical aspects of the respondents. It also reveals the nature of the treatment for which they visited India.

Chapter 4, “Medical tourism facilities and services” examines the standard of hospitals and hospitality provided to the inbound international medical tourists.

Chapter 5, “Cost competitive advantages” discusses the cost of various medical treatments in India in comparison with developed and developing countries.

Chapter 6, “Medical Tourists’ satisfaction” assesses the level of satisfaction of the inbound international tourists on various aspects.

Chapter 7, “Summary of findings, suggestions and conclusions” brings the research report to a logical conclusion by highlighting the summary of survey findings with a view to obtaining answer to the questions raised in the statement of the present research problem and by providing valuable suggestions to the future dimensions of the Medical Tourism in South India.