# MEDICAL TOURISM: BANGLADESHI CONSUMERS' CHOICE OF DESTINATION COUNTRY

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## ABSTRACT

The factors influencing medical tourism among Bangladeshi citizens remains an unexplored territory. This study is a pioneering attempt to gauge the preferences of medical tourism consumers from Bangladesh and to test a decision making model that determines their country of choice. In line with previous findings, this study found *cost of treatment* and *quality of services* to be important decision-making factors. Other decision-making factors identified were: *history of successful treatment*; and, the *image of the service provider (physician). Brand image of destination hospitals* significantly correlated with the *availability of culturally appropriate food (Halal food) and accommodation* in the packages provided. However, Bangladeshi consumers' preference of Malaysia as a destination over Thailand introduces a new element to decision-making factors, i.e. *religious and cultural relatedness*. The study empirically tests previous decision-making models of consumers of medical tourism and proposes relevant developments to capture the evolving nature of consumer behaviour within this service industry. This study provides useful information for practitioners of medical tourism as findings may be instrumental for the development of marketing strategies in promoting medical tourism.



Keywords: Medical tourism, decision making model, Bangladesh, consumer choice.


## INTRODUCTION

As emerging nations accelerate their economies, creating a wealthy middle class, swelling numbers of health care consumers are willing to travel to secure what they perceive to be high quality medical care (Karp, 2008). There are also growing numbers of uninsured patients in the developed world, facing high cost of medical care at home. They are travelling abroad to seek lower cost alternatives. A bidirectional flow of tourists seeking medical help is the new trend of the medical tourism industry (Horowitz & Rosensweig, 2008). This new trend has introduced an opportunity for many countries to develop a completely new industry providing services to this niche market of tourists. In 2005, for example, India, Malaysia, Singapore and Thailand attracted more than 2.5 million medical travellers (United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP], 2008). Singapore, India, Thailand, Brunei, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuania, Malaysia, the Philippines and United Arab Emirates are now emerging as major health care destinations. However, Asia remains the main region for medical tourism (Conell, 2006). By 2012, Asian medical tourism is expected to generate $4.4 billion a year (The Daily Star, 2006). Despite having attracted a lot of commercial attention particularly in the developing countries, this emerging field has only a few academic studies focusing on it. There are about a dozen of non-academic books available in the market on this subject and most of their focus is on Asian countries like India and Thailand and the nature of the services being provided by these countries. The demand side of this industry is often poorly understood even by the supplier countries that are designing their services only from a supplier perspective. It is now more important to understand the demand side of this service industry with the new emerging nations providing the industry with a new class of patient customers who have their distinct nature of social and cultural background. To the best of the authors' knowledge there has not been any studies considering the emerging supplier countries and the nature of the service

demands by the customers from these countries. This study looks into medical tourism consumers in Bangladesh and attempts to identify their major motivating factors in decision making when seeking overseas medical help. With growing population pressure and inadequate medical services the number of patients seeking foreign medical services has grown over the years. Understanding the dynamics of this phenomenon and developing guidelines for improvement of services in this sector is therefore identified as essential research areas.

## THE STUDY

### *Definition of Medical tourism*

The definition of medical tourism varies widely in the literature. Definitions varied in their considerations either of the supply side or the demand side of this service industry. Goodrich and Goodrich (1987, p. 219) defines healthcare tourism as 'the attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities', thus emphasising the supply side. Hall (1992) placed stronger emphasis on the demand side and viewed health tourism as comprising of three elements- staying away from home, health as the primary motive, and occurring in a leisure setting. Distinguishing health tourism from the wider tourism phenomenon is important as product perceptions on the part of both suppliers and consumers influence the extent to which more specialised travel experiences such as medical treatment are promoted to mainstream markets (Bennet, King, & Milner, 2004). According to Gupta (2004) medical tourism can be defined as the provision of cost-effective medical care to patients in collaboration with the tourism industry. Connell (2006) defined medical tourism as constituting a form of popular mass culture whereby individuals travel long distances to obtain medical, dental, or surgical services while being holidaymakers in a more conventional sense. Carrera and Bridges (2006) defined medical tourism as, 'organised travel outside one's natural health care jurisdiction for restoration of individual's health through medical intervention.' More recently, according to Bookman and Bookman (2007), 'the sale of high tech medical care to foreigners has come to be called medical or health tourism'.

