UNIQUE BUYING BEHAVIOUR IN MEDICAL TOURISM

A STUDY ON MEDICAL TOURISM FROM PEOPLE'S REPUBLIC OF BANGLDESH TO INDIA

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DECLARATION

"I do hereby attest that I am the sole author of this project/thesis and that its contents are only the result of the readings and research I have done". The dissertation titled "Unique Buying Behaviour in Medical Tourism, A Study on Medical Tourism From The People's Republic of Bangladesh to India" Submitted for the Award of Doctorate in Marketing at University of Selinus, faculty of Business and Media; is my original work and the dissertation has not formed the basis for the award of any degree, associateship, fellowship or any other.

The material borrowed from similar titles other sources and incorporated in the dissertation has been duly acknowledged.

The research papers published based on the research conducted out of the course of the study are also based on the study and not borrowed from other sources.

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ABSTRACT

India , the 7th largest country in the world and 3rd largest in terms of purchasing power parity has established itself as one of the leading medical value travel destinations in the world. Attracting patients from over 120 countries, the Medical Tourism which is referred as 'Medical Value Travel' in India has established itself as an industry with an averagee growth rate of 15-20% YOY in leading corporate chains. From zero waiting time to cost , from best of technology to best of manpower, Indian healthcare has multiple reasons that keeps it a top notch medical travel destination. The last decade showed how seriously Indian healthcare providers have evolved, there are over 275 accredited hospitals with world class infrastructure and over 22 JCI-USA accredited hospitals. Indian healthcare produces the largets number of medical professionals with over 1.2 million allopathic doctors and over 2 millon nurses . A considerable segment of doctors get trained in the best centers in the western world which adds to the quality of clinical outcomes in India.In Asian segment, the largest medical tourism outflow happens from two countries, Bangladesh in South Asia and Indonesia from S.East Asia. This study is about India's largest Medical traveller source, Bangladesh and the uniqueness of their buying behaviour. This study was based on 3 years of primary data from India's largest private sector hospital group, the Apollo Hospitals. In general medical tourism buying behaviour is around the following aspects.

1. Non availability of a clinical service in home country
2. Cost factor
3. Superior technology in the destination
4. Travel/Accessibility
5. Waiting list in home
6. Funding /insurance support
7. Word of Mouth.

With these , the reason to travel can be for availing elective surgery/cosmetic or super speciality care. However, in the case of Bangladesh medical travel segment to India, apart from all these applicable factors, there was a unique aspect as well, that was availing primary healthcare and preventive healthcare in India . This Buying behavior is based on emotional aspects, trust factors and not based on purchasing power or understanding of clinical outcomes. The study will examine the data available, the repeat buying aspects and impact of word of mouth. The respondants included were selected using judgement sampling from the primary data provided by Apollo Hospitals in Chennai. Information was obatined from the respondents using questionnaire instrument of data collection using 5 point Likert scale.The data was analysed using frequencies (percentages, tables and graphs) and descriptive statistics(MeanandMedian)

The study revealed the reasons for the uniqueness of Bangladeshi medical travellers buying behavior of primary healthcare services as part of cross border medical care and the factors that leads to such a unique buying behaviour for a low income medical traveller segment.

Information was obtained from the respondents using questionnaire instrument of data collection using 5 point Likert Scale. The data was analyzed using descriptive statistics and frequencies. Likert scale assessment of survery was performed using Mode analysis. (percentages, table and graph). The survey clearly established the peculiar cross border healthcare buying behavior of India's largest medical traveller source market. This is also a showcase of how 'brand equity' has thrived over 3 decades for India's largest private hospital chain, the Apollo Hospitals group.

It is therefore recommended to those in the field of medical value travel to ensure that the healthcare services offered can be for preventive and curative as the buying behaviour pattern of Bangladesh medical travellers establish. The cost, care and clinical outcome factors remain the biggest 'deciding' factor than distance. The Bangladesh cross border medical travel segment to South India (India's multiple land border access and air connectivity to multiple cities establishes this).

CHAPTER 1- Introduction

1.1Introduction To Medical Tourism

Medical tourism has become a thriving industry in the recent past. Tourists from around the world cross borders in search of the right kind of medical treatment. The Organization for Economic Co-operation and Development describes medical tourists as those who "travel across international borders with the intention of receiving some form of medical treatment." Some of the estimates values medical tourism industry at $45.5 billion to $72 billion. Leading destinations within the medical tourism market include Malaysia, India, Singapore, Thailand, Turkey, and the United States.

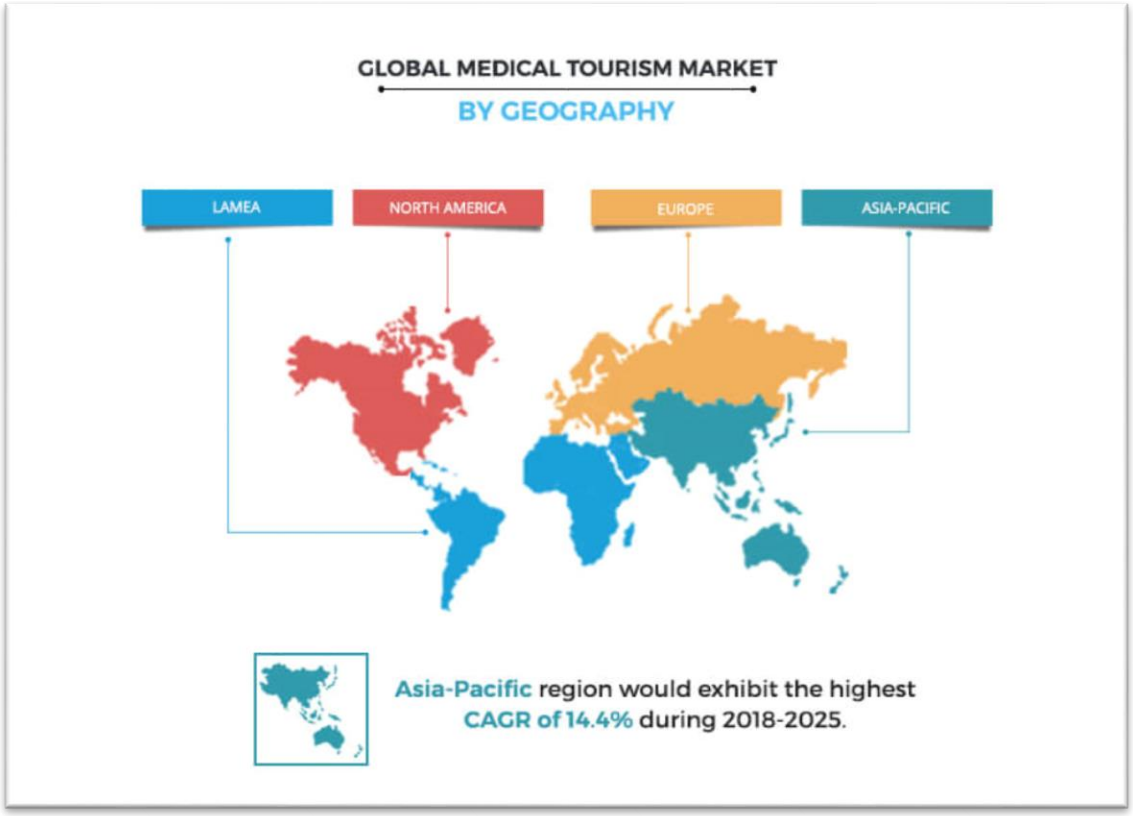
These countries offer a range of medical services that include dental care, cosmetic surgery, elective surgery and fertility.A lot of the countries sought out for treatment are developing. Some of the reasons why medical tourists seek out these countries are because they offer the latest medical technologies, high quality of service, and health insurance portability. Many developed countries might have a much higher cost of treatment.

The constant growth in the globalisation of health has led to the rise of medical tourism. International trade in health services has also enhanced medical tourism. While most people prefer to treat their conditions closer to home, certain parameters might often become obstacles while seeking medical treatment. In some cases, certain specialists or state of the art treatments are not available at a convenient location. Sometimes, the patient may be subject to a long waiting list.Cost, by default, is one of the most important factors. Health tourists mostly seek equivalent treatment in countries that can provide them services at a more affordable cost.

Table-1: The Case Mix

The initial medical value travel segment was around the neighbourhood countries and over the years with more air connectivity the clinical reasons changed and covered a wide spectrum of disease patterns. This includes primary care to super speciality to cosmetics. The over all serious medicine involvement made the cost of service more relevant. A study conducted by McKinsey and CII in India showed a comparison of anormal tourist's daily spent at USD 60$ versus a medical travel spending an average of over 200$ per day. The table illustrated the way the segment in terms of medical tourism is expected to change for the period 2017-2025(Table 1). We need to see how the current pandemic impact would change the buying behaviour as well.

Growth Segments- Global Medical Tourism Market



Graph -1: Global Medical Tourism Market- By Geography

By estimates, the Asia-Pacific segment will have the highest compounded annual growth rate. This significance of this region is again due to the highest outflow of medicla travelllers from Indonesia and Bangladesh to their neighbouring countries. While Malaysia and Singapore followed by Thailand takes a big share of Indonesian medical travellers, India and Thailand are the primary destination of Bangladeshi medical travelllers. As a country, India receives over 2 million travellers from the People's Republic Of Bangladesh annually.

Globalisation & Medical Tourism

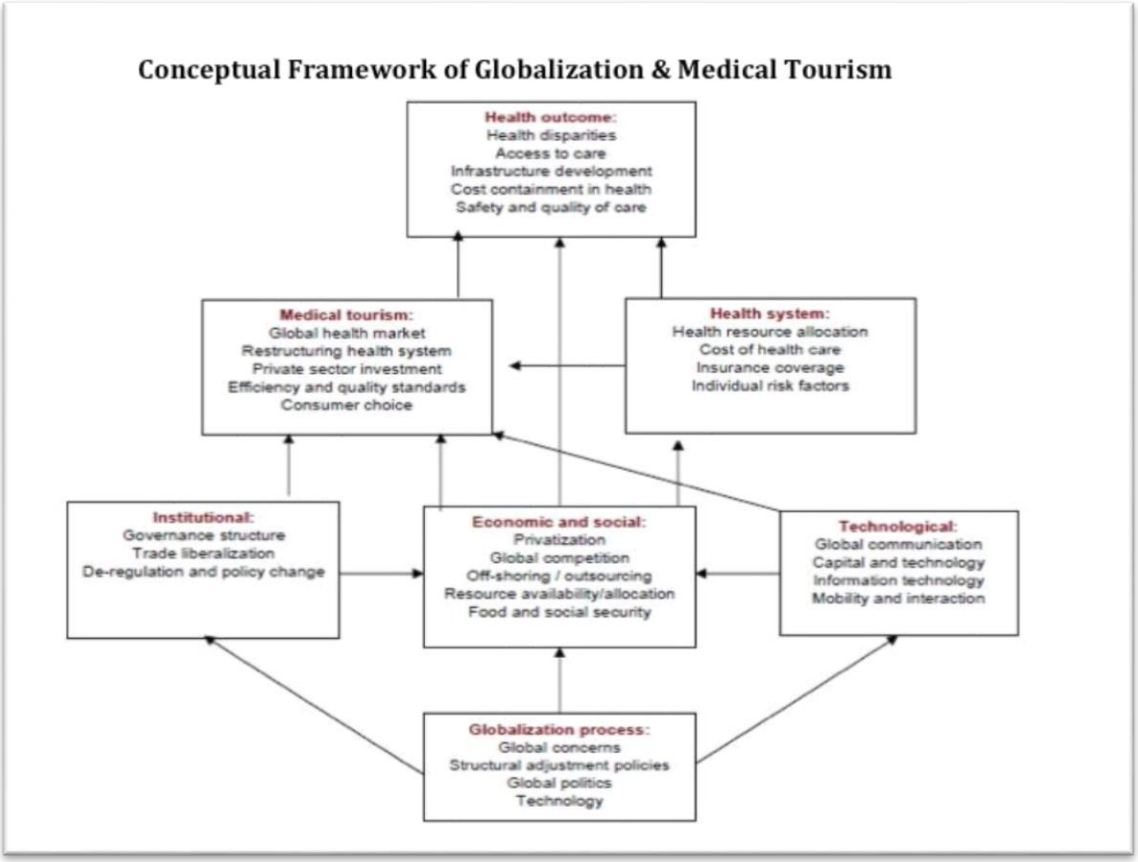


Figure1: Conceptual Framework of Globalization and Medical Tourism(Kelley,2013)

The International healthcare marketplace emerged in the late 19th century when patients from less developed parts of the world with the necessary resources to do so, began to travel to major medical centers in Europe and the United States. The reason for travel was to have diagnostic evaluation and treatment that was unavailable in their own countries. The situation is very different in the medical tourism model, where patients from highly developed nations travel to less developed countries, bypassing medical care that is offered in their own community but is inaccessible or undesirable to them. Medical tourists would prefer to have major surgery in their hometown hospital or regional referral center if they felt that

was a feasible or reasonable option. However, these patients feel pressed to balance their health needs against other considerations, and medical concerns may be subordinated to other issues. Modern technology enables potential medical tourists to investigate and arrange healthcare anywhere in the world from their home computer directly or with the advice and assistance of a medical tourism agency.

For patients from highly industrialized nations, the primary reason to have medical services in less developed countries is attractively low cost. Such cost-conscious patients choose to accept the inconvenience and uncertainties of offshore healthcare to obtain service at prices they can more comfortably afford.The opportunity to conserve limited financial resources and protect the equity in their home mollifies their uncertainties. A patient from the United States is likely to be a middle class adult requiring elective surgical care who has no health insurance or who has inadequate coverage. The other group pursuing medical tourism are people seeking cosmetic surgery, dental reconstruction, fertility treatment, gender reassignment procedures, and other treatments not covered by health insurance. The common feature in both groups is that their resources are adequate to purchase healthcare in low-cost medical tourism destinations but insufficient for them to comfortably have the same services in their local market.

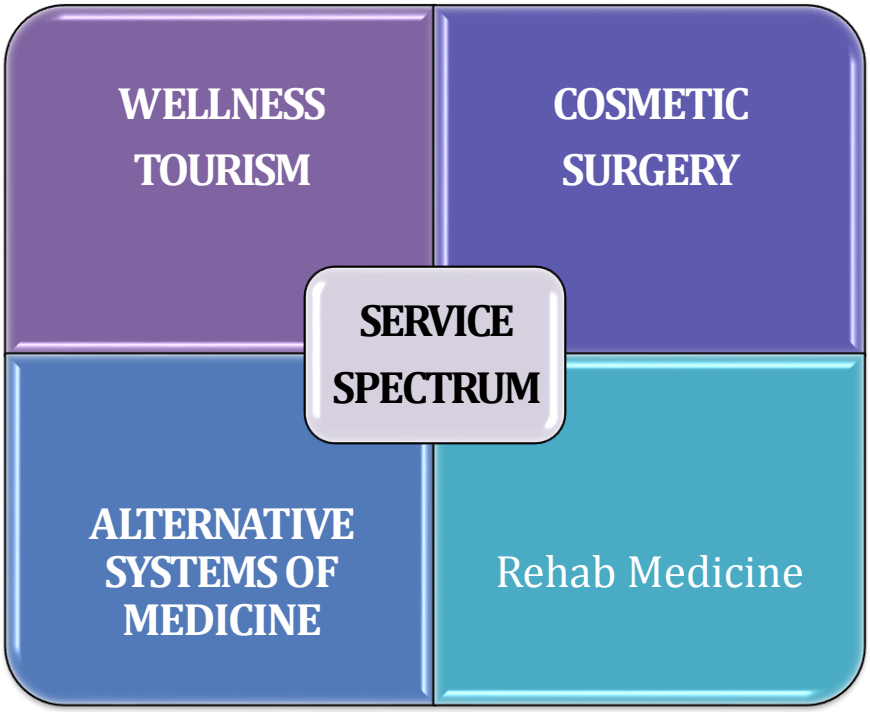
For patients from countries where a governmental healthcare system controls access to services, the major reason to choose offshore medical care is to circumvent delays associated with long waiting lists.

