

ECONOMIC ANALYSIS OF MEDICAL TOURISM WITH SPECIAL REFERENCE TO CHENNAI

Dr. S. KALAIVANI

Assistant professor, Department of Economics, shift-II

Sir Theagaraya College, Chennai – 600 011.

Email - phd.kalai@gmail.com

Abstract: *The Medical tourism is an opening door for the global health issue. The emerging part of the analysis on the topic envelopes the scope and possibility of the Medical facilities available at reliable and trust-oriented cost in the Chennai city. The study involves the sample of size 300 which was collected on the field survey in Chennai district of Tamil Nadu. The tool SPSS has been providing the spectrum of analysis over the given sample which provide the follow-up the systematic analysis on the given data.*

Key Words: *Medical Tourism, Medical facilities, Health care.*

1. INTRODUCTION:

Recent past years India has become the global contributor to the Health care economy to make people visit India for their emergency medical needs such as organ transplantations, dental and surgical treatments. The term Medical tourism as ensembles the need of the people from other nations to meet their affordability's with high profile treatment in a moderate package. In addition to this the heritage of India can be made to explore via tourism along with medical care. The medical tourism has become inevitable in certain cases in which the who are inclined towards reliable and trust worthy health care system. In the surge of Immediate Medical care required for major course of treatment people can have a facility of availing the same at a relatively cheaper cost and also, they can visit the places of high values to have mental relaxations which would make them recover fast from their illness.

1.1. SIGNIFICANCE OF MEDICAL TOURISM:

Medical tourism has been motivated by corporate Hospitals and in few cases the government enterprises. It ensures the quality treatment at a cheaper cost. This can be a good service to the middle-class patients who are economically less pronounced. There will be a good treatment as well as tourism schedule to wards attracting the people in the name of tourism along with their recovery of health. The medical tourism industry globally attracts nearly 40 billion US \$(dollar's) The key component of medical tourism involves in the health care which is of utmost importance and to enjoy an effective package of tourist products to facilitate the patients-supportive visit to the selective tourist places for their psychological health improvements.

2. REVIEW OF LITERATURE:

Kaur, Hira (2017) had a study in this perspective to find the genesis of medical tourism and the factors responsible for growth and development of medical tourism in India, they found in their study the countries like Thailand, India, Turkey are among the top 5 destinations for Medical tourism.

Hoz-correa, Munoz-leiva, Bakucz (2018) analysed the reach of medical tourism in the period of years 1931-2016. This study is a good attempt to use bibliometric approach to provide a strong insight into the conceptual structure about medical tourism. It involves the cluster of study which are Health Wellness, Globalisation, Sensitive Practices in medical tourism, Spa tourism, etc. These are conceptual structure from academic and inter-related subfields regarding medical tourism.

3. STATEMENT OF THE PROBLEM:

Traditionally, the healthcare market has been highly depended on Government delivery mechanism and referrals from localized private practitioners, since 1990, the Indian healthcare services industry has undergone a structural change and has increasingly become a mix of public and private sectors. Non-government organizations and civil society have also started playing a greater role. This study was limited in the analysing the economic and satisfactory factor of medical tourism among the Non-Residence Indians (NRI) and Foreigners at Chennai.

4. OBJECTIVES OF THE STUDY:

The overall aim of the present study analyses the impact of economic factor in medical tourism in Chennai, particularly among Non-residence Indians (NRIs) and Foreigners.

5. METHODOLOGY AND RESEARCH DESIGN:

The present research is exploratory in nature which explores the various economic factors associated with medical tourist satisfaction and its influence on medical tourist commitment. The primary Data collected from structured survey through questionnaire. The survey was administered on 300 sample respondent includes 200 Non-residence Indians and 100 Foreigners who came to Chennai for Medical treatment. Secondary data was collected from books, journals, magazines, research reports and related websites. The statistical tools applied in the study for drawing statistical inferences about the research variables may include Descriptive Statistics, Reliability Test, Chi-Square, Anova Test, Multiple Regression Analysis, t-Tests, Factor Analysis, Correlations Coefficient, etc.

