

https://dspace.org/

# Medical tourism by Indian-South Africans to India: An exploratory investigation

**Dangor, F.; Hoogendoorn, G.; Moolla, R.**

**2015-09**
Nicolaus Copernicus University Press
http://hdl.handle.net/10539/21095
Dangor, F., Hoogendoorn, G. and Moolla, R.

Downloaded from a DSpace repository. https://dspace.org/

Bulletin of Geography. Socio–economic Series / No. 29 (2015): 19–30

ISSN 1732–4254 quarterly

BULLETIN OF GEOGRAPHY. SOCIO–ECONOMIC SERIES
journal homepages:
http://www.bulletinofgeography.umk.pl/
http://wydawnictwoumk.pl/czasopisma/index.php/BGSS/index
http://www.degruyter.com/view/j/bog

# Medical tourism by Indian-South Africans to India: an exploratory investigation

**Faheem Dangor**[1, CDFMR], **Gijsbert Hoogendoorn**[2, CDFMR], **Raeesa Moolla**[3, CDFMR]

[1]*University of the Witwatersrand*, School of Geography, Archaeology and Environmental Studies, Private Bag X3, Wits, Johannesburg, South Africa, 2050; phone: +27 823 133 696; e-mail: fhm786@gmail.com; [2]*University of Johannesburg,* Faculty of Science, Department of Geography, Environmental Management and Energy Studies, Corner Kingsway and University Road, Auckland Park, Johannesburg, 2006; phone: +27(0) 115 594 628, e-mail: ghoogendoorn@uj.ac.za, gijsbert5150@gmail.com (*corresponding author*); [3]*University of the Witwatersrand*, School of Geography, Archaeology and Environmental Studies, Private Bag X3, Wits, Johannesburg, South Africa, 2050; phone: +27(0) 117 176 522; email: Raeesa.Moolla@wits.ac.za.

How to cite:
Dangor, F., Hoogendoorn, G. and Moolla, R., 2015: Medical tourism by Indian-South Africans to India: an exploratory investigation. In: Szymańska, D. and Środa-Murawska, S. editors, *Bulletin of Geography. Socio-economic Series,* No. 29, Toruń: Nicolaus Copernicus University, pp. 19–30. DOI: http://dx.doi.org/10.1515/bog-2015-0022

**Abstract.** Medical tourism is a well-established sector in developing countries, and attracts a significant number of tourists from developed countries. Medical tourism is a strong driver of economic growth, but some argue that this kind of tourism promotes inequality in terms of access to healthcare facilities in both developing and developed countries. Whilst research has been conducted on medical tourists travelling to South Africa, no research has focused on the geography of South Africans travelling abroad for medical tourist activities. This study therefore sought to obtain first-hand information from Indian-South African citizens who have partaken in medical tourism in India. Data was gathered through personal, semi-structured interviews conducted with 54 individuals. It was ascertained that the majority of the individuals interviewed in this study travelled to India primarily for medical treatment, while tourist activities were a secondary objective. A smaller proportion of interviewees travelled to India for vacation, with medical care being a secondary motivation, or an impulse due to the low cost of treatment and convenience. Medical tourism by Indian-South Africans travelling to India highlights various shortfalls in South African medical care, including a lack of treatment availability, a poorer quality of service, medical expertise abroad, and the higher cost incurred locally.

© 2015 Nicolaus Copernicus University. All rights reserved.

**Article details:**
Received: 15 January 2015
Revised: 8 March 2015
Accepted: 16 April 2015

**Key words:**
medical tourism,
India,
South Africa,
Indian-South Africans.

**Contents:**

1. Introduction . . . . . 20
2. Exploring medical tourism: from South Africa to India. . . . . 20

© 2015 Nicolaus Copernicus University. All rights reserved.
© 2015 De Gruyter Open (*on-line*).
Unauthenticated
Download Date | 9/30/16 4:55 PM

3. Methodology ..... 22
4. Results and discussion: motivations to travel for touristic and medical reasons ..... 22
4.1. Tourist activities ..... 22
4.2. Medical treatments ..... 24
4.3. Ayurvedic treatments ..... 26
4.4. Ophthalmological treatments ..... 26
5. South African medical care compared to Indian medical care: medical tourists' perspectives ..... 27
6. Conclusion ..... 28
References ..... 29

## 1. Introduction

Medical tourism studies predominantly focus on the increasing population of medical tourists from developed nations, particularly Europe and North America, who seek medical services in developing countries (Crush et al., 2012; Hall, 2013). Medical tourism has therefore played an important role in the globalisation of both the medical industry and the tourism sector (Hall, 2011; Hołowiecka, Grzelak-Kostulska, 2013). It is argued that access to medical services, combined with affordability, are the primary motivations for travel (Crooks et al., 2011). The rapid development of medical technologies, services and facilities in developing countries has resulted in a form of '*reverse globalisation*', where patients from developed countries seek medical care in developing countries, for reasons including affordability, quality, and greater access to services (Ben-Natan et al., 2009). However, increasing recognition is given to '*south-south*' travel for medical treatment where individuals from developing countries often travel to other developing countries within the same region for medical treatment (Ormond, Sulianti, 2014). This study forms part of this recognition by looking at travel by Indian-South Africans to India for medical treatment and tourism.