Patients also travel to offshore medical destinations to have procedures that are not widely available in their own countries. For example, stem cell therapy for any one of a number of problems may be unavailable or restricted in industrialized countries but may be much more available in the medical tourism marketplace. Some patients, particularly those undergoing plastic surgery, sex change procedures, and drug rehabilitation, choose to go to medical tourism destinations because they are more confident that their privacy and confidentiality will be protected in a faraway setting. Finally, some patients have medical care abroad for the opportunity to

travel to exotic locations and vacation in affordable luxurious surroundings. Although medical tourism agents and travel professionals may promote the "tourism" aspect of offshore care, the recreational value of travel has decreasing importance to patients with complex, serious medical problems (Dawn and Pal, 2011)

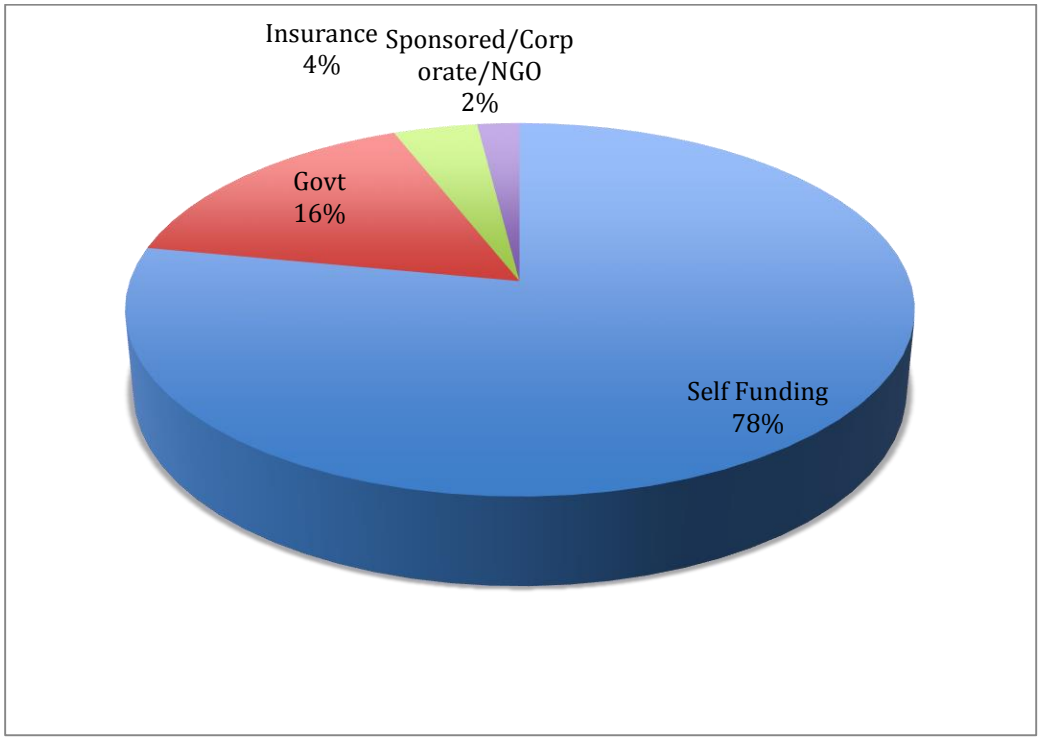
The primary reason that medical centers in developing countries are able to provide healthcare services inexpensively is directly related to the nation's economic status. Indeed, the prices charged for medical care in a destination country generally correlate with that nation's per capita gross domestic product, which is a proxy for income levels. Accordingly, the charges for healthcare services are appropriate for the level of economic development in which the services are provided. Low administrative and medicolegal expenses for overseas practitioners also contribute to the affordability of offshore medical care. For example, the professional liability insurance premium for a surgeon in India is 4% of that for a surgeon in New York.

The Service Spectrum – For Medical Travellers



The service spectrum shows us a broad base on how cross border healthcare is availed.While the buying behaviour is totally dependant on the country and it's healthcare model, lot of traditional aspects also leads to cross border healthcare. The Indian & Sri Lankan ayurveda is an example of alternative medicine with traditional attraction. Accupuncture, Energy healing etc have also gained attracting cross border medical travellers in the last two decades.

The Spending Pattern



Graph 2: The Medical Value Spending Pattern

It is important to understand on how a medical traveller pays for his or her healthcare buying. The current data shows that around 78% of medical travllers are self-funded. The reasons for this can be attributed to each country's healthcare system, the coverage by health insurance companies, non recognition of certain medical treatment modalities in one's home country or lack of technology. The buying behavior models in healthcare has to sensitively understand this 78% who forms the targets source of medical travellers. As such healthcare service works on 'word of mouth' and the customer attains a more prominent position when the fund is mostly from their savings. The consolidated target segments of an healthcare marketing personnel is that way limited to a government body (Eg:The overseas treatment referral authority of the Sultanate of Oman) , health insurance companies and may be few NGO's (mostly in Africa/South Asia).

Some Influencers – For Medical Traveller from the Providers Viewpoint

These are few identified stage wise factors that helps a medical traveller to access healthcare in a foreign country. Most of the large hospitals which are into medical travel goes through these as a check list for offering seamless access for their medical travellers.

- ✓ *PRE-PROCEDURAL STAGE*
  - ➢ *BRAND QUALITY*
    - International accreditation
    - Competence of Healthcare Professional
    - Quality of Clinical/Non-Clinical infrastructure
  - ➢ CONNECTIVITY WITH HOME COUNTRY
    - Physical & Digital connectivity
  - ➢ EASE OF INFORMATION ACCESS
    - Awareness
    - Access to information
    - Visa processing
    - Pre-procedural document analysis
  - ➢ VALUE OF TREATMENT
    - Quality medical treatment for good value
    - Travel and accommodation cost
  - ➢ AVAILABILITY OF SUPPORT SYSTEM
    - Medical insurance
    - Travel planner / Tour operator support
    - Payment modes

✓ *PROCEDURE STAGE*

- FACILITATION SERVICES
  - Transportation facility
  - Counseling on arrival
  - Admission process

- ENHANCING PATIENT EXPERIENCE
  - Linguistic assistance
  - Personalized coordinator
  - Comfortable accommodation
  - Customized infrastructure and facilities (Region & Religion wise)

- QUALITY OF TREATMENT
  - Treatment quality through Healthcare professionals
  - Confidentiality of information
  - Availability of Doctors
  - Patient Care by Administrative staff, nursesand paramedics

✓ *POST PROCEDURAL STAGE*

- POST PROCEDURE CARE
  - Rehabilitation support
  - Monitoring for Complications
  - Physical Therapy
  - Progress Check
  - Follow-ups & Medicine assistance

- PROCESS ASSISTANCE
  - Bill clearance
  - Medical insurance clearance

- ASSISTANCE FOR DEPARTURE
  - Post-treatment recuperation
  - Tour planner assistance
  - Departure to home country

- CONTINOUS FOLLOW-UP
  - Follow-up procedure from home country(Digital Medium)

1.2 Research Questions

This research seeks to understand the buying behaviour of medical travellers from Bangladesh to India , the deciding factors and it also covers how 'word of mouth and brand equity of Apollo Hospitals' plays a role in this. The response to these questions will give us sufficient perspective against conventional medical tourism buying behavior and the uniqueness of buying behavior from an emerging world perspective. The questions are prepared to on a 'likert scale' assessment mode and the options were given accordingly from Strongly Disagree to Strongly Agree pattern.

1) I prefer doing my preventive health checks at Apollo Hospitals Chennai.
2) I do travel once in a while to Apollo Chennai for basic health check or consultation.
3) I prefer having preventive health checks at Apollo Chennai at regular intervals.
4) I am fine to travel to Chennai, South India for health checks as I trust the health checks at Apollo Chennai.
5) I prefer travelleing to Apollo at Chennai for even primary medicine consulttaion as I believe in Apollo Chennai and their doctors.

6) I feel its important to have a primary doctor from Apollo Chennai and my friends and neighbours have done that from our locality in Bangladesh.
7) I prefer going to Apollo Chennai once in a year for consulting a dcotor or for health check than going to another city in Bangladesh for availing the same service.
8) It is not because I am affluent that I go to Apollo Chennai for doctor consultation but because I value my health.
9) I do preventive check up at Apollo even when I am escorting a patient
10) I trust preventive health check or consultation at Apollo Chennai based on my own preveious expeirence and word of mouth from my friends and relatives.

1.3 Research Objectives

The guiding objectives of the study is derived from the research questions. As such, this research aims at examining the buying beahvour and allied aspects. The research will aim at achieving the following specific objectives:

i. To understand the prevetive health buying behviour in cross border medical travel
ii. To examine the decsion factors
iii. To ascertain the effectiveness of positive word of mouth and brand equity
iv. To establish the buying behaviour from the lower middle class/ low income medical travellers.
v. To understand the uniqueness of 'health consciousness' to avail preventive health checks from India's largest medical travel source market.

1.4 Justification for the study

A study of this nature is possibly the first of its kind . The very subject is on its evolving stage especially in the South Asian segment. The worldwide medical travel researches have always focussed on the elective surgery segment, dental tourism, reproductive medicine segment etc. Again the much recognised Indonesia to Malaysia/Singapore medical travel segment also has been considered as an elite segment who can afford such care with cultural and religious similarities. When it concerns Bangladesh, the affinity to the big neighbour with close culture roots alone is not the reason. This is evident from the fact that the Bengali speaking India's West Bengal is also not chosen and Tamil speaking South Indian city of Chennai is chosen. The travel pattern itself is unique, the segment doesn't avail care even in India's capital city Delhi which has many hospitals or India's commericial capital Mumbai. The travel reason is something that needs specific study and may be related to a pre-independent period where a Missionary Hopistal near Chennai was offering medical care to neighbouring countries.

1.5 Scope of the Study

This study will evaluate the reasons critically on the cross border buying behavour by medical travellers to India and establishes the reason that beyond purchasing power, emotional and trust factors lead to medical travellers coming to India to avail primary healthcare and preventive healthcare. The study establishes the relevance of established word of mouth, how brand equity is cherished and how the trust leads to healthcare buying in the international medical tourism scenario.

1.6 Structure of Thesis

The thesis will be divided into five chapters. The first chapter will provide introduction to the study and guiding objectives of the study. The second chapter will provide the literature review, where the researchers will review what has been done and identify what is yet to be done as regards with the topic. Chapter three will be about the research methodology and the data souring .Chapter four is about data presentatin and its subseuqent analysis. Chapter five is about the summary and conclusion with implications for future study.

Chapter II:Literature Review

2.1 Indian Scenario- Medical Tourism

Indias emergence as the IT hub was followed by Indias emergence as a global healthcare destination.India has grown to become a top-notch destination for medical value travel because it scores high over a range of factors that determines the overall quality of care. Imagine a complex surgical procedure being done in a world class global hospital by acclaimed medical specialists at a fifth to tenth of what it normally takes! That's India. From quality of therapy, range of procedural and treatment options, infrastructure and skilled manpower to perform any medical procedure with **zero waiting time,** the list of benefits of travelling for medical treatment in India are many.

The high-end healthcare system in India is as good as the best in the world. India maintains not only a robust accreditation system but also a large number of accredited facilities (about 275 such facilities that match any global infrastructure). India has a good number (22) of JCI (Joint Commission International) accredited hospitals and compares well with other countries in Asia. These set of approved hospitals in India can provide care at par or above global standards.

Cutting edge technology to support medical diagnostics and medical procedures are employed by specialists in medical facilities. All recognized hospitals have invested a lot in supportive technology and operative techniques. Complicated heart surgeries, cancer care and surgeries, neuro and even general surgeries require high-end technology to continually better outcomes, minimize complications, enable faster recovery and reduce length of hospital stay. The recent advancements in robotic surgeries, radiation surgery or radio therapies with cyberknife stereotactic options, IMRT / IGRT, transplant support systems, advanced neuro and spinal

options are all available in India. India's medical management and acclaimed specialists are quite comfortable in challenging themselves to new frontiers to provide solutions, always building on their expertise.

TREATMENT	INDIA	USA	SINGAPORE	MALAYSIA	THAILAND	MEXICO
	(USD)	**(USD)**	**(USD)**	**(USD)**	**(USD)**	**(USD)**
HEART BYPASS	7000	1,30,000	18,500	9000	11,000	24,000
HEART VALVE REPLACEMENT	9500	1,60,000	12,500	9000	10,000	16,000
ANGIOPLASTY	6500	57,000	13,000	11,000	13,000	11,500
HIP REPLACEMNET	7020	43,000	12,000	10,000	12,000	12,500
HYSTERECTOMY	3000	20,000	6000	3000	4500	5500
KNEE REPLACEMENT	9200	40,000	13,000	8000	10,000	10,500
SPINAL FUSION	5500	62,000	9000	6000	7000	8000

Table 2: Comparison of procedure prices

Finest doctors

India has not only hospitals with world-class facilities but skilled world-class doctors and medical personnel too. The country has the largest pool of doctors and paramedics in South Asia (1.2 million Allopathic doctors, 0.17 million dental surgeons, 2 million nurses). Many of them have established their credentials as leaders around the world. India's medical history spans thousands of years through Ayurvedic and alternate medicine forms. There are about 0.8 million formally trained Ayurvedic doctors. With a large number of doctors, there is a high level of

competency and capability in adoption of newer technologies and innovation and fresh treatment methods. It is a wonderful example of higher quantity leading to higher quality and vice versa- Communicate, talk to the doctors in the accredited facilities prior to your visit and they will study your needs and customize the treatment for you!

Cost Factors

Quality of care is what attracts people. However, quality services should not be beyond the affordability of the patient who requires it. If quality comes at an affordable cost it is an unbeatable advantage. This confluence of highest quality and cost advantage is unique for India. The benefit is unimaginable when it comes to major treatments such as for leukemia where the difference in cost is 10 to 20 times. For other treatments, it could be anything from a fifth to a tenth when compared to Western countries and 80 to 90 per cent of what is charged in other South Asian medical destinations. The estimated 600,000 people who step into India from other countries do not do so for cheap healthcare but for quality healthcare at an affordable cost. They are not compromised at any level, but regain health at a fraction of the cost.

Fast Track – Zero Waiting Time

Quick and immediate attention for surgeries and all interventions are assured in India. Getting an appointment for bypass surgery or a planned angioplasty in certain countries takes almost 3-6 months and at a high cost. It is zero waiting time in India for any procedure, be it heart surgery, kidney care, cancer treatment, neuro-spinal procedure, knee/hip/joint replacements, dental, cosmetic surgeries, weight loss surgery etc.

Feeling the pulse

For greater understanding between patients and healthcare personnel, the warmth and hospitality of Indian hospitals is a big factor in choosing India as a healthcare destination. Among the top medical destinations of the world, India has the highest percentage of English language speaking people. Amidst the variety of culture and traditions, if there is one thing that is common in India, that is the English language. If other language options are essential, there are expert interpreters who will be arranged by the hospitals. All leading to reassuring hospitality and great after care.

Going by the number of medical visas issued for India, Chennai - which is the definitive healthcare capital of India - gets more numbers than any other city in India. The other cities, which are statistically noteworthy, are Delhi, Mumbai, Hyderabad and Bangalore and, as states, Kerala and Goa are very much in the race. Kolkata and Ahmedabad are the new entrants.

Chennai - The gateway to South India is renowned for its tertiary care facilities andcomparative low cost as compared to Mumbai and Delhi.

Delhi - As the national capital, well connected with all the major cities of the world, home toinstitutions like AIIMS, Apollo, Escorts, etc. Delhi comes a close second in attracting medical value travelers. However, non-medical expenses are higher here.

Mumbai – India's commercial capital, its well-connected airports make it a hub for medicaltourism. As in the case of Delhi, Mumbai's high priced non-medical charges makes its affordability a matter of need-based option.