5.1. HYPOTHESIS: (Null Hypothesis)

All the personal and demographic attributes significantly emerged to predict the factors such as economical cost, satisfaction and medical tourist commitment

6. ANALYSIS AND INTERPRETATION OF DATA Demographic Characteristics of the sample Respondents:

The Below table 1 shows that frequency distribution of the sample respondents who Chennai on the basis of their income, age, education, gender and occupation. From the total 300 sample respondents who participated in the study 43.3 percent belong to age group between 45 and 55 and also 49 percent are having technical education and 32 percent are professional degree holders. It is also to be noted that 41.7 percent are working in non-Government and 32 percent are working in Government Organization. The classification of Income is mentioned under 4 levels. The comparative study of the income levels which are below 25 lakhs accounts through 32.7 percent and Income between 45-55 lakhs. The ranges 31 percent of the respondents.

Demographic Characteristics of the sample Respondents
 (Non- Residence Indians and Foreigners) Table - 1

Personal & Demographic factors	Category	Frequency	Percentage	Valid Percent	Cumulative Percent
Age	Below 25	20	6.7	6.7	6.7
	25-35	39	13.0	13.0	19.7
	35-45	50	16.7	16.7	36.3
	45-50	66	22.0	22.0	58.3
	50-55	64	21.3	21.3	79.7
	55-60	30	10.0	10.0	89.7
	Above 60	31	10.3	10.3	100.0
	Total	300	100.0	100.0	
Gender	Male	177	59.0	59.0	59.0
	Female	123	41.0	41.0	100.0
	Total	300	100.0	100.0	
Level of Education	College Level of Education	57	19.0	19.0	19.0
	Professional Degree	96	32.0	32.0	51.0
	Technical Education	147	49.0	49.0	100.0
	Total	300	100.0	100.0	
Nature of Occupation	Government	96	32.0	32.0	32.0
	Non- Government	123	41.0	41.0	73.0
	Self	81	27.0	27.0	100.0
	Total	300	100.0	100.0	
Income (Rs.in Lakhs)	Below 25	98	32.7	32.7	32.7
	25 to 35	27	9.0	9.0	41.7
	35 to 45	82	27.3	27.3	69.0
	45 to 55	93	31.0	31.0	100.0
	Total	300	100.0	100.0	

Source: Compiled from the primary data

I Hypothesis (H₀):

All the personal and demographic attributes significantly emerged to predict the factors such as economical cost, satisfaction and medical tourist commitment.

RESULT OF COEFFICIENTS OF PERSONAL DEMOGRAPHIC FACTOR ONECONOMIC FACTOR

Table - 2

Hailing	Model	Unstandardized Coefficients		Unstandardized Coefficients	t	Sig.
		B	Std.Error	Beta		
NRI	(Constant)	.125	.398		.315	.753
	Age	.039	.052	.057	.757	.450
	Gender	.047	.159	.022	.295	.768
	Education	-.116	.108	-.083	-1.077	.283
	Occupation	.002	.104	.001	.020	.984
	Income	-.048	.066	-.054	-.729	.467
Foreigner	(Constant)	.025	.422		.059	.953
	Age	.081	.049	.173	1.839	.045
	Gender	.196	.178	.115	1.103	.273
	Education	.185	.111	.172	1.664	.099
	Occupation	-.042	.104	-.040	-.400	.690
	Income	-.118	.065	-.183	-1.817	.072

Dependent Variable: Economic Factor Source: Calculated Value

The above table 2 shows the result of coefficients of dependent variable of economic factor of medical tourism. The above table also shows the statistical significance of each of the independent variables of five personal and demographic variables. It is concluded that none of the personal and demographic variables has fail to create impact on medical tourism economic factor for NRI concern. However, the age is an important predictor for Foreigners concern to predict the economic factor.