Research on the dynamics of South African medical tourism is limited, as most of the existing studies focus on incoming patients (Mazzaschi, 2011; Crush et al., 2012), and exclude the dynamics of South African citizens travelling abroad for medical treatment. Indian-South Africans form the largest population of Indians born outside of India, and have in many cases maintained close traditional, cultural and familial links with India, whether real or 'transcendentally' (Landy et al., 2004: 203; Jain, 2010). Anecdotal evidence from specific communities, especially in Johannesburg, suggests that travelling to India for medical treatment is common, driven by the state-of-the-art facilities, affordability, and English speaking professionals (Gupta, 2008).

In the global context, much research is required to determine the biographical profile and economic reach of medical tourism (Yu, Ko, 2012). The number of medical tourists, and their impact on healthcare systems in both domestic and foreign countries, is largely unknown, particularly in the developing world context (Connell, 2013). Furthermore, the reliance on data sourced from consultancy firms and media reports results in 'speculative claims', and does not provide an in-depth understanding of medical tourism (Johnston et al., 2012: 2). It is clear that more research needs to be conducted on a broader scale to study the types of medical tourists in greater detail, and to improve understanding of medical tourism as a global phenomenon, especially from a developing world perspective. This paper attempts to address this lack of information by drawing attention to Indian-South Africans travelling to India as medical tourists. This research therefore explores the motivations of Indian-South Africans travelling to India for medical treatment, and their reasons for deciding against using South African medical care.

## 2. Exploring medical tourism: from South Africa to India

South Africa's healthcare sector is influenced by remnants of apartheid inequalities which left the present

Unauthenticated
Download Date | 9/30/16 4:55 PM

government with enormous challenges to provide comprehensive, quality, and affordable healthcare for South African citizens (Mayosi et al., 2012). The apartheid government, who came into power in 1948, considered healthcare a private responsibility, with the exception of those who could not afford it (Coovadia et al., 2009). By 1960, approximately 80% of the white population had invested in medical aid schemes (Söderlund et al., 1998). The demand for high quality healthcare, over and above the basic primary services offered at public hospitals, resulted in the development of a large private medical sector. At present South Africa has a dual healthcare sector made up of government funded public services and a private sector for those who possess the necessary funds for access (Harris et al., 2011). The public health sector is often described as overcrowded and undersupplied (Mayosi et al., 2012). Much of the blame for this situation has been directed to former presidencies that failed to acknowledge the impact of the HIV/AIDS and tuberculosis epidemics (Kleinert, Horton, 2009). Effective leadership is argued to be key driver necessary for reformation of the health sector, which requires the effective implementation of existing legislative health policies (Edmeston, 2012). Regulatory concerns are not limited to just the public sector; the greatest problem plaguing the private sector is the lack of price regulation, which has resulted in excessive price escalation, and may potentially contribute to middle-class citizens seeking treatment abroad (McIntyre et al., 2006). This may be the case for Indian-South Africans, who were thought not to be affected by medical affordability, due to the middle class income stature of this population group (Shishana et al., 2006). Medical-aid schemes have developed a market in which most medical expenditures are covered by third parties, and as a result patients rarely select professionals or services based on price (Francis, 2012). Therefore, the lack of competition and no incentives to keep prices affordable result in patients avoiding both the public sector and the expensive private sector, and considering treatment options in other countries. This is similar to the scenario faced by the predominantly privatised American health sector, from where an increasing numbers of patients travel as medical tourists for reasons of affordability, even when covered by medical insurance (Perfetto, Dholakia, 2010; Meghani, 2011).