Kerala: Kerala has pioneered India's wellness tourism with a host of renownedAyurvedacenters. However, it has failed to maintain this leverage especially with countries like Sri Lanka which is going heavy on wellness tourism. The cities of Trivandrum and Cochin have placed themselves well in attracting medical tourists. Trivandrum caters to 70% of Maldivians coming to India while Cochin with leading brands caters to Middle East traffic. The current trend is positive for Kerala.Other major cities like **Hyderabad**, **Ahmedabad** and **Kolkata** are all getting into the global foray with state-of-the-art facilities and international accreditations.

2.2 Indian Medical Value Travel & Source Markets

South Asia: Bangladesh, Afghanistan, Maldives and Sri Lanka are the major source marketsfor India's medical value segment. While Afghanistan inflow is to Delhi and Bangladesh to Kolkata and Chennai, Sri Lanka and Maldives- the trend is to Trivandrum, Chennai & Bengaluru. While Bangladesh and Sri Lanka have elaborate secondary care network, war torn Afghanistan and Maldives have issues with infrastructure

USA: An estimated un-insured population of 40 million and another under-insured 20million makes USA a very important target for all countries involved in the medical travel industry. The presence of a sizeable number of Indian doctors in the USA can become a very productive catalyst in increasing patient traffic to India.

Canada: Canada has a very long waiting period for elective procedures. To avail a specialistconsultation for an elective procedure, Canada, may require more than six months. This makes Canada a huge market of potential medical value travellers.

The United Kingdom : The NHS takes care of public health and the waiting list is a major problem. However,the NHS has taken steps to solve this by offering the option of treatment in other European Union countries.

Russia & CIS: This is an untapped market. The increasing buying power of the people andthe lack of adequate medical facilities in their country could make Russia and the CIS future entrants in India's medical value travel market. The CIS traffic is already being seen in Delhi and NCR.

Indian Ocean Islands: Fiji, the Seychelles, and Mauritius are major clients from this region.With a lack of medical facilities in these countries, the high cost of healthcare in their neighboring countries like South Africa (near the Seychelles) and Australia (near Fiji), the Indian advantage becomes evident both in terms of access and cost.

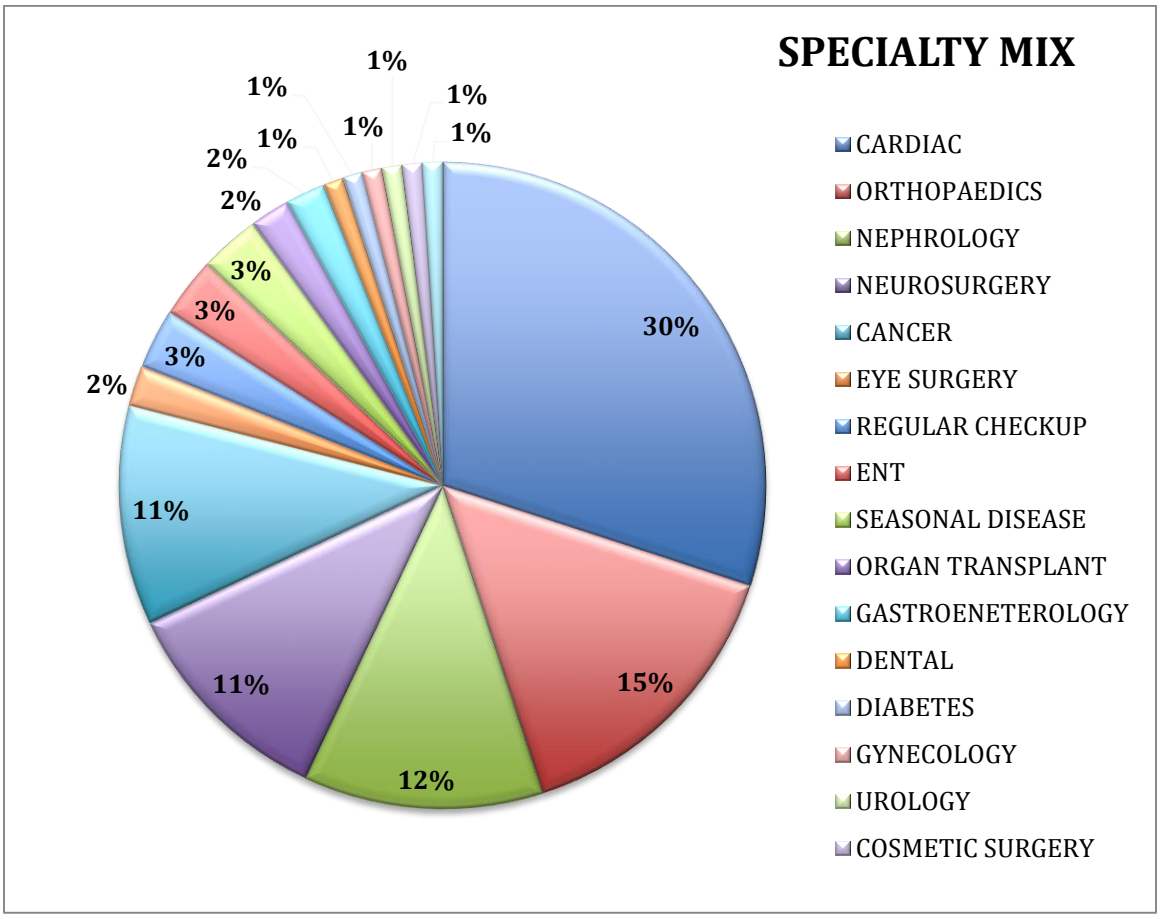
Africa: With over a billion people, this continent has huge healthcare delivery gap. TheEnglish speaking Africa comes to India and now even the French speaking ones. Within Africa, countries like Egypt, South Africa and Kenya are also medical travel destinations, however expensive in comparison.

The Middle East: Oman, Bahrain, UAE, KSA currently form a large chunk of the medical valuetravel market. Compared to SAARC countries, the affordability value of this group is considerably higher and hence its contribution to the earnings in this area forms a significant percentage.

2.3 The Case Mix (Specialty Mix)

Without this analysis , this study and its context will not be relevant. From the primary data availed from Apollo Hospitals and industry

perspetive data about Indian MVT, it was quite eveident that of all the medical specialities sought, the biggest segment was on primary/preventive health care . The following pie diagram shows this, around 30% of medical travellers (since this is a volume segment, its evident that this is from Bangladesh) comes to India for preventive healthcare. The segment is quite considerable at amacro level and this endorses the unique buying behaviour of medical travellers from Bangladesh .



Graph 3: The Speciality Mix

2.4Health Profile- People's Republic of Bangladesh

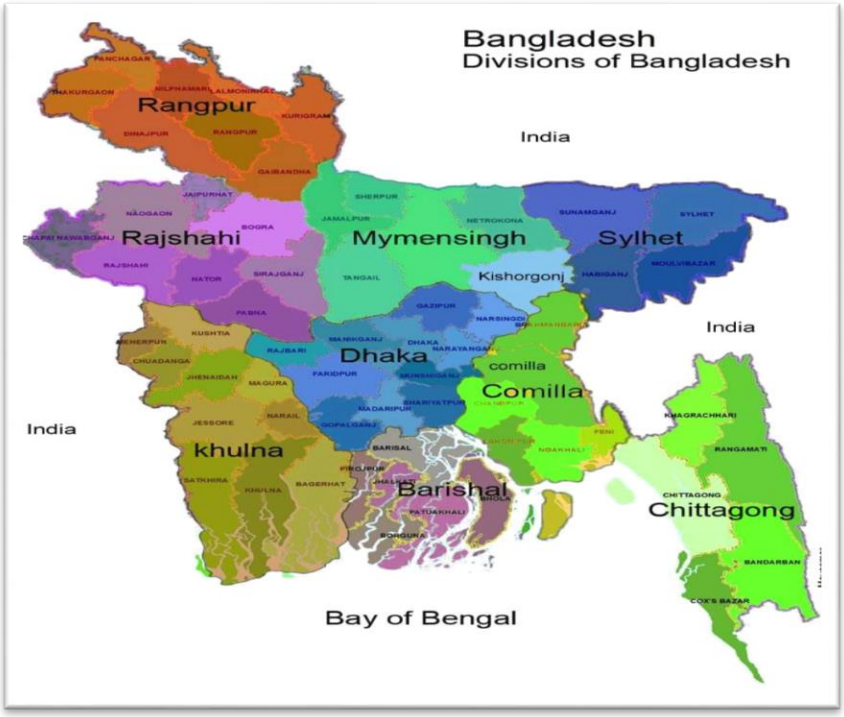
Bangladesh's economy has grown roughly 6% per year since 2005 despite prolonged periods of political instability, poor infrastructure, endemic corruption, insufficient power supplies, and slow implementation of economic reforms. Although more than half of GDP is generated through the services sector, almost half of Bangladeshis are employed in the agriculture sector, with rice as the single-most-important product.Garments, the backbone of Bangladesh's industrial sector, accounted for more than 80% of total exports in FY 2016-17. The industrial sector continues to grow, despite the need for improvements in factory safety conditions. Steady export growth in the garment sector, combined with $13 billion in remittances from overseas Bangladeshis, contributed to Bangladesh's rising foreign exchange reserves in FY 2016-17(The World fact book- Bangladesh,nd). Recent improvements to energy infrastructure, including the start of liquefied natural gas imports in 2018, represent a major step forward in resolving a key growth bottleneck.

Top 10 Causes of Death

1.Cancer 13%
2. Lower Respiratory Infections 7% ;
3.Chronic Obstructive Pulmonary Disease 7%
4.Ischemic Heart Disease 6%
5.Stroke 5%
6.Preterm Birth Complications 4%
7.Tuberculosis 3%
8.Neonatal Encephalopathy 3%
9.Diabetes 3%
10.Cirrhosis 3%

There are 3,976 healthcare facilities in the public sector and 975 privately-run hospitals / clinics. A survey by the Centre for International Epidemiological Training (CIET), Canada, showed that, in Bangladesh, 13% of treatment-seekers use government services, 27% use private/NGO services, and 60% unqualified services.

A study conducted by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh, found that the unavailability of doctors and nurses, their lack of drugs, waiting time, travel time, etc. contributed to the low use of public hospitals



Graph 4: Divisions of Bangladesh

Healthcare Profile

I. **Total population :** 162.7 million (July 2020 est)

II. **Population Growth Rate** 0.98%

III. **Urban population**: 38.2% of total population (2020) rate of urbanization: 3.17% annual rate of change (2015-20 est.)

IV. **Age Structure**

   a. 0-14 years: 26.48% (male 21,918,651/female 21,158,574)

   b. 15-24 years: 18.56% (male 15,186,470/female 15,001,950)

   c. 25-54 years: 40.72% (male 31,694,267/female 34,535,643)

   d. 55-64 years: 7.41% (male 5,941,825/female 6,115,856)

   e. 65 years and over: 6.82% (male 5,218,206/female 5,879,411) (2020 est.)

V. **Life Expectancy**

   a. male: 72 years ; female: 76.5 years (2020 est.)

   b. Country comparison to the world: 133

VI. **GDP :** $690.3 billion (2017 est.)

VII. **Per Capita :** $4,200 (2017 est.)

VIII. **Healthcare Expenditure :** 2.3% (2017)

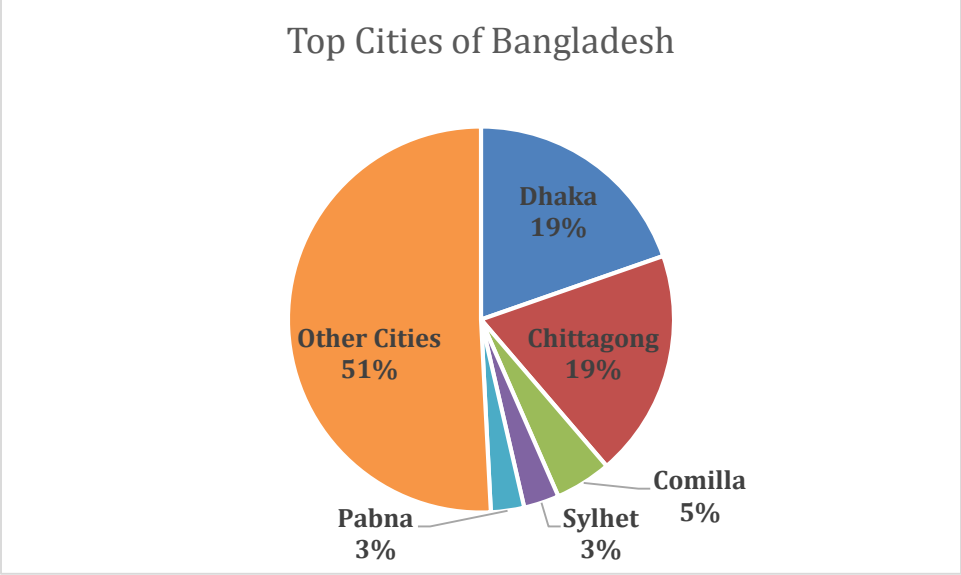
IX. **Hospital Bed Density** : 0.8 beds/1,000 population (2016)

The population of Bangladesh is about 133.4 millions. Majority of the population are Muslims; Hindus, Buddhists and Christians make up 13 percent of the entire population. Over 98 percent of the people speak Bengali; English however, is widely used. The entire country is broadly divided into six administrative divisions, namely, Dhaka, Chittagong, Rajshahi, Khulna, Barisal and Sylhet. This country governed by the Parliamentary democracy and it has a unitary parliament, named Bangladesh Jatia Sangsad. At the national level, the ministry of Health & Family Welfare

(MOH&FW) is responsible for policy, planning and decision making at macro level. Under MOH&FW, there are four Directorates e.g. Director General of Health Services, Director General of Family Planning, Directorate of Nursing Services and Directorate of Drug Administration.

There are an estimated 3.05 physicians per 10,000 population and 1.07 nurses per 10,000 population (estimates based on MoHFW HRD 2011). Health workers are concentrated in urban secondary and tertiary hospitals, although 70% of the population lives in rural areas (Country Case study (GHWA, 2008). Major challenges include: an overly- centralized health system, weak governance structure and regulatory framework, weak management and institutional capacity in the Ministry of Health and Family Welfare (MoHFW), fragmented public service delivery, inefficient allocation of public resources, lack of regulation of the private sector – which employs 58% of all physicians.

Medical Traveller – Outflow



2.5 Apollo Hospitals – The Provider of Healthcare Service.

In a research of this type of medical tourism , its important to conduct the study at a place which hadnles the lionshare of medical tourism to India. The Apollo Hospitals Chennai was selected for the study based on the same. The first and flagship hospital of Apollo Group which has over 73 hospitals across all major cities of India, the Apollo Hospitals Chennai is the largest in the group with an unmatched clinical bandwidth in the South Asian region. In the last three decades, Apollo has handled medical travellers from over 120 countries and is known for its pioneering efforts in making India a global healthcare destination. Apollo Chennai has introduced various state of the art technology in healthcare especially in the South Asian region. This includes India's first 320 slice CT Angio, Flat Panel Cath labds, first Davinci Roboti, first Cyberknife and in 2019 it introduced the first Proton Beam Therapy center in South Asia. Apollo Hospitals at Chennai handles the highest number medical travellers from Bangladesh and that was the reason for the researcher to select this hospital for conducting this research and to source primary data.

- ✓ 36th year of healthcare journey
- ✓ 25th year of Cancer Care
- ✓ Touched the lives of over 100 million Patients from 130 countries
- ✓ Over 200,000 Heart Surgeries
- ✓ Over 40,000 Joint Replacements
- ✓ Over 2600 Liver Transplants
- ✓ Over 12,000 Kidney Transplants
- ✓ Busiest Solid Organ Transplant programme in the world
- ✓ 1500 +Bone Marrow Transplants
- ✓ Clinical services for 54 specialties
- ✓ 9.5 million preventive health checks

2.6 The 7 Ps In Healthcare Marketing

In a research on unique consulmer behavior , we should undrstand how 7ps of healthcare marketing are levergaed by healthcare marketing professionals. This also connects the phyisician, patient (customer) and facility.