It was important to define medical tourism for this study - in order to understand the behaviour demonstrated by the Bangladeshi consumers, the context has to be defined. A better understanding of the term should supply a parameter to judge the decision making factors of these consumers. These definitions for medical tourism are variant and sometimes unclear or too restrictive. For this research, a more holistic approach to the definition was used. Medical tourism is defined as the acts by a potential traveller seeking any kind of preplanned medical intervention in a foreign country for betterment of the patients' health.

### *Rationale of the study*

The ease of seeking medical treatment and services overseas contributes to the globalisation of the healthcare market. Segouin, Hodges & Brecthat (2005, p. 277) refer to globalisation as "the circulation of goods and services in response to criteria of efficiency". Cortez (2008) argues that healthcare services has one of the most "rapidly growing markets in the world". The growing trend of medical tourism is not merely seen on an individual patient basis- many corporations are also investigating the potential benefits of this form of tourism. For example, employers are

considering medical outsourcing as an option for their employees, in order to experience significant cost savings. Numerous employer-sponsored insurance plans are comparing the cost savings of offshore healthcare with the unknown risks of treatment abroad (Marlowe & Sullivan, 2007). Medical tourism makes a significant contribution to many of the world's economies, with statistics showing that the industry worldwide generates about US $60 billion annually. Medical tourism in Malaysia, Thailand, Singapore, and India alone is projected to generate more than US $ 4.4 billion per year by 2012 (Singh, 2008). The sector's proceeds in India are estimated to reach as much as US $4 billion a year by 2012 (Bookman & Bookman, 2007; Singh, 2008). Singapore set itself the target of attracting more than US $1.6 billion (Medical tourism, Asia's growth industry, 2006). This expected growth has been made possible for two basic reasons. The first is, from the supply perspective where some developing countries have focused on attracting tourists/patients to come for treatments. The government of India introduced a 'medical visa' to boost the medical tourism sector (BBC News, 2005). This allowed patients to obtain visa for the duration of their treatment and extend it for up to a year, a unique feature which does not exist within the regular tourist visa category. Initiatives from many of these countries have certainly demonstrated their intention to conform to the demand from the global market. The second reason for this achievement points to the demand side of the market where newer countries from the developing nations have started seeking this kind of service. However, whether or not suppliers have understood their customers rightly requires investigation. It is even more important to have a better understanding of the emerging markets of this industry because the traditional sources of medical tourists, the countries from the west, have already been targeted by existing renowned suppliers such as Singapore and Thailand.

Therefore, the new entrants to this industry need to understand alternative markets and the nature of these customers to design a market strategy to become competitive in the industry. Often the success of medical tourism depends on quelling the fears of prospective patients. The consideration of travelling from a developed country to a developing country for medical treatment may require breaking stereotypes. But a patient travelling from a developing country may have different perceptions from their Western counterpart. Medical tourists from these developing and underdeveloped countries may consider additional benefits before choosing a country of their destination other than only the cost and quality factors; predominantly identified in many of the previous literary works in this field (Horowitz & Rosenweig, 2008; Palvia, 2007). Bangladesh has maintained more or less a stable economic growth rate of GDP at around six percent (6%) annually over the last five years (World Bank, 2010). There are affluent middle class and higher middle class groups who have gathered the capability of seeking overseas medical help and they are actively looking for options to avail this kind of service. This study explores the attitudes and beliefs of Bangladeshi medical tourists deciding on their country of destination to seek medical services. As a result the study identifies the needs from a demand perspective of the new emerging segment of this industry.

*Existing theoretical models*

The theory of planned behaviour (TpB) is a widely used psychological model that examines the factors influencing behaviour (Ajzen, 1991). It allows the identification of important influences on behaviour in order to predict and change such behaviour. The theory contends that behaviour is most proximally predicted by behavioural intention, if the person has control over performing

it. Further, behavioural intention is predicted from three antecedents: attitudes about the behaviour; perceptions of important others' approval of performing the behaviour (subjective norms); and perceived control over performing the behaviour. The behavioural intention depends on the perception of the behaviour in relations to one's self. If the person holds a negative belief towards an outcome of one's behaviour (e.g. finding a very competent and well trained doctor in a developing country is unlikely), he/she will be more likely to refrain from that behaviour, compared with someone who has a positive belief towards that behavioural outcome (e.g. finding affordable and private health care in developing countries is more likely) (Ajzen & Fishbein, 1980). Subjective norms can be summarised as the value given to the opinions of the people important to them (e.g. friends and family). Whether they would approve the behaviour or not is important in this case. Finally, according to this theory, a person's perceived ability to carry out such behaviour through to completion will influence the intention to perform the behaviour.

