

Social Structure and Its Transformative Impact on Medical Tourism: A Study on Chhattisgarh Demography

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Abstract

The complicated interactions between Chhattisgarh's social structure and the expanding medical tourism industry are explored in this research paper. The study recognises the possible differences in accessibility and use of medical tourism services, as well as the diverse experiences of various social groups. This study used non probability sampling technique for the purpose of gathering state-wide data on medical tourism. The research hypothesis contends that socioeconomic variables influence the chance of seeking medical assistance. The employment of chi-square test reveals that, there is a statistically significant association between socioeconomic variables and availing medical services. Auxiliary, the ANOVA test showed that the reported levels of availing medical services across different socioeconomic variables are not entirely equal. This study intends to contribute to an informed and equitable approach to medical tourism in Chhattisgarh by adopting a holistic viewpoint that takes into consideration the complex interactions between social structure, cultural dynamics, and healthcare practices.

Keywords

Social structure, Medical tourism, Chi-square test, ANOVA, Empirical investigation

1. Introduction

India's social structure is a convoluted framework that covers an assortment of societal elements, includes cultural diversity, the caste system, family values, and community dynamics. India is a popular travel destination for medical tourists from throughout the world due to a variety of socioeconomic factors. However, it also raises issues that must be resolved in order to guarantee the longevity and morality of the medical tourism sector. India is a desirable location for medical tourism because of its inclusiveness and cultural richness. The central Indian state of Chhattisgarh has been steadily gaining attention as a prospective spot for medical tourism. The state's appeal as a centre for medical tourism has been aided by the expansion of its healthcare system, the availability of specialist medical facilities, and the accessibility of qualified medical personnel. The accessibility of age-old medical techniques like Ayurveda and Yoga has been inspired by Chhattisgarh's rich legacy and cultural diversity. Medical travellers looking for complementary and natural therapies may find these holistic healthcare strategies to be appealing. The state's cultural legacy enhances the medical tourism experience, transforming it into more than only a medical journey but also a cultural and rejuvenating one. The social structure of Chhattisgarh, with its strong familial and communal ties, can make it easier for local and foreign patients to get specialized medical services. Patients may find local networks and community support helpful in navigating the healthcare system and locating trustworthy medical professionals for particular treatments. Due of the low cost of medical operations compared to those in other areas or nations, medical tourists frequently seek treatment in Chhattisgarh. This accessibility draws patients looking for affordable, high-quality healthcare. Medical tourists' experiences may be influenced favourably by Chhattisgarh's social structure, which places a strong emphasis on family values and local support. Local communities may offer patients assistance for their rehabilitation and post-treatment care, boosting their general satisfaction and wellbeing throughout their stay in the state. The social structure of Chhattisgarh has a big impact on medical travel there. The opportunity to draw medical tourists looking for unusual and holistic experiences is made possible by the cultural diversity, affordable healthcare services, and traditional therapeutic traditions.

2. Review of Literature

Today's society depends heavily on the tourism industry, which is also growing in importance globally. In the current era of globalization, technological advancement and economic

divergence have produced favourable conditions for tourism. (Saluja et al., 2022) explored the effects of tourism on the local residents and alternate means of subsistence for Varkala locals. A mixed method approach (qualitative and quantitative) has used to accomplish the research's goals and objectives. The research concludes that, tourism is the major source of livelihood for the local communities. (Bhardwaj et al., 2017) examined the web marketing materials that promote Argentina as a growing location for cosmetic procedures. (Kuzey et al., 2021), (Bowers & Cheer, 2017) looked at the rise of two linked tourism trends: yoga tourism and spiritual tourism, which both fall within the wellness tourism category. These ruminations form the basis of this study. It is examined why people travel for yoga and what that means for yoga and spiritual tourism in general. (Mohamad et al., 2012) There is mounting evidence that medical tourists use medical travel facilitators to help them avoid making crucial preparations like selecting reputable providers and making sure their vacation plans go smoothly. (Park et al., 2018) These facilitators are crucial in the interaction between potential patients in one nation and medical facilities in other countries when it comes to medical tourism. (Gupte & Panjamapirom, 2014) advocated the development of medical tourism. A systems perspective on medical tourism is offered in the section Medical Tourism through a Systems Thinking Perspective. (Law et al., 2022) examined how a community sensitivity index (CSI) might be used to quantify the elements that affect local governments' ability to attract investment in Australia. (Sarkar et al., 2021) Medical tourism, which might involve international travel, is the practice of leaving a patient's own country or region only to seek medical services. (Ganguli & Ebrahim, 2017) examined the elements that distinguish Singapore as a competitive medical tourism destination; this case study adopts a qualitative methodology. Based on a holistic perspective, this study has demonstrated that integrating various medical tourism growth methods with sensible public policies and proactive management practices has produced notable benefits for the mutual success of tourism (Bahety, 2022).