With more corporarte hospotals and their efforts for more market share, the retail outlook of hopsital marketing required an incorporation of 7ps of the marketing mix.

The marketing mix is not a new concept. It was originally developed in 1953 by Neil Borden, President of the American Marketing Association, to look at product, price, place and promotion. Since then it has been expanded to include people, process and physical evidence. The following elaborates the seven components of the marketing mix which translate into the healthcare delivery context.

Definition of the **Product** in Healthcare

To decide on a product offering requires the understanding of customers' needs and wants, and then to develop it accordingly. Within a health system, every customer wants to get healed, and this is different for eveyione. Two patients with a similar cancer diagnosis can have two modalities for treatment and one can be technology based and one can be cost based. Say a prostrate cancer patient can have radootherapy or open surgery or robotic surgery. Each of this is based on price, availibaility, infrastructure and the medicla resource apart from the choice of the customer The product here is the treatment plan which gets decided and offered based on multiple other factors. ,

Defenition of the **Price** – Can this be cost based?

To decide on a price requires both direct and indirect costs of providing the product/service. This should be based on the buying capacity of the customer and has to be in comparison to similar product or service. The customers are willing to pay based on the advanatge/ final benefit /success rate and in insurance guided market, the coverage factor when it comes to healthcare.

Understanding the costs involved involved will enable healthcare leaders to assess the profitability of individual services offered and to extend an appropirate pricing.

Todays customer has multiple choices in healthcare, the standalone services like lab networks, diagniostics to home health is prominent. The pricing has to carefully consider every aspect and locat offering based on clinical bandwidth to convince the customer.

Promotion – Healthcare

In marketing mix, the promotion aspect refers to the ways in which the healthcare providerconnects with its target customers needs and wants. This has to define the value proposition and that can convince the target customer. The USP's of what one offers vis a vis others is the prime objective hear. In healthcare, the promotion is core aspect of creating a positive word of mouth impact and sharing unqiue clinical milestones, latest technology etc are used in ATL and BTL reach .

People – The Important Factor

When it comes to normal buying and selling business, a client can return a product if they are not comfortable or if the product is fauclty. When it comes to healthcare service, it is an experiecne and buying based on trust. The entire buying of healthcare experience is based on intangible aspects. For healthcare providers, they can only offer the best possible clarity in terms of what is offered and help the patient and family to set realistic expectations. A well performed orthopedic surgery can be proved through a post operative x-ray, but if the pain management post surgery is ineffective, the service aspect or clinical success may not help. This can affect the perspective of the customer and create negative impact on future business. The healthcare organisations should have well trained human resources and should ensure that they can communicate well with the customers and these resources should have good interpersonal skills.

Processes – To Be Consistent

Processes define how a service is extended to the customer. In healthcare industry, the process is defined and efficiency is mapped on different matrix. The accreditations to infection control protocol to front office managemnt is about setting the right process and service delivery model. Today with technology, paper less/ cash less systems are integrated to help patients access healthcare in a hassle free mannner. Process will also indirect side , this can be post care follow up calls, call centers etc.

Physical Evidence- Creating Impact

Physical evidence refers to the factors that would help a customer perceive can see that impact the overall experience. Let say World Cup foot ball, the physical

evidence here is from the team jersey to official mascot to refreshment services amd each of this adds to the over all experience of watching the game.

In a healthcare delivery, from the look and feel of the lobby to every touch point for the patient, the clinical examination room, signages ,the diagnostic facility ambience to uniform of the staff members matters. The ease of movement, narrations inside the hospital also adds to the physical evidence.

CHAPTER III- RESEARCH METHODOLOGY

3.1 Introduction

The question of the appropriate research methodology that will be adopted in a typical research in management science borders on the question of the research inference and the outcome from such inference (Creswell, 2014). The success and validity of the research enquiries depends largely on the selection of appropriate research methodology. Similarly, appropriate methodology that should be adopted further depends on the guiding research question and the objectives the researcher aim to achieve (Creswell, 2014; Saunders, Lewis, & Thornhill, 2009). This research aimed at examining the effectiveness of Online marketing on integrated marketing communication. This chapter provides framework that addresses the philosophical perspective and inference of data collection method, instrument of data collection, data analysis and ethical factors relating to the study.

3.2 Research Philosophy

Research philosophies borders on the philosophical world view of the research effort and appropriate methodology. Following Saunders, Lewis & Thornhill (2009), the goals and objective the researcher aimed to achieve determines the philosophical world view the researcher adopts. The philosophical worldwiew determines the kind of data required to achieve the research objectives. The authors noted further that to answer the research question, an appropriate research method should be adopted to facilitates the collection of appropriate data used for the analysis. The type of data required to achieve the research objective determine the appropriate research design (Ichoku, 2015). According to Crewell (2014, p. 35), "Worldviews arise based on discipline orientations, students', the types of beliefs held by individual researchers based on these factors will often lead to embracing a

qualitative, quantitative, or mixed methods approach in their research". Figure 2 below illustrate the worldview(**Source:** Creswell, 2014, p. 35s)

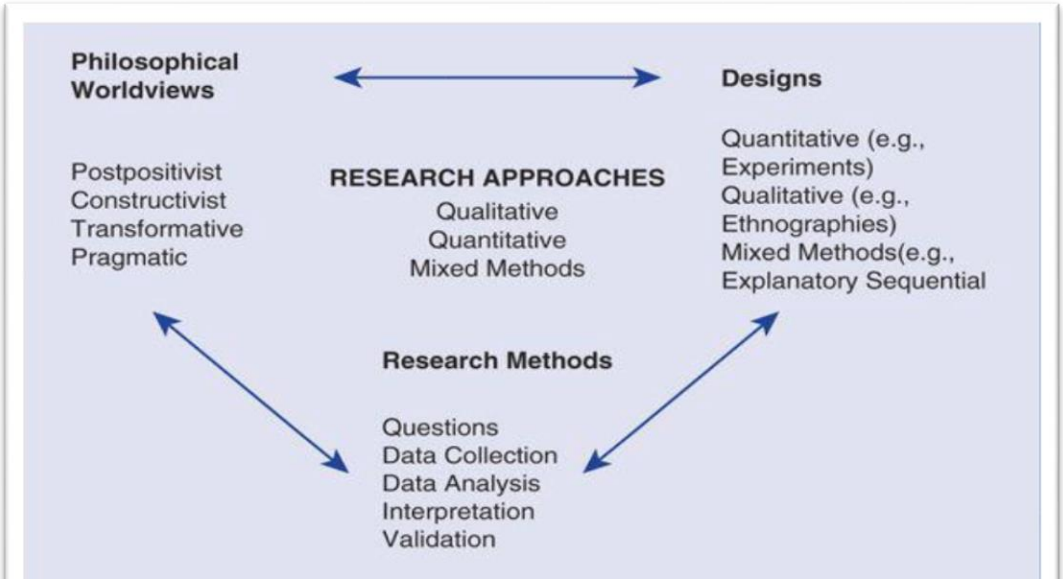


Figure 2: Philosophical World View

The philosophical worldwiew could be positivist (where issuesin the social world could be viewed through hard facts and the testing of ideas for truth through the process of observation, enabling generalization statement), constructivist, transformative (focuses more on meanings, values, motivations, interactions and other intrinsic and innumerate aspects of everyday life) and lastly the pragmatic approach that provides a mixture of the other extreme polar view (Creswell, 2014).

In this research work, the positivist philosophical worldview will be adopted to achieve the objectives of the study. The choice of positivist school of thought is based on the fact that the issues under discussion are social aspects and which is studied in objective fashion. Similarly, the predictive nature of the research phenomenon also reinforces the choice of positivist philosophical worldview (Pole & Lampard, 2002).

Consumer Behavior:

A processwhen Individuals orgroups select, purchase, use, or dispose of products, services, ideas or experiences to satisfy needs and desires. Itis thestudyofindividuals, groups, ororganizations and all the activities associated with the purchase, use and disposal of goods and services, including the consumer's emotional, mental and behavioral responses that precede or follow these activities.

Consumer Buying Behaviour:

The consumption of health services has been considered as 'process consumption' and is not simply viewed as the outcome of a production process, as is the case in the traditional marketing of physical goods. The service-dominant logic also supports that service should be defined as a process (rather than a unit of output) and refers to the application of competencies (knowledge and skills) for the benefit of the consumer. Here, the primary goal of a business is value co-creation as 'perceived and determined by the customer on the basis of value-in-use.

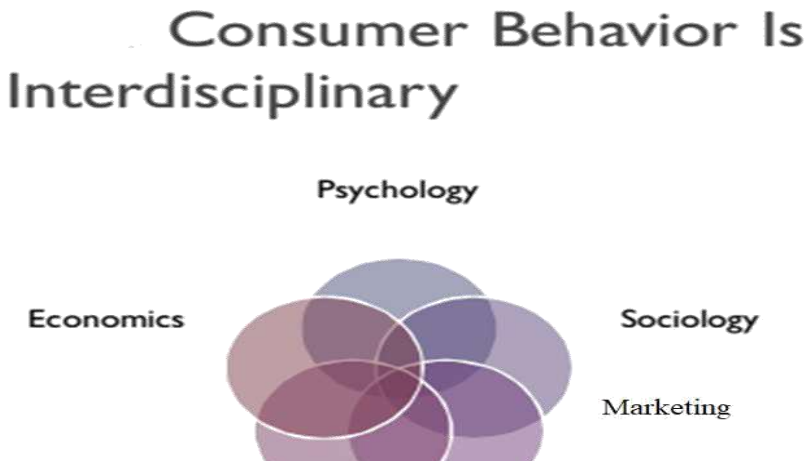


Figure 3: Consumer Behaviour is Interdisciplinary

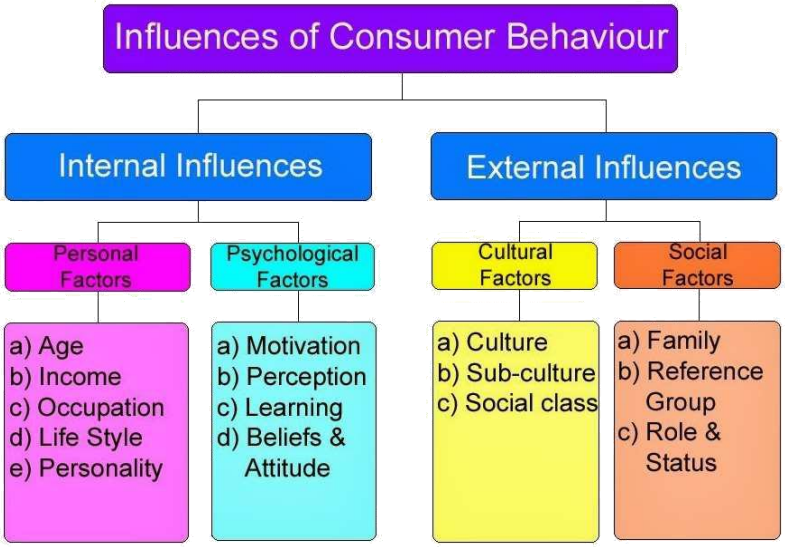


Figure 4: Influences of Consumer behaviour

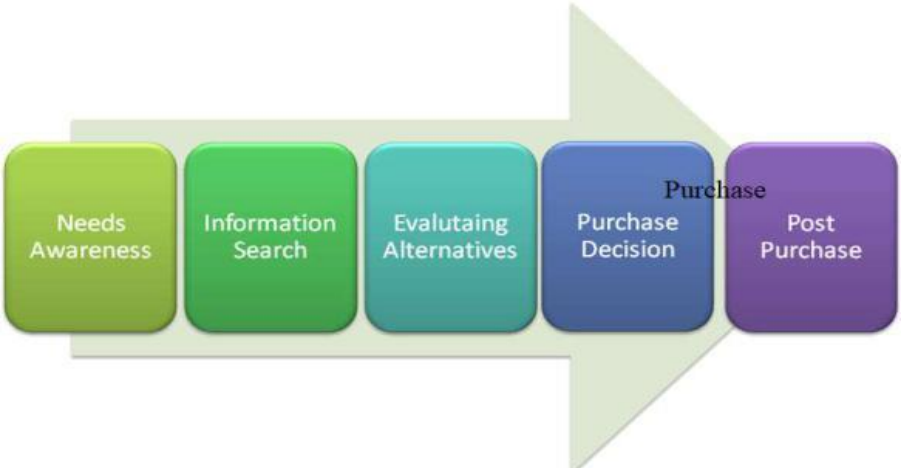


Figure 4: Stages of consumer Decision Making Process

Health Belief Model

As we get to understand healthcare buyer behavior, its important to get a perspective of widely accepted "health belief model' and it is very relevant in this research. The specifics of Health Belief Model are as follows.

The Theory Perspective:

The HBM theoretical constructs originate from theories in Human Psychology (Cognitive Psychology) Mental processes are severe constitutes of cognitive theories that are seen as expectancy-value models, because they propose that behavior is a function of the degree to which people value a result and their evaluation of the expectation, that a certain action will lead that result. In health-related behaviors, the 'value' is avoiding sickness. The expectation is that a certain health action could prevent the disease that the people think they are susectible to.

The following constructs of the HBM are proposed to vary between individuals and predict engagement in health-related behaviors.

Perceived susceptibility

This refers to subjective assessment of risk of developing an illness. The HBM predicts that individuals who perceive that they are susceptible to a particular disease will engage in behaviors to reduce their risk of developing the health problem Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. Few Others may acknowledge the possibility that they could develop the illness, but will think of it as unlikely.Individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviors and those who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviors to decrease their risk of developing the condition.The combination of perceived severity and perceived susceptibility is referred to as perceived threat. The HBM

predicts that higher perceived threat leads to a higher likelihood of engagement in health-promoting behaviors.

Perceived severity

This refers to the subjective assessment of the severity of a health problem and its consequences.The HBM proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may cause pain) as well as broader impacts of the disease on functioning in work and social roles. For instance, an individual may perceive that flu is not medically serious, but if he or she perceives that there would be serious financial consequences as a result of being absent from work for several days, then he or she may perceive flu to be a particularly serious condition.

Perceived benefits

Health-related behaviors are also influenced by the perceived benefits of taking action.Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease. If an individual believes that a particular action will reduce susceptibility to an illness, then he or she is likely to engage in a behavior regardless of objective facts regarding the effectiveness of the action.

Perceived barriers

Health-related behaviors are also a function of perceived barriers to taking action.Perceived barriers refer to an individual's assessment of the obstacles to behavior change.Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may

prevent engagement in the health-promoting behavior. In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur. Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior. For instance, a lady who keeps of breast cancer screening because of fear of cancer, embarrassment, fatalistic views of cancer etc.

Modifying variables

Individual characteristics, including psychological and demographic aspects and structural variables, can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviors.Demographic variables include age, sex, ethnicity, and education, among others. Psychosocial variables include personality, social class, and peer and reference group pressure, among others. Structural variables include knowledge about a given disease and prior contact with the disease, among other factors.The Health Benfit Model defines that the modifying variables affect health-related behaviors indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers.

Cues to action

The Health Benefit Model states that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviors.Cues to action can either be internal or external Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. External cues include events or information from kith and kin media etc. Examples of cues to action may include a follow up call from a clinic or hospital .

Self-efficacy

This was added to the four components of the HBM (i.e., perceived susceptibility, severity, benefits, and barriers) in 1988. Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior.Self-efficacy was added to the HBM in an attempt to better explain individual differences in health behaviors. The model was originally developed in order to explain engagement in one-time health-related behaviors such as being screened for heart problem or receiving a vaccine.

Rosenstock *et al.* argued that self-efficacy could be added to the other HBM constructs without elaboration of the model's theoretical structure.