RESULT OF COEFFICIENTS OF PERSONAL DEMOGRAPHIC FACTOR ONMEDICAL TOURIST SATISFACTION FACTOR

Table - 3

Group	Model	Unstandardized Coefficients		Unstandardized Coefficients	t	Sig.
		B	Std.Error	Beta		
NRI	(Constant)	-.265	.374		-.707	.480
	Age	-.012	.048	-.018	-.246	.806
	Gender	.47	.149	.023	.312	.755
	Education	-.034	.101	-.026	-.336	.737
	Occupation	.219	.097	.160	2.247	.026
	Income	-.048	.062	-.057	-.776	.439
Foreigner	(Constant)	-.070	.490		-.143	.886
	Age	-.113	.058	-.210	-1.961	.043
	Gender	.268	.207	.137	1.298	.198
	Education	.092	.129	.075	.709	.480
	Occupation	-.001	.121	-.009	-.009	.993
	Income	-.019	.075	-.251	-.251	.802

Dependent Variable: Satisfaction Factor

Source: Calculated Value

The above table 3, shows the result of coefficients of dependent variable of satisfaction factor of medical tourism. The above table also shows the statistical significance of each of the Independent variables of five personal and demographic variables. It is found that regarding NRI concern the “**occupation**” of respondent was significantly emerged to predict their overall satisfaction over medical tourism. Moreover “**Age**” is emerged to predict the

satisfaction for foreigner’s concern.

RESULT OF COEFFICIENTS OF PERSONAL DEMOGRAPHIC FACTOR ONMEDICAL TOURIST COMMITMENT FACTOR

Table - 4

Group	Model	Unstandardized Coefficients		Unstandardized Coefficients	t	Sig.
		B	Std. Error	Beta		
NRI	(Constant)	.173	.379		.455	.650
	Age	-.013	.049	-.020	-.264	.792
	Gender	-.005	.151	-.002	-.034	.973
	Education	-.102	.103	-.076	-.993	.322
	Occupation	.077	.099	.056	.777	.438
	Income	-.032	.063	-.037	-.507	.613
Foreigner	(Constant)	.911	.480		1.798	.061
	Age	-.005	.056	-.010	-.094	.926
	Gender	-.003	.202	-.002	-.015	.988
	Education	-.143	.126	-.119	-1.134	.260
	Occupation	-.053	.118	-.046	-.448	.655
	Income	.133	.074	.184	1.983	.045

Dependent Variable: Satisfaction Factor Source: Calculated Value

The table 4 above shows the result of coefficients of dependent variable of commitment factor of medical tourism. It also shows the statistical significance of each of the independent variables of five personal and demographic variables. It is found that regarding NRI concern the none of the personal demographic factor emerged to predict their overall commitment over medical tourism. However, “Income” is emerged to predict the tourist commitment over medical tourism for foreigner’s concern. Tables Second, third, fourth reveal that all the personal and demographic attributes emerge significantly to predict the economic, satisfaction and commitment factors. So, the hypothesis proved.

7. CONCLUSION:

A part from the Other Economic activities medical tourism is an important economic activity in the Chennai city. Where it has become the major contributor to the health economy. The gathered information suggests that there is a substantial number of patients travel to developing nations for the health care.

REFERENCES:

1. Amithaba Ghose, health tourism a case study for India, icfai university press, India, 2012.
2. Kouljyothi (2004): “medical tourism: the perfect cure”, express travel and tourism, July 2014.
3. Andreade ia Hoz-Correa, Francis Co Mounoz-leiva, Marta Backucz, past themes and future trends in medical tourism research: a co-word analysis, Tourism management, 2018, vol.65, pp200-211.. <https://doi.org/10.1016/j.tourman.2017,vol.1 no.3:13>.
4. Ratinder Kaur, jiwanjot kaur Hira, Medical touris in India – A Bird’s eye view, Gian-Jyothi e-journal, 2917. vol.7, issue 4. E-ISSN:2250-348x.