Smith and Forgione (2007) developed a two-stage model that indicates the factors that influence a patient's decision to seek health-care services abroad. The theory explains that the decision has two phases: the first phase involves the choice of country from which to seek medical help. At this phase the potential medical tourists consider economic conditions, political climate and regulatory policies when deciding on the country of choice. The choice of the international medical facility is made in the second phase and according to the theory involves costs, physician training, quality of care and accreditation.

Heung, Kucukusta and Song (2010) propose an integrated model including both the supply and the demand side of this industry. They incorporated the factors of advertising and distribution channel, country selection aspects, hospital selection aspects and physician selection aspects on the demand side. They also proposed infrastructure/superstructure, promotion, quality and communication to be included in the supply side of their model. This model summarises the earlier models and takes a holistic approach to understanding the medical tourism phenomenon.

This study incorporates theoretical factors identified in the above-mentioned theories and incorporates them in its own framework to identify their applicability and relevance for the Bangladesh market. The framework developed for this study considered *quality consciousness*, *cost consciousness*, *the image/goodwill of the physician*, *the location of the service provider* and *the availability of suitable food and accommodation* as major factors influencing the decision of patients from Bangladesh in choosing a country for medical assistance.

*Methods*

To investigate the importance of the factors in decision making for Bangladeshi medical tourists, the researchers gathered information from existing medical tourism users of Bangladesh. The data was collected through a questionnaire survey. All the participants were given a letter from the researchers explaining the context of the research focus. All participation was voluntary. If the participants wanted to withdraw, they were free to do so at any time. For this survey, the variables of interest were the identified factor that influences the medical tourism users' attitude towards a decision of a destination country. The stratification factor used was the location of the respondents. This factor was chosen because it seemed reasonable to suppose that it was related to people's attitudes. Simple random samples are then selected from each stratum. The study was

conducted in one location only, in the city of Dhaka inside Bangladesh, due to time and budget constraints. The population were dwellers of the Dhaka city. The samples were collected randomly from Dhaka city who might be a potential tourism service user. The researchers randomly distributed the questionnaire among 150 potential tourists waiting in cues in front of the Singapore, Indian, Malaysian and Thailand embassies. These embassies were selected as they were believed to be the major destination of Bangladeshi medical tourists seeking overseas medical help.

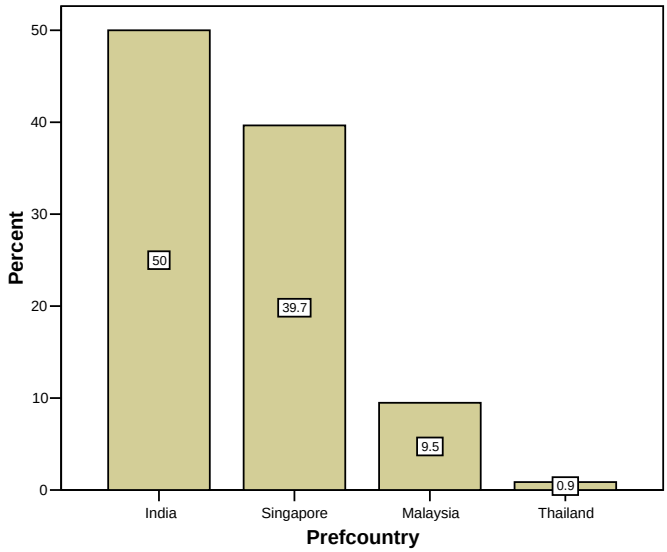
A structured questionnaire was used in this study to collect data from customers. The researchers utilised ten different sets of questions to measure the variables. In the questionnaire, there were two basic sections, the first containing the demographic details of the respondents and the second being the user behaviour of the respondents. Question number 1 with all its subsections were used to collect data about the respondents' demography. Questions 2-10 were designed to collect information about the consumption behaviour of medical tourism users from Bangladesh. After the analysis of collected questionnaire only 116 responses were accepted as usable samples from the population.