Empirical Support

The Health Belief Model gained substantial empirical support since its development in the 1950s It remains one of the most widely used and well-tested models for explaining and predicting health-related behavior. The more recent meta-analysis found strong support for perceived benefits and perceived barriers predicting health-related behaviors, but weak evidence for the predictive power of perceived seriousness and perceived susceptibility.The authors of the meta-analysis suggest that examination of potential moderated and mediated relationships between components of the model is warranted(Janz et al, 1984)

Applications of Health Benefit Model:

The HBM has been used to develop effective interventions to change health-related behaviors by targeting various aspects of the model's key constructs. Interventions based on the HBM may aim to increase perceived susceptibility to and perceived seriousness of a health condition by providing education about prevalence and incidence of disease, individualized estimates of risk, and information about the consequences of disease (e.g., medical, financial, and social

consequences).Interventions may also aim to alter the cost-benefit analysis of engaging in a health-promoting behavior (i.e., increasing perceived benefits and decreasing perceived barriers) by providing information about the efficacy of various behaviors to reduce risk of disease, identifying common perceived barriers, providing incentives to engage in health-promoting behaviors, and engaging social support or other resources to encourage health-promoting behaviors. Interventions may also aim to boost self-efficacy by providing training in specific health-promoting behaviors, like lifestyle changes (e.g., changing diet or physical activity, adhering to a complicated medication regimen).Interventions can be aimed at the individual level (i.e., working one-on-one with individuals to increase engagement in health-related behaviors) or the societal level (e.g., through legislation).

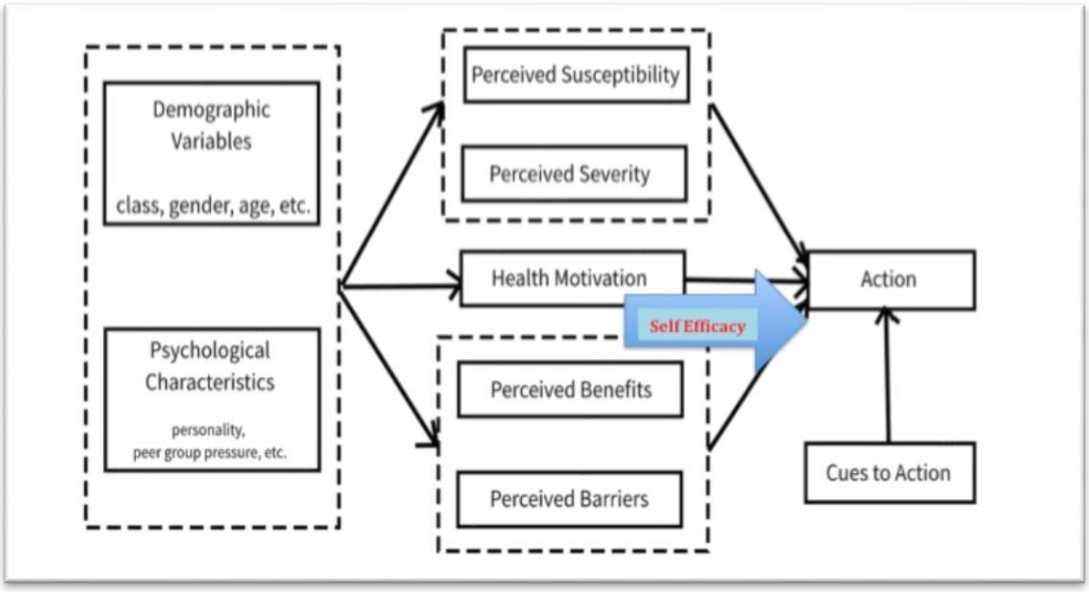


Figure 6: HBM and consumer behaviour

Research Design and Method

Research method refers to whether a research will adopt qualitative or quantitative method of data collection and analysis. This research work will adopt quantitative method of data collection and analysis.

In this research work, the descriptive research design will be employed to facilitate the data collection and analysis. The choice of descriptive research design is based on the fact that it facilitates the recording, examination, analyses, and interpretation of measurable variables in the study. It also facilitates and enable the researchers to obtain data needed for the research work directly from the respondents (the respondent is usually made of individuals with sufficient knowledge about the issues under discussion). It also facilitates the gathering of multiplicity of responses and opinions, norms, attitudes and belief that can be helpful in the generalization of findings. Ichoku (2015) further noted that descriptive research design provides the

researcher with opportunity to measure the variables under investigation quantitatively and employ various statistical tools for their analysis and discussion.

3.3 Area, Population and Sample of study

This research work will be carried across various places in the People's Republic of Bangladesh. The universe selected in the patients who have travelled to Apollo Hospitals in the South Indian city of Chennai from 2019 to March 2020. Their choices of healthcare (preventive and primary) are similar.

3.4 Method and Instrument of data Collection

As noted earlier, to collect relevant data that will facilitates the analysis, the primary data (preserving patient confidentiality) was obtained from Apollo Hospitals Chennai. This data was used to derive judgemental sampling . The fact that the researcher is a healthcare professional for over a decade made the data choice and sampling more easy. An online questionnaire with Likert scale model was emailed and phone number was shared for respondants and tele conversations were held whenever few of them wanted clarity on the study.

To address any challenges raised against the usage of this questionnaire in data collection and analysis, the the researcher conducted a pilot study using five randomly selected respondents from Dhaka city.Their responses, opinions were used to correct the difficult aspect of the research questionnaire. Secondly, to address the issues of respondents answering superficially, the researcher minimized the number of question to be answered as small as possible within the scope and limit of the study objectives. The questionnaire consisted of 10 questions.

3.5 Method of Data Analysis

Because the research is not much interested in measuring the impact of one variables on another, neither is the research interested in measuring correlation or association between two or more variables. The research will therefore rely solely on descriptive statistics to analyze the data collected and collated from the field survey. The researcher is more interested in understating the scope and roles of the various online marketing tools plays on organisation marketing strategies, how it has improve the effectiveness of IMC among others. Therefore, the research work will therefore relies mostly on descriptive statistics of mean, median, frequencies, standard deviation, graph and tables for the analysis of the findings.

The choice of descriptive statistics is based on its ability to analyze several kind of quantitative data and provides trends analysis of existing relationship. It is also chosen given the fact that it is very easy to understand and applied to wide range of issue and data.

3.6 Validity of Research Instrument

Research validity is an important component of the research work as it provides the extent the research instrument measure what it tends to measure. Or the extent the instrument and questionnaire can achieve what it tends to achieve (Creswell, 2014; Saunders, Lewis, & Thornhill, 2009). Creswell (2014) observed that validity of the research instrument is the extent the research instrument align with the research objectives of the study. The research was subjected to content and face validity by conducting a pilot test as explained earlier on the research instrument with which the researcher used in clearing out some ambiguities in the research work.

3.7 Ethical Consideration

In a typical research work like this that involve interacting with respondents directly and question that borders on their demographic features, it is important to adhere strictly to ethical

CHAPTER IV: DATA PRESENTATION AND ANALYSIS

4.1Sampling Method- Judgemental Sampling

Why Judgemental Sampling:

Being in the healthcare industry and handling medical value travel, I felt that this study should use judegmental sampling. The access to primary database of Bangladesh patients coming to Apollo Hospitals at Chennai was another reason to choose this sampling method. The demographics was also selected based on the patient data. In a research of this type to identify uniqueness of buying behavior and to establish the uniqueness, its important that we get appropriate target segment. For eg :A patient from Bangladesh who has availed cancer care at Apollo will not be able to share any inputs on primary care or perspectives on the same. Similarly, a patient who underwent an elective surgery cannot be considered for this study as he/she has decided to avail this care after proper planning and in certain cases after a tele consultation before travelling to India .

Universe- Bangladesh Patients of Apollo Hospitals, Chennai (Year 2019-20)
Data Source: Primary Data – Selective MIS (without confidentiality breach)
Assessment Tool – Likert Scale

Use of Likert Scale :

Likert Scales have the advantage that they do not expect a simple yes / no answer from the respondent, but rather allow for degrees of opinion, and even no opinion at all.Therefore quantitative data is obtained, which means that the data can be analyzed with relative ease.Offering anonymity on self-administered questionnaires

should further reduce social pressure, and thus may likewise reduce social desirability bias.Paulhus (1984) found that more desirable personality characteristics were reported when people were asked to write their names, addresses and telephone numbers on their questionnaire than when they told not to put identifying information on the questionnaire.Likert Scales are commonly used in public healthcare evaluation. They can be used to assess a community's knowledge regarding a health topic or an issue of major concern in the community. Likert scale surveys are used to measure the attitude of a person toward a particular subject matter (McLeod, 2008). The main objective in using the Likert scale is to measure attitudes by asking people to respond to a series of statements about a topic (McLeod, 2008).The survey is used to determine to what degree a person agrees or disagrees with the topic. Respondents are allowed to choose one option that best suits their opinion. The responses are intended to measure attitudes or opinions. The scale measures levels of agree and disagreement. A Likert scale presumes that an attitude can be measured on a scale from strongly agree to strongly disagree. Here I have chosed a 5 point likert scale analysis .

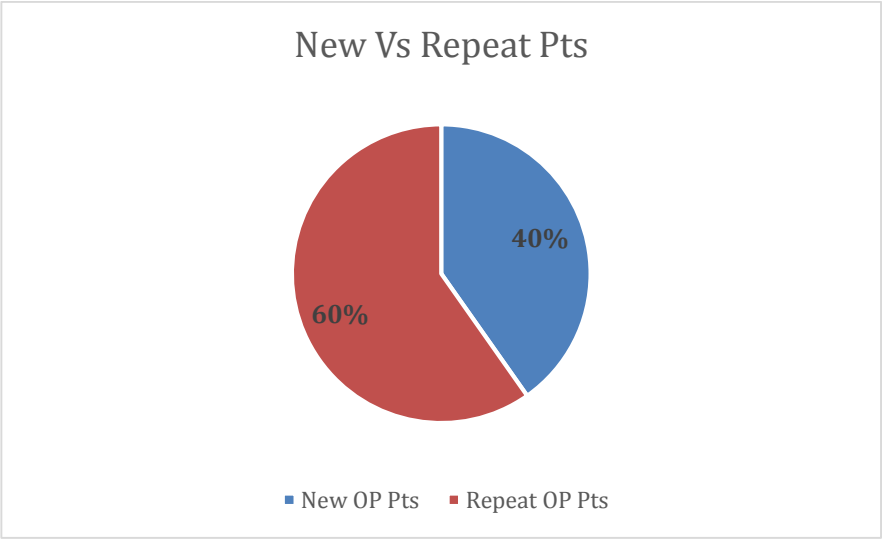
Analysis – 'Frequency- Mode'

The limitation in using Likert scale would be the way to intepret the study and 'Mode' remianed the best way to analyse. The surveyors objectives was based on the mode factor . No individual score card was attached considering the variance factors as the study had to cover both preventive and primary healthcare buying behavior . While we can say that preventive health is a sub set of primary care, the offer made by Apollo to its customers were a packaged health check which had numerous organ based blood checks and functional assessments.

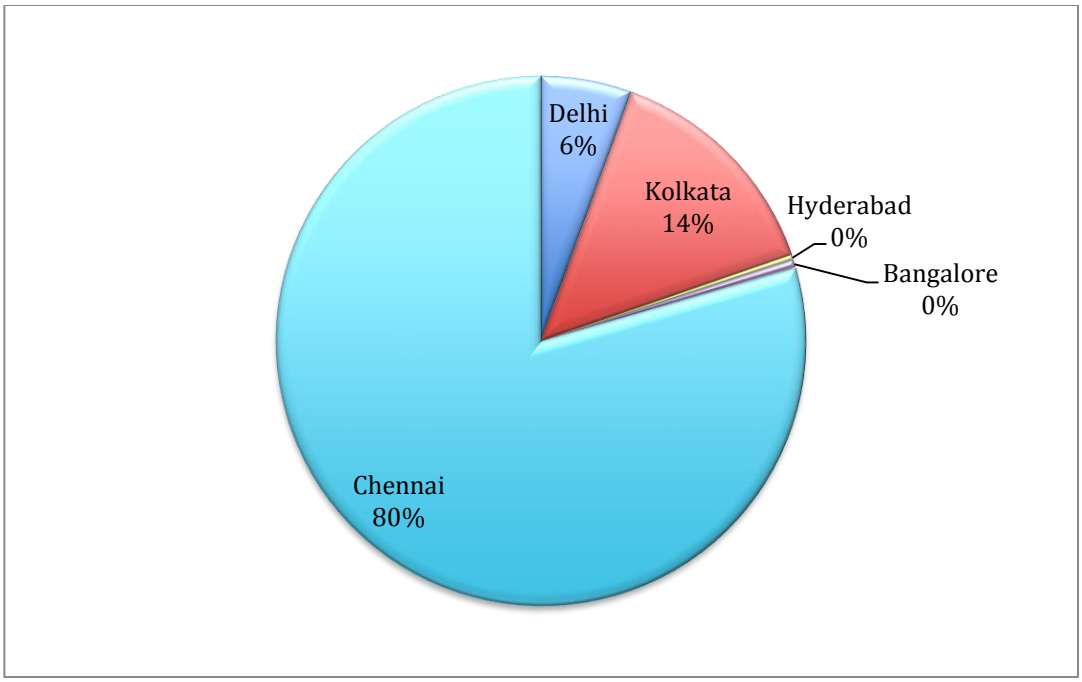
Sample Size -1000

To Set The Context:

From the primary data analysis of 2017-2020 from Apollo hospiatls with regard to their Bangladesh patient data, we found that over 60% are repeat patients. This is important as the 'unqiue buying behaviour' of medical travellers are on primary healthcare (preventive and primary doctor consultation) and this data and the percentage does validate the study and the fact that more repeat medical travellers are coming in short time period states the buying pattern.



Graph 5 : New visits versus repeat patients in the outpatient department



Graph 6 : Bangladesh Medical Travellers To India- Key Cities and Volume Percentage

To validate a study of this kind, we need to have specifics of

Survey Modality- Online

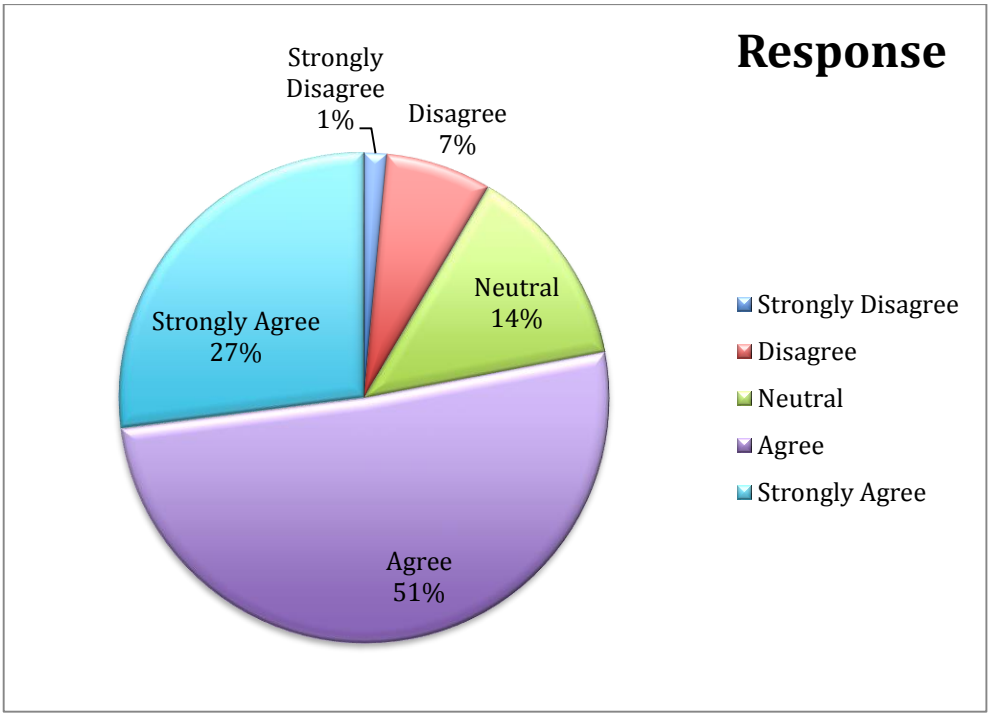
Due to the pandemic situation, the survey was conducted online and a telephonic briefing was given to those who wanted specifics of this study. Approximately 1800 people were contacted and response was obtained from 1000 people who helped understand the perspectives of a medical traveller from Bangladesh to India.