(Suess et al., 2018) identified factors affecting the economic performance of medical tourism, general community satisfaction, health care satisfaction, and attitudes toward medical tourism. These factors have an impact on residents' perceptions of medical tourism's impact on community wellbeing, which in turn has an impact on their willingness to pay higher taxes and support for medical tourism development. (Mathijssen, 2019), (Taheri et al., 2021) It is crucial for Medical Tourism providers to understand the marketing and patient recruitment processes. Word of mouth (WoM) is still the most significant acquisition route in this industry, according to research. (Reddy & Qadeer, 2010) examined the potential for medical travel to India and

places it in the context of Asia. It charts changes in policy as a result of the expansion of a tertiary corporate health sector that is concentrated in urban areas and is subject to little regulation and oversight. (Jiang et al., 2022) Find the important elements driving the growth of health tourism in China. In order to do this, a theory of intra-industry trade was established in the first stage, and quantitative techniques were used to identify the key variables. In one of the most popular tourist destinations in the world, (Godovykh & Ridderstaat, 2020) looks into how the volume of tourists affects the physical health of the locals. (Hunter-Jones et al., 2022) suggested classifying service demands into three categories: emotional, informational, and environmental in the context of medical tourism. (Lovelock & Lovelock, 2018) identified four elements that have an impact: the medical procedure; individual factors (such as travel history, resiliency, traveling companions); destination factors; and economic considerations. The findings (Heung et al., 2011) show that the primary obstacles to the growth of medical tourism are policies and regulations, government backing, expenses, capacity issues, and the healthcare requirements of the local population.

The literatures conclude that there is a complex interaction between the state's distinctive social structure and the expanding industry of medical travel. The review of previous studies and scholarly discourse highlights the need of comprehending how Chhattisgarh's diverse social makeup affects people's engagement in seeking healthcare treatments outside of their country of residence. Future, the research gaps recognised by illuminating the material by performing empirical studies that look deeper into the connection between Chhattisgarh's socioeconomic structure and medical tourism. Chhattisgarh may manage the changing terrain of medical tourism with an informed and equitable approach by adopting a holistic perspective that takes into account the delicate interplay between social structure, cultural dynamics, and healthcare practices.

3. Objectives

- To examine the role of social influences in impelling individuals' decisions to employ in medical tourism
- To investigate the social inferences of medical tourism on local communities and healthcare systems
- To identify the socio-economic benefits and challenges of medical tourism for destination states

3.1 Research Hypothesis

- *Hypothesis 1:* Individuals with higher socioeconomic class are more likely to go on medical retreats than people with lower socioeconomic status.
- *Hypothesis 2:* Medical tourism positively influences local communities by stimulating economic growth, creating job possibilities, and encouraging cross-cultural interaction.
- *Hypothesis 3:* Medical tourism augments infrastructure growth in destination states, including healthcare amenities, transportation, and hospitality services.

4. Research Methodology

Research methodology acts as a blueprint for the methods, procedures, and tools utilized in data collection, analysis, and interpretation, ensuring the reliability and validity of the study results. The term "research methodology" refers to a broad variety of components, such as the research design, data collection methods, sampling procedures, and data analysis techniques.

The detailed explanation is shown in Table 1.