## RESULTS

The sample demonstrated a set of results that establishes characteristics of the uses behaviour and the trend of medical tourists seeking similar services from overseas market. The majority of the patients aspiring to seek medical tourism services were predominantly male (74.1%). The majority (69%) of the sample taken from this population were aged 40 and over, indicating that the majority of medical tourism users from Bangladesh is likely to be of middle age. Many respondents (40.5%) had stated a Master's degree as their educational qualification. Almost forty five percent (44.8%) of the respondents indicated Government service as their profession. Almost forty percent (39.7%) of the respondents were found to be earning around US$1371-US$2914 annually which is much higher than the average per capita income of US $520 for Bangladesh (World Bank, 2009). The majority of the respondents (77.6%) were married and the religious profile demonstrated a predominantly Muslim segment (93.1%). This is in alignment with the Muslim prevalence of the total population (88%) (Ministry of Foreign Affairs and Trade NZ, 2010).

In response to the question asked to give reasons for seeking medical services overseas, the two large segments identified quality of service (47.5%) followed by the cost effectiveness (37%) as the reason. This emphasised the quality and cost sensitivity of patients from Bangladesh. The preferred country of destination for the patients from Bangladesh were in the following order; India (50%), Singapore (39.7%), Malaysia (9.5%) and Thailand (0.9%) (Figure 1). Thailand being an established medical tourism destination in the world trend was previously believed to be a preferred destination over Malaysia, for the Bangladeshi customers. But this study shows that Bangladeshi patients preferred Malaysia over Thailand. The justification of this preference can be correlated with the findings that these patients gave high importance on the availability of *Food and Accommodation* facilities similar to their ethnic and religious culture.

**Figure 1: Country of Preference of Bangladeshi Medical Tourist**




When asked to grade the importance of different factors in making the country of choice decision on a five point likerts scale (1 being less important and 5 being very important) the highest importance demonstrated was on *quality*, *cost* and *the image of the service provider (Physician)* as shown in Table 1.

Table 1: Importance of various factors weighted on a five point likerts scale

| | N | Mean | Std. Deviation |
|---|---|---|---|
| **Quality** | 116 | 4.7586 | 0.52121 |
| **Cost** | 116 | 4.4828 | 0.65252 |
| **Image of the service provider (physicians)** | 116 | 4.4138 | 0.69868 |
| **Food and Accommodation** | 116 | 3.7931 | 0.82901 |
| **Location** | 116 | 3.6293 | 0.75216 |
| **Brand (Hospitals)** | 116 | 3.6638 | 0.81234 |

The expected budget of expenditure for these patients was US$5000-US$10000. About sixty percent of the patients (59.5%) had an expected budget at this range. Almost fifty percent (47.4%) of the respondents preferred to travel with a family member when seeking treatment in an overseas country.

Contrary to the findings of earlier studies, *visa accessibility*, *the quality of services received from the travel agents* and *the local representatives of the hospitals while preparing for the trip* were identified by the respondents in the sample from Bangladesh as not being very important in the decision making process.

## DISCUSSION

The results found in this study correlates with some of the earlier findings of studies of similar nature (e.g. Bookman & Bookman, 2007; Connell, 2006; Palvia, 2007). It reemphasises that *quality* is important for customers in this industry. Bangladeshi consumers of the medical tourism industry have demonstrated similar preferences while making their choice of country; however most respondents had given equal weight-age on *cost effectiveness*. This is contrary to the findings of an earlier study (e.g. Ehrbeck, Guevara, & Mango, 2008) where the importance of *lower cost medical care* were found to be a minor factor in choosing a country in seeking medical help. This particular type of cost-concsious/quality-concsious niche of the total market was identified to be the fourth largest segment having nine percent of the total market share in an earlier study (Ehrbeck et al, 2008). Although this is only a small proportion of the total market this segment was believed to have the greatest potential for growth. As the price of treatments varies greatly around the world, patients can save significant amounts of money, depending on the procedure sought.

The segment from Bangladesh can be profiled as highly price sensitive patients seeking quality services at a cost effective price. They usually travel with family members and they give high importance on the availability of culturally-sensitive food and accommodation (possibly Halal for patients coming from the Muslim nations) to cater their religious needs. A strong element in the Malaysian strategy for medical tourism service providers from Malaysia has been to capitalise on its image as a Muslim country, with easily available Halal food and convenient accommodation for practising Muslims (Leng, 2007). As the results of this study reflect, this strategy is working effectively as there seems to be a preference by Muslim consumers from Bangladesh to Malaysia as a destination country over Thailand. When a correlational analysis was carried out (Table 2) in this study there was a significant correlation found with the preference of location and the availability of appropriate food and accommodation.