The Questions & Answers:

The details of the survey including questions asked and response are as follows. I have used a pie chart depiction for the response followed by analysis from the researcher's perspective . The connected questions can be seen and it was carefully

kept to ensure that we get genuine feedbacks without offending the cultural and national aspects of cross border medical travel. Bangladesh is a country which is very sensitive to its cultural aspects and healthcare being a very sensitive element, the researcher had questions designed on 'likert model'. This way any chances of getting offended was kept off. The respondents were kind enough to share their perspective and the judegment sampling adopted was quite helpful too. Since the details were sourced from primary data of Apollo Hospitals, there was no ambiguity in the sample availed. The time frame in consideration was 3 years as and it was to study the unique buying behavior aspects and the result of the survery was absolutely in conjunction with the researchers objective. The 'Uniqueness in Healthcare Buying Behvaiour of Medical Travellers from Bangladesh to India ' is well established this way.

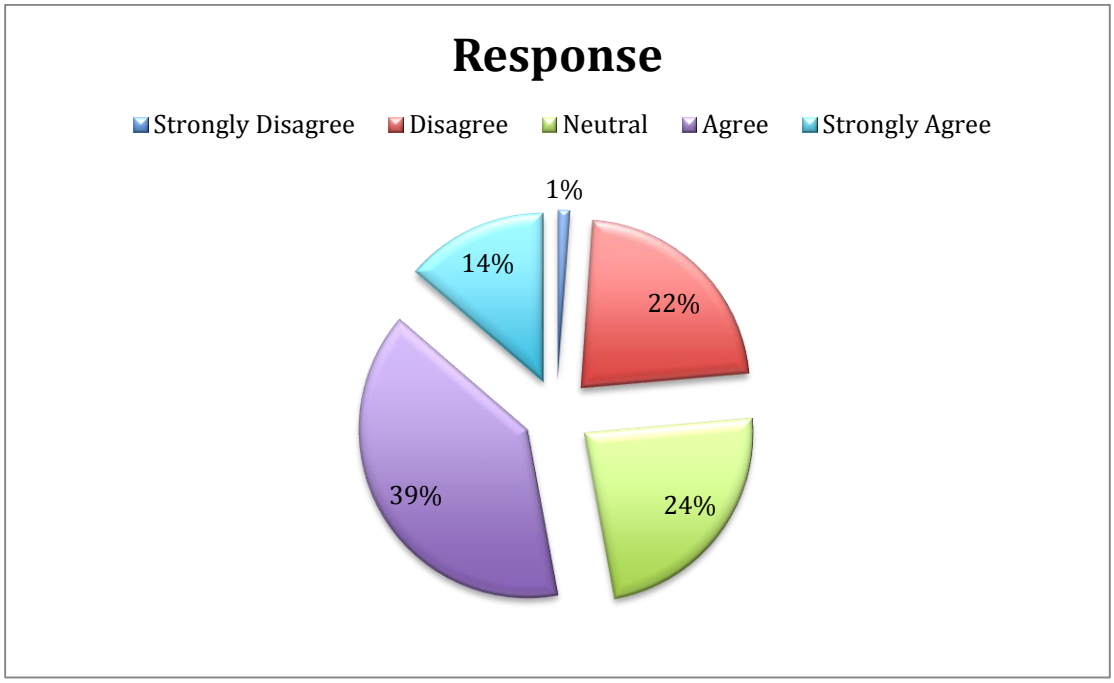
Question -1: Iprefer doing my health checks at Apollo ?



Analysis:

Since the 'likert' scale analaysis was used, we are analysing the 'mode' factor here.This question is about understanding the travellers interest in non-elective, non emergency and optional preventive health/primary health access in a foreign country. Over all 78% of the respondents agreed to availing preventive health and only 28% of the sample size were negative. This can be considered as proving the motove of this research on primary and preventive healthcare buying behaviour of medical travellers from Bangladesh. The ealrier assessment of repeat patient segment from Bangladesh to India and to Apollo chennai further supports the view point of the sample response.

Question -2: I travel once in a while to Apollo Chennai from Bangladesh for basic health check?

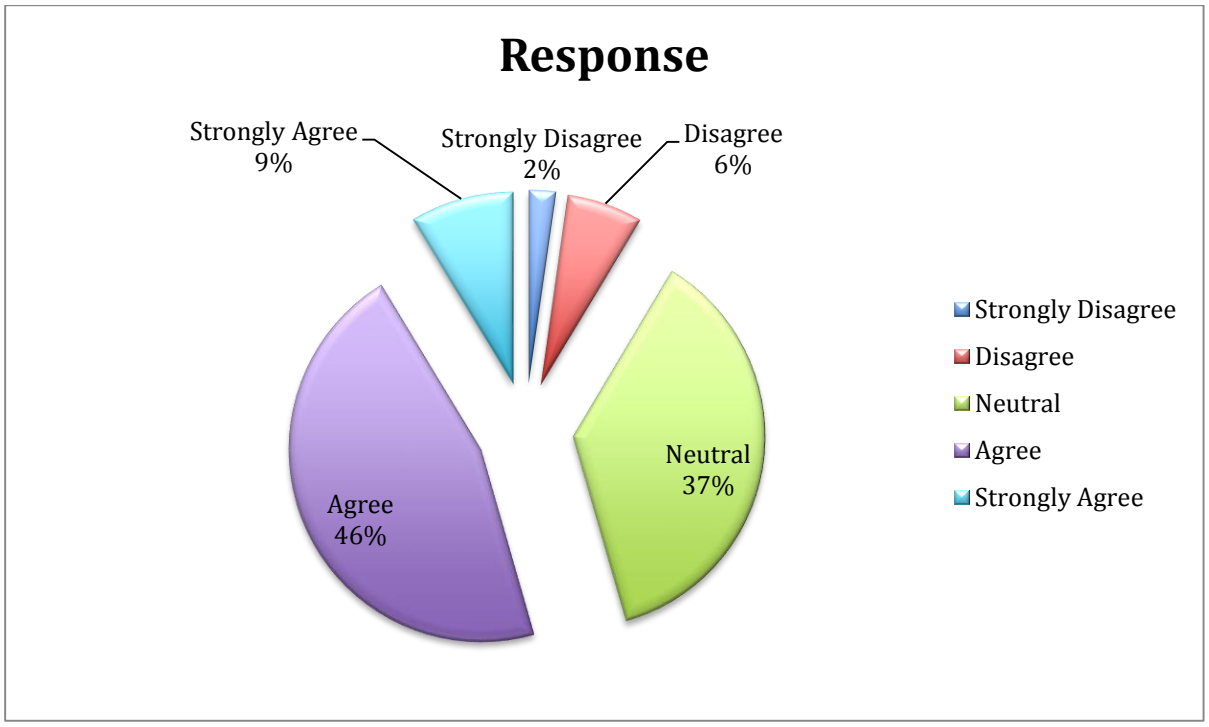


Analysis:

Here the objective was to understand on what percentage of the segment would prefer a cross border travel to only avail a primary care or preventive care in India from Bangladesh. This was an important aspect to understand as if this comes less

than 50% it can be a question on the 'buying behavior' aspect and progress of this study. Interestingly the research shows an overall percentage of 63% who likes to travel and the disgreement segment came to only 15% which adds to the perspective of the research.

Question-3: I prefer having my health checks at regular intervals at Apollo Chennai?

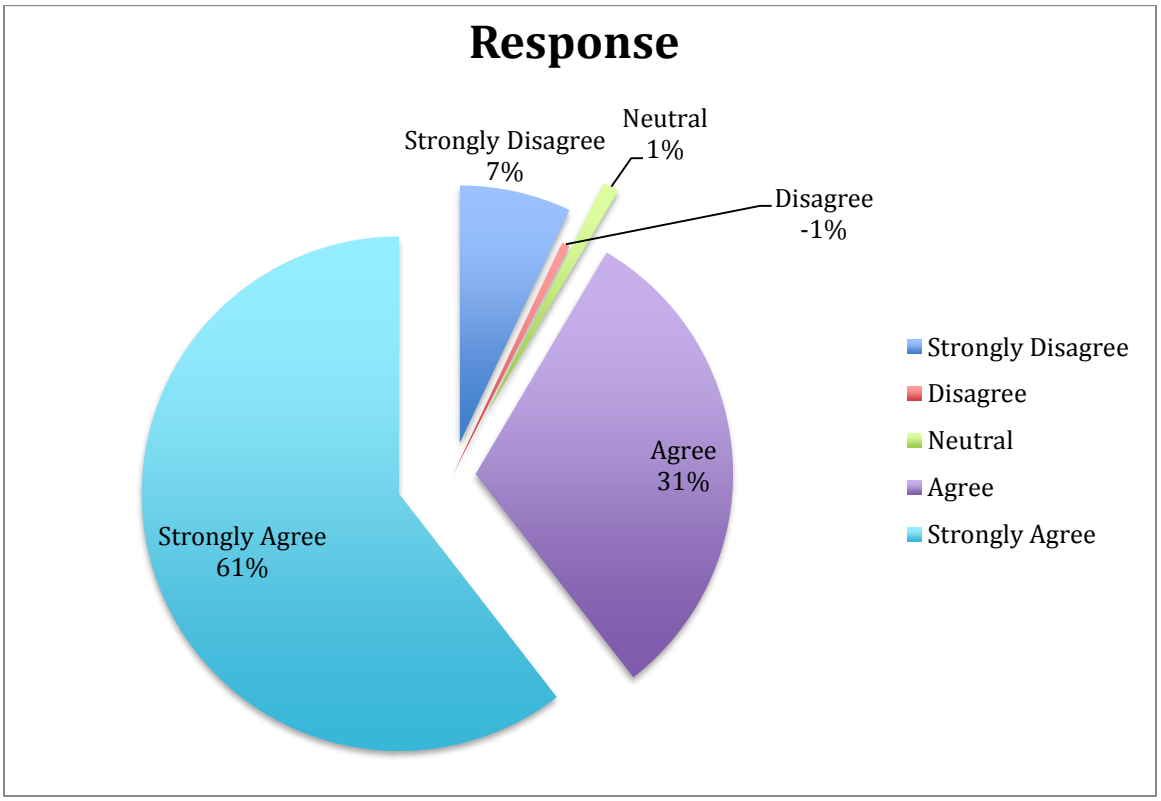


Analysis

Here the objective was to understand the customer perspective on Indian healthcare's leading private provider, the Apollo Hospital Chennai and its 'recall' factor in Bangladesh. The response again shows how far the customer base is interested in preventive healthcare and primary care from another country. This alone needs a lot more study apart from the fact that this response further validates the objectives of this research. The supply demand gap in Bangladesh and lack of healthcare facilities in the semi-urban and rural areas might have created such a

pattern of thought which is nurtured properly can be turned into a population that can think of 'wellness' than illness. 55% of response endorsed the view point while 11% were negative.

Question-4: I am fine to travel all the way to Chennai in South India for health checks as I trust the health checks at Apollo .

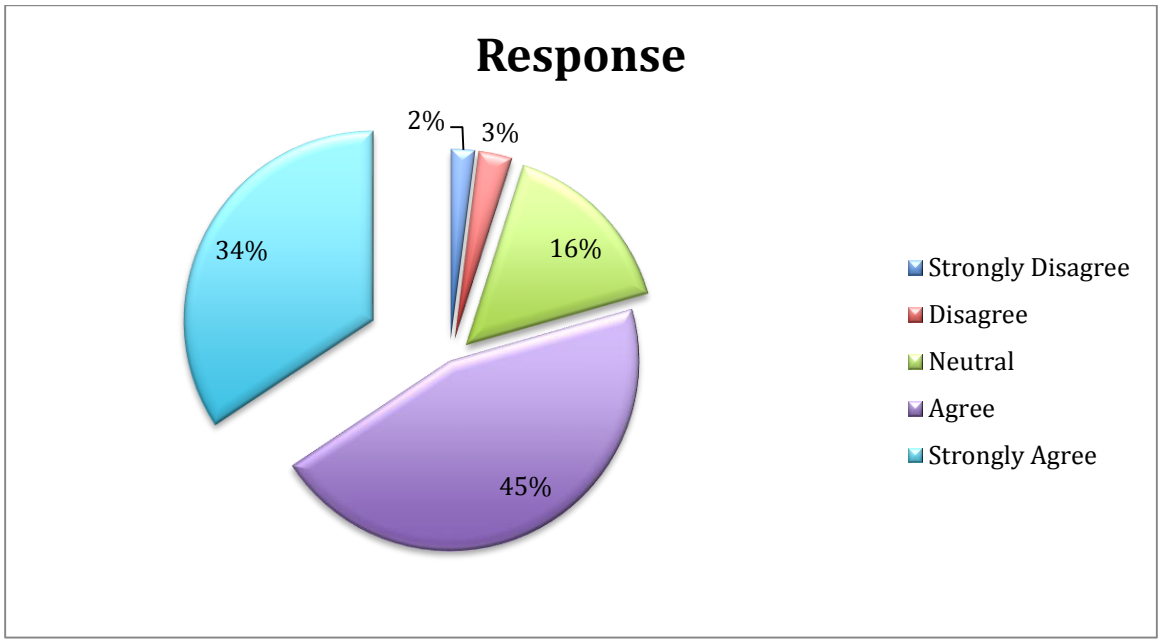


Analysis:

This can be about brand equity / recall and positioning of Apollo's preventive health and primary health in the minds of people from Bangladesh. The cross border travel industry or medical tourism industry is normally on cosmetics, electives, reproductive medicine etc and this shows the uniqueness of India's largest medical traveller source market. An overwhleming 92% agreed to their choice of availing

preventive care in India. The question was also chosen to see a tangible product in offering to medical travellers. The preventive health program remains ideal for such an offer and as validated here.

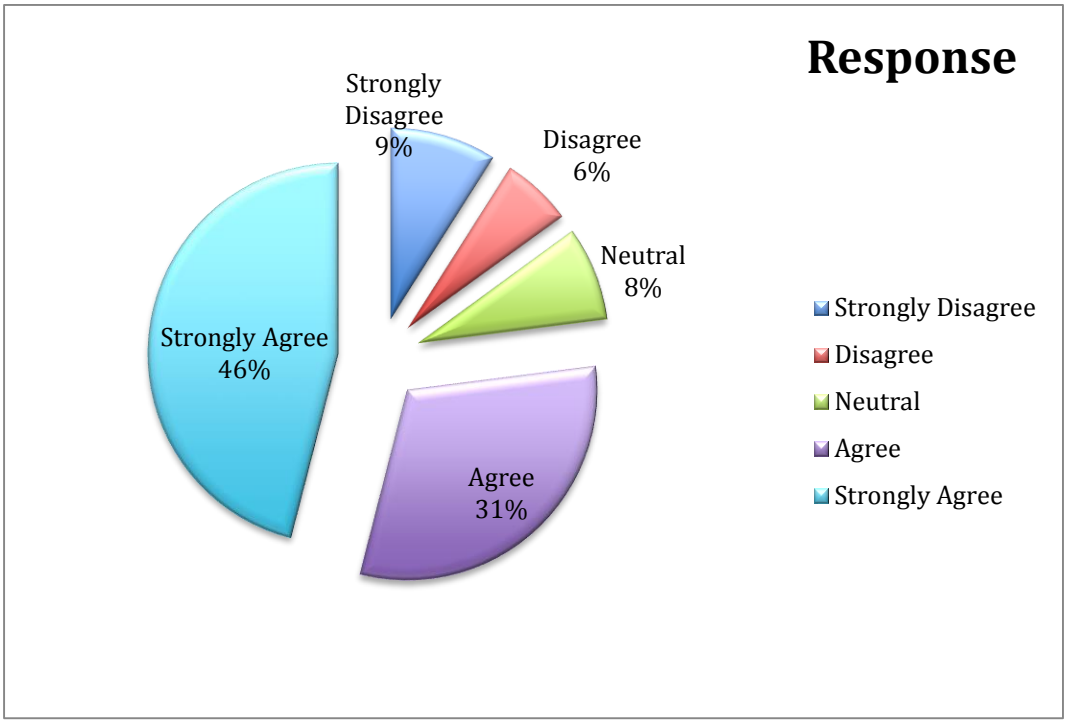
Question-5: I prefer travelling to Apollo Chennai for consulting primary physicians as I believe in Apollo Chennai and their doctors.