Table 1: Research Methodology

Research Design	Descriptive
Data Collection Source	Primary and Secondary Sources
Variables	Dependent Variable: Medical Tourism Behaviour (Engagement in medical retreats) Independent Variables: Socioeconomic Status (Continuous or
	categorical based on income, education, occupation, age and gender)
Population	Individuals seeking healthcare services in selected districts of Chhattisgarh
Data Collection Tool	Structured Questionnaire
Sampling Technique	Non Probability Sampling
Sampling Method	Purposive sampling
Statistical Software	SPSS 29.0
Statistical tools	Chi- square test, ANOVA and Regression

4.1 Data

This study used purposive sampling under non probability sampling technique for the purpose of gathering state-wide data on medical tourism spending in both rural and urban areas. A sample of 486 households from selected districts of Chhattisgarh was surveyed. It is critical to take into account the socioeconomic and demographic characteristics of state households as we investigate role of social influences in impelling individuals' decisions to employ in medical tourism. In order to better understand household characteristics such size, occupation, religion, social groups, and monthly consumption spending, socioeconomic and demographic data were gathered. At the individual level, it gathers data on age, gender, marital status, degree of education, and usual major activity status of household members.

The detailed explanation of socio demographic variables is shown in Table 2.

Table 2: Socio-Demographic Variables

Socio-Demographic Characteristics	Values in Percentage (%)
Age	
Less than 40	28
40-60	57
60 and above	15
Gender	
Female	48
Male	52
Education	
Up to Intermediate	19
Up to Graduate	47
Post Graduate and above	34
Marital Status	
Never Married	16
Married	76
Others (Widowed, Divorced)	8
Economic characteristics	
Occupation	

Professionals	19
Govt. and Pvt. Service	53
Self Employed	28
Income	
Less than 250000/-	46
250000- 750000	32
Above 750000	22

4.2 Data Analysis

In order to find significant patterns, trends, and insights, data must be carefully examined, cleaned, transformed, and interpreted. It entails using a variety of statistical, computational, and graphical tools to interpret unstructured data and derive insightful knowledge from it.

Data analysis plays pivotal role in decision making, because it enables people and organizations to make well-informed decisions that are supported by facts rather than feelings. The Medical Tourism Behaviour serves as the study's dependent variable and the factors associated with Socioeconomic Status are independent variable.

Chi Square Test

A statistical technique used to ascertain whether there is a significant correlation between two categorical variables is the chi-square test. It determines whether the categorical data's observed frequency distribution significantly deviates from what would be predicted if the variables were independent of one another. In the present study, effort has made to determine whether the likelihood to use medical services and a person's age are significantly correlated. Similarly, the likelihood to use medical services and a person's Gender, Education, Marital Status, Occupation and Income are significantly correlated. The research hypothesis contends that Age, Gender, Education, Marital Status, Occupation and Income does, in fact, influence the chance of seeking medical assistance, contrary to the null hypothesis, which holds that these socio- demographic variables and using medical services are unrelated. The data would be examined using a chi-square test to assess whether there is sufficient data to reject the null hypothesis in favour of the research hypothesis.

H_1 : Age has a significant impact on the likelihood of availing medical services.

H_2 : Gender has a significant impact on the likelihood of availing medical services.

H_3 : Education has a significant impact on the likelihood of availing medical services.

H_4 : Marital Status has a significant impact on the likelihood of availing medical services.

H_5 : Occupation has a significant impact on the likelihood of availing medical services.

H_6 : Income has a significant impact on the likelihood of availing medical services.

The detailed explanation of chi- square test values are shown in Table 3.

Table 3: Chi Square Test Table (Dependent Variable: Medical Tourism Behaviour)

Variables	Pearson Chi-Square Value	Asymptomatic significance Designated level 0.05 alpha	Findings
Age	0.7152	0.0325	Accept the hypothesis
Gender	0.5245	0.0823	Reject the hypothesis
Education	0.6235	0.6252	Reject the hypothesis
Marital Status	0.2562	0.03265	Accept the hypothesis
Occupation	0.2541	0.01458	Accept the hypothesis
Income	0.3526	0.03652	Accept the hypothesis

Table 4: ANOVA Table

Hypothesis	F Value	Significance (Designated alpha level 0.05)	Findings
There is a significant difference in availing medical services among the different age groups.	0.582	0.0383	Accept Hypothesis
There is a significant difference in availing medical services among the different occupation groups.	0.457	0.0265	Accept Hypothesis
There is a significant difference in availing medical services among the different income groups.	0.628	0.8963	Reject Hypothesis

Dependent Variable: Medical Service Acceptance

Regression Analysis:

Regression analysis is used to test the hypothesis that "Medical tourism positively influences local communities by stimulating economic growth, creating job opportunities, and promoting cross-cultural interaction." Interpreting the results of a regression analysis entails evaluating the coefficients, statistical significance, and overall fit of the regression model. The coefficients in the regression equation show the relationship between the dependent variables (in this case, economic growth, job opportunities, and cross-cultural contact) and the independent variable (in this case, medical tourism).