Table 2: Correlational analysis of Food/Accommodation and location

| | | **Food and Accommodation** |
|---|---|---|
| Pearson Correlation | **Location** | 0.573 (**) |
| | N | 116 |

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

The biggest hurdle that medical tourism has had to face, and continues to face, is the challenge of convincing distant potential visitors that medical care in relatively poor countries is comparable with that available at home, in outcome, safety and even in dealing with pain thresholds. Bangladeshi consumers' attitudes towards the destination country are somewhat free from this prejudice as they are visiting a relatively richer nation to seek medical services and thus expectations on quality are normally high. This quality is also perceived by the patients through the interpretation of branding of a particular hospital. Bangladeshi patients give high importance to the branding of the hospital and the image of the physician who is providing medical services to the patient. This has been demonstrated in the correlational analysis (Table 3) where there is a

significant positive correlation with the location and the brand of the hospital and image of the physician.

Table 3: Correlational analysis of Food/Accommodation and location

| | | Preferred Country | Image of the physician | Location | Brand |
|---|---|---|---|---|---|
| Pearson Correlation | **Preferred Country** | 1 | 0.047 | 0.205(*) | 0.121 |
| | **Image of the physician** | 0.047 | 1 | 0.294(**) | 0.217(*) |
| | **Location** | 0.205(*) | 0.294(**) | 1 | 0.435(**) |
| | **Brand** | 0.121 | .217(*) | .435(**) | 1 |

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

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

Another important country that has been identified by the Bangladeshi customers as the most preferred nation for seeking medical help is India. India uses word of mouth communication mode of marketing to disseminate information about their services aggressively (Gopal, 2008). In India, Apollo hospital has been a forerunner in attracting medical tourism in India. On an average it attracts around 95000 tourists many of whom are of Indian subcontinent origin (Gopal, 2008). The group has tied up with hospitals in Mauritus, Tanzania, Bangladesh, Yemen and Srilanka. This country promotes itself as the global centre for medical tourism offering everything from ayurvedic treatment to complex coronary bypass surgery and cosmetic surgery. To become the most important global hub for medical tourism it has upgraded its technology, absorbed western medical protocols and emphasized low cost and prompt attention. The proximity of the country plays an important role in choosing India as a destination for seeking medical help by the Bangladeshi patients. The similarity in food habits and languages spoken and understood by the Indian population may also influence the Bangladeshi patients to decide on India as a destination country. This preference for India questions the applicability of the proposed model of *Theory of Planned behaviour (TpB)* in understanding the behaviour of the medical tourists from Bangladesh. A typical Bangladeshi medical tourist should seek a country where they might have perceived control over the outcomes, referrals from their acquaintances and an assurance that they can complete the task as described in the theory. However, Bangladeshi customers have preferred a country like India compared to Singapore that has a widely accepted reputation of being a destination country for medical tourists. Thu, there may be other factors, such as *cultural similarity* and *availability of culturally sensitive food and accommodation,* that play major roles in deciding a country of choice for medical tourism.

## CONCLUSION

This study was undertaken to understand the consumption behaviour of medical tourists from Bangladesh and has offered another view of this largely unexplored Bangladeshi market. As the economy of this country is becoming stronger, it is expected that the consumption of this particular service will increase within Bangladesh. Countries seeking to explore this market should consider the recommendations of this study.

Destination marketers who are planning to enter this market should have a holistic marketing plan to ensure the best outcome. The following recommendations are thus made:

- Cost is of major concern for consumers of this market. Therefore effective pricing should be considered.
- Marketing individual success stories of physician expertise through word of mouth can be an effective marketing strategy as the consumers from Bangladesh value the physician's reputation.
- As food and accommodation is important for consumers of this niche market it is suggested that packages are prepared which include these facilities in the price.
- Quality can be demonstrated in this market through effective branding of the service provider organisations. Consumers value the brand image of the organisation they are planning to seek service from when deciding on a destination location.
- As government employees are the major receiver of this service, special packages can be designed giving priority to this segment.

Further research in this field may include the following themes: (1) the supply of medical tourism in a given region or country could be analyzed through qualitative methods, combined studies encompassing both the supply and demand perspectives to develop a more effective model of decision making in this industry; (2) a longitudinal study of a given medical tourism destination that would allow in-depth analysis of both supply and demand side and (3) a cross cultural study could be carried out to compare the medical tourism consumption behaviour between two or more regions in the future.

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