Analysis:

Here the objective was to understand the 'choice of doctor' in home country versus medical destination. This substantiates the other questions too in terms of buying behaviour, cross cultural aspects of conviction. Again 79% of the sample siz eendorsed the view point while only 5% didn't agree. The question adds to the research in terms of buyer perspective and this would again support the repeat business from Bangladesh on medical value travel.

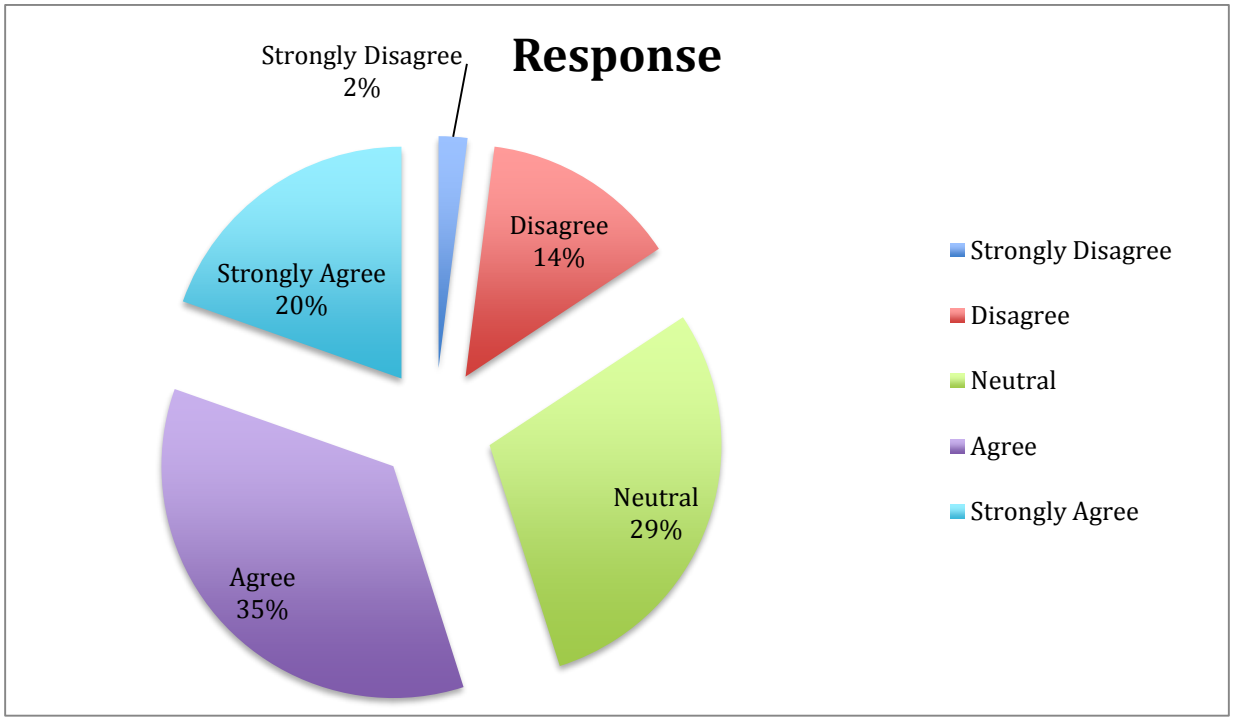
Question- 6: I feel it isimportant to have a primary doctor at Apollo as my relatives and friends have their primary doctors from Apollo Chennai.



Analysis:

This question was chosen by the researcher to check the impact of 'word of mouth' in Bangladesh. As my onsite understanding did not see any visible action by Apollo on promoting primary healthcare in the country, it was important to see the impact of positive word of mouth on a primary health aspect in India . 77% of the sample agreed to this and 46% has strong agreement. As mentioned, the sample was carefully picked from Apollo's preventive and primary data base and hence this response was very crucial to prove the buying behavior .

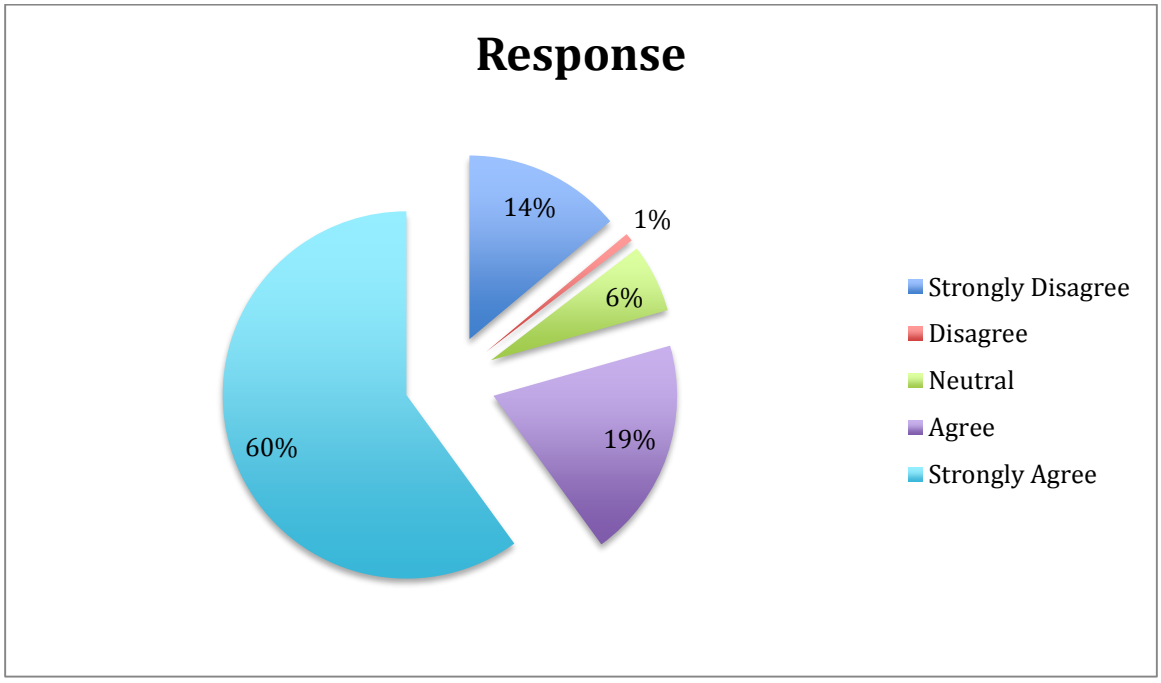
Question 7-: I feel that going to Apollo Chennai once in a year for primary doctor consultation is better than going to another city in my country for doctor consultation .



Analysis

This question was kept to understand the customer perspective of Indian doctors versus local doctors. In this study this perspective was considered important for two reasons, one to validate the 'brand equity' factor and secondly to relate that with the local healthcare system in Bangladesh. Interestingly only 55% agreed to the question and 29% remained neutral on their response, healthcare buying behavior will have to keep the subjective and qualitative aspects well in mind .A doctor can be good a person and bad to another person, the reason can be outcome of treatment to his behavioral skills. Giving this question was to see at what rate people would respond. My own onsite understanding adds value to this side, when I see the highly qualified and internationally trained doctors at Apollo Chennai versus basically qualified and less exposed medical fraternity in the rural parts of Bangladesh. The same scenario may well apply to rural India and Africa and even some parts of developed world as well

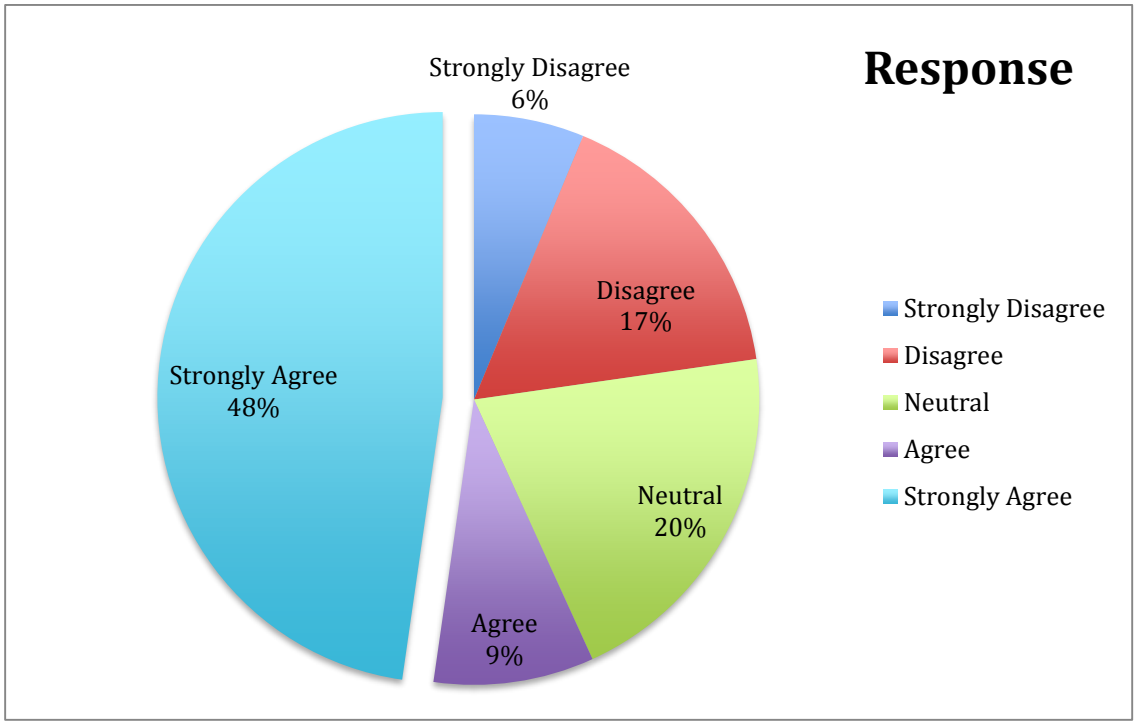
Question-8: It is not because I am affluent that I go to Apollo Chennai for doctor consultation or health check, but because of my trust and the affordability of their services .



Analysis

Buying power and buying behavior can be at opposite when it comes to healthcare spend. In our context, this question will prove another uniqueness that the bulk of the cross border travellers are from low income segment in Bangladesh. That adds to their reasoning of availing quality primary care and preventive care in India. In the current pandemic scenario, we are unsure on what would happen to this segment. However it was evident from 79% that it wasn't their disposable income that led to this buying behavior.

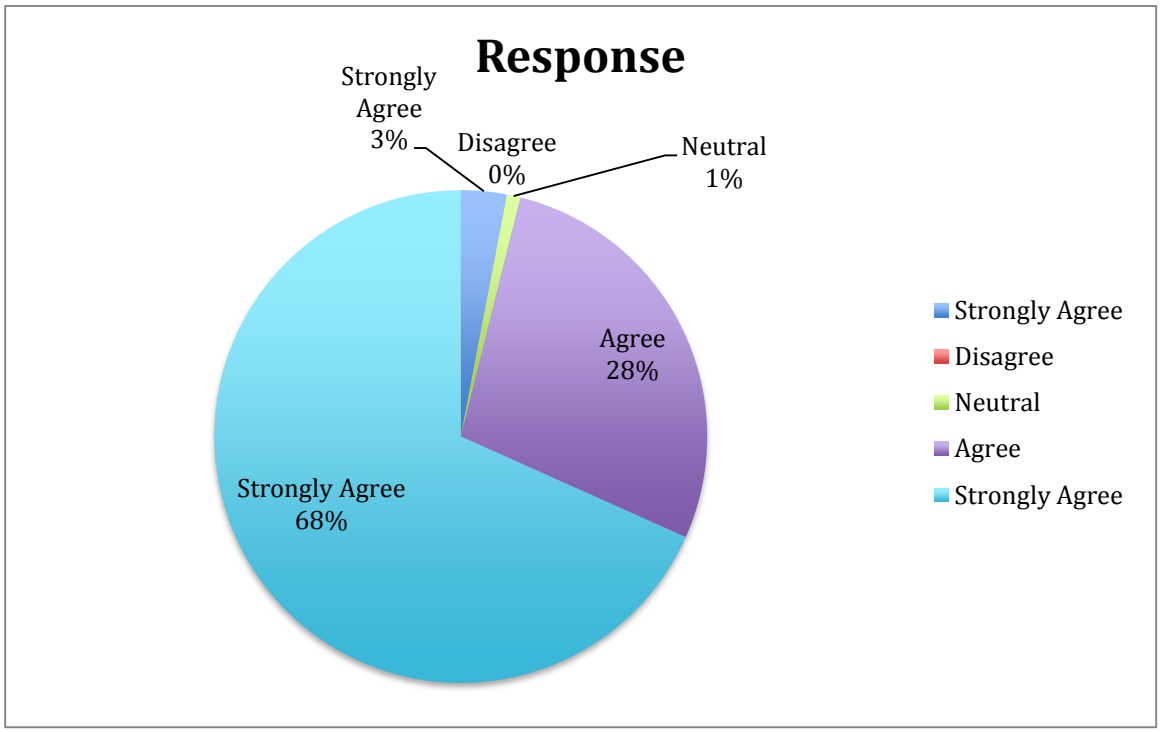
Question-9: I do preventive check up or primary doctor consultation at Apollo Chennai even when I am escorting a patient



Analysis:

This question was kept in the survery to understand the impact of any cross selling that can lead to buying of preventive health checks or primary consultations. The normal travel pattern for medical travellers from Bangladesh to India are in small groups of 2-3.This was observed during the course of study and hence wanted to see the perspective. Interestingly only 57% agreed and a considerable segment opted to be neutral. This is an opportunity for the hospital to internally promote and again gives us the uniqueness of Bangladeshi medical travllers buying behavior.

Question- 10: I trust India and Apollo Chennai based on the feedback from my relatives and friends.



Analysis

As we have learned about 'word of mouth' this question was kept to understand the 'trust' factor which perpetuates the WOM spread. This was important to conclude the buying behaviour study. This can be interpreted on multiple aspects while underlying reason is the 'clinical quality' offered and consistently. As Apollo they can be happy that over 96% has expressed their trust on the brand based on word of mouth and it shows Apollo's consistent services for the patients from Bangladesh for over 3 decades. A trust well preserved.

4.2 Respondents Demographic Information.

This sub-section discusses the demographic information of the respondents to provide insight and better understanding of the background information of the respondents.

Sample	Percent	Total
Female	24%	240
Male	76%	760
Total	100%	1000

CHAPTER V: SUMMARY, CONCLUSION AND POLICY IMPLICATION OF THE STUDY

5.1 Summary of Findings

The study has revealed unique perspetcives in cross border medical travel. Healthcare buying retains its subjective elements and 'need' fatcor overtakes any other requirements .

5.2 Conclusion

The healthcare buying behabiour itself is a vast area of study. Healthcare marketing ineveolving every day, the pandemic sceanrio of today presents new challenges too. In such a dyamic area of study, this research presents a unique perspective of South Asian medical travel buyer behaviour. The study shows customer's perspective froma different view point than regular cross border medical travellers. Medical Tourism has attained an industry status only in the last decade, this is ever evolving, the healthcare providers always look at the mdical travel

From literature review and empirical findings, it was clear that the internet plays a significant role in the achievement of the goal of integrated marketing communication. With the internet, the performance of an integrated marketing communication strategy/ plan can easily be measured in real time. It provides the organisation with enormous flexibility and ability to manage its marketing activities without any additional cost or serous obstruction. With the help of the internet organisation maintain strong personal relationship with majority of its stakeholders

including its suppliers and employees. The organisation supply chain has improved drastically through the internet by enabling effective and sharing of information across different bodies. Therefore, organisation who are able to integrate their marketing communication plan online will remain highly competitive in their industry as they will be able to reach more customer of all age faster than they would have employing the various marketing tools explained in the research work.