Economic Growth: If the correlation between medical tourism and economic growth is positive and statistically significant, it shows that an increase in medical travel is linked to a rise in the local economy. This would imply that medical tourism aids in the growth of the nation's economy.

Job opportunities: A positive and significant coefficient for medical tourism in terms of job opportunities shows that the rise in medical tourism is associated with an increase in employment opportunities within the community, presumably in the healthcare industry and adjacent businesses.

Cross-Cultural Interaction: The presence of medical tourists is connected with enhanced cross-cultural interaction, which may result in cultural interchange and diversity in the community, according to a positive and significant coefficient for the two variables.

Table 5 exemplify the regression table.

Table 5: Regression Table

Model	R	R Square	F Value	Significance (Designated alpha level 0.05)
Regression	0.83	0.6889	41.235	0.0000

- a. Predictors: (Constant), Medical tourism
- b. Dependent Variable: Economic growth, Job opportunities, and Cross-cultural contact

5 Findings and Analysis

The chi square test values 0.0325, 0.0423, 0.6252, 0.03265, 0.01458 and 0.03652 depicting for Age, Gender, Education, Marital Status, Occupation and Income respectively reported in Table 3, rejects/ accepts the hypothesis. In order to conduct the test, a contingency table—a two-dimensional table that depicts the frequencies of two categorical variables were compared to

the expected frequencies that would be anticipated if the variables were independent. The null hypothesis of independence between the variables is rejected if the calculated chi-square value is noticeably higher than what would be predicted by chance (that is, if it exceeds a specific critical value at a specified significance level). This implies that there is a link or relationship between the variables. The chi square test statistics between Age and availing medical services reveal 0.0325 significance value. This demonstrates that the observed data considerably deviates from what would be predicted based on the independence assumption. We can see here that $p = 0.0325$. This tells us that there is a statistically significant association between Age and availing medical services; that is, with the rise in age, individuals are more prone towards availing medical services. We have enough evidence to support the research hypothesis based on the p-value.

Similarly, the chi square test statistics between gender and availing medical services reveal 0.0823 significance value. This tells us that there is no statistically significant association between gender and availing medical services; that is, with the change in gender, individuals need not to move towards availing medical services. Also, it can be concluded that gender and availing medical services are independent to each other. Gender has a no significant impact on the likelihood of availing medical services. Likewise the test result derived from the calculation of chi- square test accepts the hypothesis stating that, Marital Status, Occupation and Income have a significant impact on the likelihood of availing medical services with the test value 0.03265, 0.01458, 0.03652 all lies within the acceptance region. This tells us that there is a statistically significant association between Marital Status, Occupation, Income and availing medical services; that is, an individual needs to avail medical service due his occupation type and income level. Contrary to this, Education has no significant impact on the likelihood of availing medical services.

The results of the ANOVA test (Table 4) shows that the mean levels of availing medical services among the different age groups varied statistically significantly ($F = 0.582$, $p 0.0383$). This shows that the reported levels of availing medical services across different age groups are not entirely equal. Similarly, there is a statistically significantly difference ($F = 0.457$, $p 0.0267$) among the different occupation. This shows that the reported levels of availing medical services across different occupation groups (professional, salaried and selfemployed) are not entirely equal. Subsequently, post hoc analyses using Tukey's Honestly Significant Difference (HSD) test were performed. The post hoc tests' findings show that salaried class individuals

have significantly higher mean levels of availing medical services, while professionals and self-employed has significantly lower mean levels of availing medical services.

Examining the coefficients, statistical significance, and overall fit of the regression model are important considerations when interpreting the findings of a regression analysis to test the hypothesis that "Medical tourism positively influences local communities by stimulating economic growth, creating job opportunities, and encouraging cross-cultural interaction."

The R-squared value shows how much of the variance in the dependent variables can be accounted for by changes in the independent variable (medical tourism). A higher R-squared value suggests that the model fits the data more accurately.