5.3 Policy Implication and Recommendations

Based the findings of the research, the researcher provides the following recommendations:

1) Organisation needs to craft a clear, consistent, competitive, credible and reliable message that cut across the different marketing activities of the organisation. Just advertising or marketing organisation products and services are not enough, every organisation does it. But the message should be consistent, unique, enticing and credible enough, this is what will lead to brand loyalty.
2) Organisation needs to incorporate their integrated marketing communication strategy online and just like offline as more customers are spending their time online. A mixture of both online and offline in the IMC strategy will achieve more result.
3) Organisation will therefore need to employ various artificial intelligence technology to gather as much information as they can about their customer needs, behaviors and demographic information to determine what marketing strategy and medium will appeal most to the most important customer and channel more of the marketing effort towards such direction.
4) There is need for organisation to have a clear objective, targeted audience and performance assessment criteria in place before embarking on any integrated marketing communication strategy either online or offline. This is

important as it facilitates easy measurement of the performance of the marketing activities of the organisation

5) The organisation should invest more in artificial intelligence technologies to understand the behaviour and needs of their customers. This will help the organisation to employ low cost marketing tools like e-mail marketing, public relation content in reaching more customers and prospective customers.

6) It is important to note that organisation needs to determine whether consumer sales promotion is better or retail sales promotion when utilizing this very promotional tool. In some cases, retail sales promotion achieves more result than the consumer sales promotion especially when the products or service involved are closely related.

5.4 Implication for further study

The medical tourism industry from an Indian context is still in its stage one of growth. The early elective medical travellers from North America has given way to South Asian and African medical travellers. The NHS waiting list led traffic to India has also changed. The way Indian medical travel segment is evolving is quite unique as a business model too. The Bangladesh scenario with 'Health Benefit Model' analystics gives a wider scope for buying behavior studies in Indian Medical Value travel segment. While hospitals would be interested to attract more patients for surgical and complex procedures/treatment , the focus on primary healthcare from international source markets would offer more word of mouth and future business. This research has a much wider scope to understand how healthcare buying between two countries which are both emerging economies have evolved. The near to this scenario would be of Indoensians going in bulk to Malaysia and Singapore. The scope of further study is also important with the pandemic situation and how that can impact the uniqueness of cross border healthcare buying of Bangladeshi patients. That element would define the future of India's medical tourism as an

industry too. The current travel restrictions, pandemic scneario clubbed with the disease burden of non communicable diseases would present a very challending perspective to the medical travellers. This is possibly the first time a moden healthcare is stuck between managing a pandemic caused by covid19 on one side and the non communicable disease burden on the other side. Even the best of healthcare systems across the globe have failed to come out of this and medical toursim being a subset of the over all healthcare segment has to address many unanswered questions . From a medical travellers perspetive , decision making in healthcare which was always challenging has become an even more daunting task.

Covid Scenario & Bangladesh Medical Travellers:

As mentioned earlier ,the covid19 pandemic has impacted the travel industry at large, however as I conclude this research at Apollo Hospitals, Chennai, I could see medical travellers from Bangladesh flying down to India using the 'air bubble' connectivity. This is quite interesting as the normal studies have always considered medical travel as just a subset of over all travel industry. Bangladeshi medical travellers using 'air bubble' for healthcare buying in India (At Apollo Chennai) endorses the survey findings of this study. The deferred care factor will definitely be a boost to medical travel segment at large. I am sure once the countries start vaccination programs and air travel resumes, the first segment apart from stranded citizens to travel overseas would be the medical travellers. The pandemic has created financial strain and this will further impact the healthcare buying. As evident, the impact on world economy will also have its impact on healthcare buying, however the Bangladesh model discussed in this research will show how the economic cycles would alter the buying behavior. The primary healthcare buying in this reaserch will gain more significance as post covid care factor too. We could possibly see a disease pattern change from Bangladeshi patients too but this requires more time and studies to understand.

Cross Border Healthcare Buying –Other Countries/regions :

While this research was about cross border medical travel from Bangldesh to India, we should understand that every regions medical travel has multiple decision factors and buying behaviour. A Canadian flying down to USA for a complex surgery wants his/her alternative to the waiting list in Canada where as an US national flying down to Mexico or Costa Rica for bariatric is to avail the cost benefit. On a South East Asia perspective, Thailand has attracted medical travellers primarily due to its free visa policy and other attractions including 'Thai Cuisine' but has not established its medical travel segment beyond secondary specialities. When it comes to Singapore, the medical traveller looks at more of super speciality and sub speciality space. This is again due to the clinical bandwidth showcased by that country from day one. In South Korea, reproductive medicine with gender test and spine surgery has become the major attraction. In GCC states, Dubai has evolved as preferred secondary care plus shopping destination. Turkey has become a chosen detsination for Islamic world and Eastern European countries. UK remains a seriod medicine destination and finally United States remains the most advanced healthcare destination.

Finally in a world of growing disease pattern, no single country or government can take full ownership of quality healthcare delivery . Here comes the relevance of cross border medical travel. This research has a huge scope for marketers to understand how important it is to sustain a good word of mouth to derive organic growth. Studies like this will be required for the new normal to understand cross broder medical travel and how it actually helps medical fraternity to have a shared responsibility. In a new word with more disease patterns, reduced healthcare work force and the double challenge of both communicable and non communicable diseases, cross border healthcare would assume more significance. A patient from Bangladesh does not come to India at a cost of an Indian patient being denied treatment, but to share the available technology and clinical bandwidth. We need more studies to understand the economics of cross border medica travel and this has to be beyind the average calculation of what a medical traveller would spend

for a procedure and his/her flight fare. Unlike any other industry, medical travel requires a very deep understanding on the 'customer' as he/ she at the first place did not choose that avatar. The 'trust' factor of patient here is a sacred affair as their choice involves their own 'life'. The topic is more elaborate if we look at a deeper view of socio-psychological aspects of cross border medical travel. The study has also scope of furture research on 'cross cultural' fcators and role of alternate medicines in such cross border medicla travel. The case mix featured in this research is also a unique study area as this involves the regional culinary and cultural aspects. To conclude, medical travel segment and its buying behavior as per this research is the beginning to future studies on 'healthcare buying' and that too beyond the established norms of buying behaviour.

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APPENDIX 1

APPENDIX 1: A medical travellers FAQ

Some FAQ for medical value travellers

I. **Follow-up care in one's home country**

This remains an area of concern for a majority of medical value travelers. The best solution would be to get back home and into their own healthcare system. For Orthopaedic and spinal urgeries, since the x-rays clearly indicate the surgical pathway, the doctors can offer reviews via e-mails. However, this would not be the appropriate way to address follow-up in a case of Lap Band surgery where the band needs to be adjusted periodically. This is perhaps one reason why Orthopaedic and spinal procedures are more sought after by medical value travelers from the west.

II. **Medical malpractice and jurisdiction**

How can a foreign hospital be made legally liable for a proven case of medical malpractice? Here, the answer is obvious. The selection of care provider should be made carefully since the jurisdiction of one's home country courts do not have any legal standing on a company incorporated in a foreign country. So, the legal option would be to fight the matter in the local court where the care provider is based.

III. **Criteria to identify the right healthcare provider**

This is a serious decision and needs to be made only after evaluating the recognition that an institution has, the Brand value offered, the profile of the doctor/s, location, feedback from other patients, recommendations by referral doctors, etc.

APPENDIX 2

APPENDIX 2 : PREVENTATIVE MEDICINE

A) APOLLO PROHEALTH

Apollo Hospitals Group has developed a first of its kind preventive health management program called the ProHealth. It is built over 22 million health checks conducted at Apollo, powered by personalized Health Risk assessment and enabled by Artificial Intelligence. It is a specially curated three year program that brings together predictive tools, advanced personalized care and cutting edge technology. It has been created by experts with vast knowledge who are working towards creating a world free of Non Communicable Diseases. The hallmarks of this program is to **PREDICT** health risks, **PREVENT** ailments and **OVERCOME** Lifestyle disease such as Diabetes, Heart Diseases, Stroke, Cancer and obesity wherever possible. At different stages in life people face different types of health challenges and due to difference in ages a varied level of strategical approach is required and so Pro Health has been designed keeping all of these conditions in mind.

PREDICT

- Multi-system Body Assessment
- Health Assessment based on age, gender, diet, personal, past and family history
- Health Pulse for individuals and corporate

PREVENT

- Health Mentor for personalised health advice and guidance
- Pan-India specialist consultation: through the Apollo Hospital and Clinic network
- Physiotherapy Intervention where needed, for improved functioning

OVERCOME

- Condition Management: Advice on managing pre—existing conditions including referrals to specialists as required
- Personalised Health and Lifestyle Modification: Specific advice on Nutrition, Lifestyle Modification, Stress, Sleep and Behavioural Changes

As per Dr Hari Prasad Kovelamudi, President of Apollo Hospitals Group "ProHealth can be used once an individual enrolls with the service, which is provided by the hospital. Once an individual has enrolled with ProHealth they can book an appointment for the health package. The results of the tests are integrated into the app which analyses health concerns. A health mentor is assigned that guides and provides care before and after the health checks which includes but is not limited to appointments, home sample collections, telemedicine consultations,etc. The continuous care is a critical feature of this program. The patient then approaches the physicians with personalized reports and is given recommendations in terms of clinical or lifestyle interventions" (Kovelamudi,2020)

For example: Patients with high glucose level will be reminded to take the sugar test at different intervals, the probable risk of getting diabetes along with the medications to be taken. The mentor will advise on possible symptoms and dietary restrictions to be made to control the sugar level.

The Pro Health program also alerts individual on noncompliance or abnormal values. On the end of 3rd year, the individual is provided with trend analyses and progress report on the impact of this program. The ultimate aim is for the individual to have a healthy and happy living.

B) Apollo personalized Health Check

Apollo personalized Health Check is a unique check in which the tests and doctor consults are customized to suit an individual's requirements. Besides the basic tests, a set of additional tests are selected based on an individual's medical history, lifestyle, family medical history, age, ethnicity , present complaints etc and this is carefully added to the profile which helps provids an in -depth evaluation of a patients' health. This type of test is highly recommended for individuals above the age of 20 years and for those who prefer to have a personalized checkup. The test can be repeated every year if required.

Tests

i)Haemogram :

- Hemoglobin
- Packed Cell Volume
- RBC Count
- Total WBC
- Differential Count
- Platelet Count
- MCV
- MCH
- MCHC
- ESR
- Peripheral Smear (if CBC findings are abnormal)

ii) Blood Sugar :

- Fasting Blood Sugar
- PP Blood Sugar (for diabetics only)
- HbA1C

iii)Renal Profile :

- Urea
- Creatinine
- Uric Acid

iv) Lipid Profile :

- Total Cholesterol
- HDL Cholesterol
- LDL Cholesterol
- Triglycerides
- HDL Ratio

v)Liver Profile :

- Total Protein
- Albumin
- Globulin
- SGPT
- SGOT
- Alkaline Phosphatase
- GGTP
- Serum Bilirubin

iv)General Tests :

- Urine Routine Analysis
- Stool Test (Optional)
- ECG (Resting)
- X-Ray Chest (PA view)
- Ultrasonogram of the Abdomen (Screening)
- Pap Smear (for Women)

TMT/ECHO :

- TMT for all those above the age of 40 and ECHO for below 30. ECHO or TMT for individuals between 30 and 40 as per Physician's advice

Consultations :

- Clinical Examination
- Medical Summary
- Physician Consult
- Surgical Examination (Men)
- Gynecologist Consult (Women)
- Diet Counselling
- Counselling for Adult Vaccination
- Stroke Risk Assessment

C)Apollo Platinum Check I

A comprehensive package that includes all the tests mentioned in the personalized health check plus cancer markers test, cardiac tests, DEXA Scan/Bone Scan (for Women above 40 years & Men above 50 years) and PSA (Men above 50 years). The package also provides consultation with general surgeon, Gynaecologist, Opthalmologist, ENT and Dentist along with individualized diet counselling. This check is offered in an exclusive and plush area of the hospital with great ambience and comfort. This type of test is highly recommended for individuals above the age of 30 years and for those who prefer to have a personalized check in an exclusive setting of a hospital. A dedicated nurse/executive handholds the guest for smooth facilitation of every step in this package.

D)Apollo Advanced Heart Check

Apollo Advanced Heart Check is a high end package that comprises of all the tests that are required for routine general health check along with advanced and special heart related tests for an in depth evaluation of the cardiovascular status. This package offers all the tests and consults included in Apollo Heart Check with additional focus on coronary risk factors and a 320/64 Slice CT Coronary Angiogram which is a non-invasive way to detect early Coronary Artery Disease. This test is mainly recommended for those who have a heart disease or who have a prior history of heart diseases and for individuals who have risk factors associated with a heart condition such as smokings, Obesity, Stress and Diabetes Mellitus

E) Apollo Well Women Check

Apollo Well Women Check is specially designed health package for basic assessment of general health, gynecological problems & screening for brest and cervix cancer, the most common cancers in women. It is generally recommended for women who have a family history of gynaecological related problems and for those women who are proactively seeking measures for detecting disorders at an early stage.

F)Apollo Liver Screening Check I & II

The liver screening package I is recommended for individuals who need to assess the liver function to ensure that the liver is functioning normally and there are no signs of abnormality. In addition to this there is Liver screening package II that includes the basic screenings liver screening test in package 1 along with detection of viral markers. This is helpful for individuals who besides assessing the liver function test would also like to identify any exposure to Hepatitis B or C virus.

G)Apollo Cancer Screening Check Pack I

Cancer screening packages help in looking for cancer before a person has any symptoms. Cancer, if found early on a screening test, may be easier to treat or cure. There are some cancers which can actually be screened and detected by simple tests and they are cancers of the breast, cervix, colon, prostate, lung, skin and oral cancers. Apollo cancer screening packages are designed in such a way that the above mentioned cancers are screened and also to indicate the possibility of the presence of some other cancer. It is recommended for men below 50 years of age with family history of cancer and those exposed to risk factors. We also have a package which can detect viral markers.

H)Apollo Child Health Check

The check is recommended for children of parents who wish to know the general health status of their child and also get pediatrician's advice on vaccination, diet and overall review of development. The recommded age group is 2-12 years of age.

Test

i) Complete Blood Count (CBC) with ESR :

- Hemoglobin
- Packed Cell Volume
- RBC Count
- Total WBC
- Differential Count
- Platelet Count
- MCV
- MCH
- MCHC
- ESR and Peripheral Smear (if CBC findings are abnormal)

ii)General Tests :

- Blood Grouping & RH Typing
- Urine Routine Analysis
- Stool Test
- X-Ray Chest (PA view)
- Ultrasonogram of the Abdomen (Screening)
- Mantoux Test

iii) Consultations :

- Clinical Examination
- Medical Summary
- Pediatric Consult and advice

APPENDIX 3

APPENDIX 3 : QUESTIONNAIRE

Study on theBuying Behaviour of Medical Travellers from Bangladesh

Dear valued respondent,

My name is Jithu Jose, I am currently conducting a research study aimed at understanding the uniqueness of cross border primary and preventive healthcare. This is being done as a partial fulfilment of requirements for the Degree of Doctor in Marketing at **Selinus University of Sciences and Literature, School of Business and Media.**The following questionnaire will require approximately 5-8 minutes of your time. There is no compensation for responding nor is there any known risk. **In order to ensure that allinformation will remain confidential, please do not include your name.**

If you decide to take part in this survey exercise, provide answer to all questions as honestly as possible and return the completed questionnaires immediately. Understand that participation is strictly voluntary, and you may decline to participate at any point.

Thank you for taking the time to assist in the research endeavors. If you would like a summary copy of this study, please send me a request through my e-mail jithujose.jo@gmail.com If you require additional information or have questions, please contact me immediately via +919841089840

Thank you.