Here, it is worthy to state that R square value of 0.6889 derived from Table 5 implies that variations in medical tourism can account for a 69% variation in economic growth, employment opportunities, and cross-cultural interaction. Remaining, 31% accounts for other variable which is required to be identified at later stage and thus, become the future scope of research. The significance value (commonly abbreviated as "Sig." or "p-value") in a regression table represents the likelihood that the observed link between the independent variable(s) and dependent variable is the result of random chance, assuming that there is no genuine relationship in the population. The p-value is often regarded as statistically significant if it is lower than the selected significance level (for example, 0.05 or 0.01). The present research indicates (Table 5) that there is substantial support for an association between the independent variable (Medical tourism) and the dependent variable (Economic growth, Job opportunities, and Cross-cultural contact).

6 Discussion

Health care planning, resource allocation, and public health policies may be significantly impacted by associations between various age groups (below 40, 40–60, and over 60) and availing of medical services. The need of preventative care, leading a healthy lifestyle, and getting regular check-ups might be emphasized in health education programs directed at the younger age group. Given that the 40–60 age group may be more likely to need medical services, healthcare resources can be allocated to meet their needs, including services for managing chronic diseases and issues with aging-related health.

Planning, policy, and service delivery in the healthcare industry may be significantly impacted by the relationships between various occupations (professional, service class, and entrepreneur) and the use of medical services. A need for healthcare services catered to professionals' unique

health concerns and schedules may be indicated if they are much more likely to use medical services. Extended clinic hours, telehealth options, or specialized preventative care programs can be part of this. Service class employees are more likely to use medical services, which can help direct the creation of easily accessible and reasonably priced healthcare solutions for this population. Initiatives like community health centers or corporate wellness programs may be helpful. Entrepreneurs frequently work irregular hours and have hectic schedules. Given their larger propensity to seek medical care, technologies like mobile clinics or flexible appointment schedulers may be developed to meet their demands.

Further the relationship between a person's marital status (both married and unmarried) and their use of medical services can have significant effects on how well they are treated, how well they are supported by their community, and how public health policies are implemented. Married people may emphasize preventative treatment more than unmarried people, which may result in early identification of health issues and better overall health outcomes. This is indicated by the fact that married people tend to use medical services more frequently.

The results from ANOVA table imply that occupation affects people's happiness with healthcare in different ways. The tendency for service class employees to report higher levels of availing medical services may be explained by possible factors, such as stress and dissatisfaction towards work. Contrarily, self-employed and professionals report comparatively lower levels of availing medical services, which could be explained by possible causes including job satisfaction and interest towards performing the particular task.

7 Conclusion & Recommendations

In conclusion, Chhattisgarh's complex socioeconomic structure has a considerable impact on how medical tourism develops in the state. The complicated environment for medical tourism is influenced by the various cultural heritages, socioeconomic divides, and differential access to healthcare services among various population segments. Due to variables like economic stability and awareness, some social groups might find it simpler to participate in medical tourism, whereas others can encounter obstacles that prevent them from doing so. It is crucial that decision-makers and stakeholders take into account the state's complex socioeconomic fabric as Chhattisgarh develops as a destination for medical tourism. Chhattisgarh can take advantage of the potential of medical tourism to not only boost its economy but also to promote equitable healthcare access and general well-being for all of its citizens by addressing

disparities, fostering inclusivity, and customizing healthcare services to accommodate the unique needs of various social groups.

In the light of above stated facts, recommendations for resolving the influence of Chhattisgarh's socioeconomic structure on medical tourism call for a diversified strategy that considers the various demands and difficulties of various social groups. First and foremost, it is precarious that the government and other relevant parties invest in extensive healthcare services and infrastructure in both urban and rural areas to ensure accessibility for all. By allowing locals to take advantage of medical developments and relieving the burden on urban areas, this will encourage a more equitable distribution of the advantages of medical tourism. The development of sustainable medical tourism packages that are suited to various socioeconomic backgrounds might result from partnerships between private healthcare providers, local communities, and governmental organizations. Medical treatments could be more affordable for a wider spectrum of people in the state. The impact of Chhattisgarh's socioeconomic structure on medical tourism should also be regularly assessed through increased research and data collection initiatives. Regular studies can offer opportunities for course correction based on changing trends and needs as well as important insights into the efficacy of adopted tactics.

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