Medical tourism traditionally involves patients from less developed countries travelling to more developed and medically advanced centres for treatment they cannot receive in their home countries (Connell, 2013). However, an increasing number of patients from more developed countries now seek medical services in less developed countries, such as South Africa, India and Thailand. Asia currently boasts the top three major global medical tourism destinations, namely, India, Singapore and Thailand (Crush, 2012). More specifically, the development of medical tourism as an economic development strategy in India is argued to have resulted from neoliberalisation of the economy and related efforts to reduce public expenditure and to open the Indian economy for foreign investment (Chee, 2010; Smith, 2012). From the early 1980s, India developed policies to actively promote the transition from a public healthcare system to the current predominantly privatised system (Chaudhry et al., 2004). One of the objectives of the pre-1980 welfare policies was to provide comprehensive healthcare services across the socio-economic spectrum of Indian citizens (Smith, 2012). This was gradually downgraded with the implementation of structural adjustments from the 1980s (Kirk, 2011), where poorer classes were limited to public healthcare services available at a minimal service-fee, while more expensive services were restricted to private institutions, and thus became less accessible to the local populace. These services maintained comparatively affordable for the wealthy in India, and for medical tourists from both developed and developing countries (Reddy, Qadeer, 2010). Private healthcare continues to become inaccessible to local Indians as the Indian government encourages expansion to capitalise on medical tourists, particularly from neighbouring countries such as Pakistan and Sri-Lanka, where patients often do not have similar access to the specialised services offered in India (Reddy, Qadeer, 2010). Recently, India has witnessed exponential growth and development in its medical tourism sector. The medical tourism sector was specifically initiated in 2002 by the government, as part of the '*Incredible India*' tourist campaign (Chinai, Goswami, 2007). The multi-billion dollar campaign spurred infrastructure development to accommodate incoming tourists, including upgrades to airports, tourist facilities, and hospitals to

Unauthenticated
Download Date | 9/30/16 4:55 PM

cater specifically for tourist needs (Chinai, Goswami, 2007). India hosts patients from approximately fifty-five countries across Europe, North-America, Africa and Asia (Gupta, 2008).

## 3. Methodology

Data was collected through semi-structured interviews and questionnaires conducted with 54 individuals in Johannesburg, South Africa, identified by a snowball sampling approach. Audio recordings were made of all interviews, which were later transcribed (Ye et al., 2011; Johnston et al., 2012). Ethical clearance was obtained in accordance with the University of Witwatersrand ethics guidelines. The sample presents a very specific study population accessing a niche medical tourism market. In part, the purpose of the study was to gauge perceptions of medical tourists as the literature often excludes tourists' behaviour and expectations (Connell, 2013). A select number of quotations are used to depict patient's experiences. The sample population is made up South African Indians who travelled to India for medical purposes. Patients ages ranged from 10-80 years old (underage patients were not interviewed, but rather their parents/guardians), but the majority of the respondents were middle aged to retired. The socio-economic status of the majority of patients was middle class. Middle class South Africans income per household are between R5400 to R40 000 per month after tax (1US$=11.67ZAR) (Visagie, 2013). This income bracket serves to inform the reader of the costs of medical procedures and medical tourism within the South African and Indian contexts with reference to both perceived and real affordability of this tourism sector.

## 4. Results and discussion: motivations to travel for touristic and medical reasons

### 4.1. Tourist activities

The respondents' decisions to receive treatment in India were driven by a combination of motivations and needs. These motivations were influenced primarily by accessibility of treatments in India. This included respondents who did not have success with treatments in South Africa, treatments offered at a low cost in India, and a greater level of expertise and quality of treatments available in India. Referrals and success stories from friends and relatives played a significant role in the decision to access treatment in India. The diversity of motivations for patients engaging in medical tourism may not necessarily be entirely associated with medical treatment. It could be argued that just as medical tourists engage in tourist activates when travelling primarily for treatment, they may also seek unplanned medical treatment while predominantly on vacation (Connell, 2013). Socio-cultural influences were also important, with visiting friends and relatives (VFR) in India being a very important factor for travelling to India, many accompanying friends and relatives that went for treatment, and the general affordability of India as a holiday destination.

Of the 54 respondents, 33 travelled primarily to receive treatment, to destinations in a variety of locations outlined in Fig. 1, with Mumbai and Kochi receiving significantly large numbers. The remaining 21 respondents travelled primarily for leisure purposes, or to take part in VFR travel or business tourism, with Mumbai and Kochi similarly attracting the majority of visitors (Fig. 2). The average length of stay in India was 32 days, with a large range from seven to eighty-four days.

The nature of the treatment influenced the probability of patients engaging in further tourist activities. Patients receiving invasive surgeries were less likely to take part in tourist activities due to the significant recovery periods (Connell, 2013). Of the respondents that undertook further travel in addition to their treatments, 14 respondents travelled to southern parts of India, 16 travelled in the western parts, five did countrywide tours, three travelled to northern and eastern parts of India, and one travelled to western and eastern parts. In relation to the period of medical treatment, 25 respondents undertook sightseeing and travelling during treatments, while 11 travelled before treatment, and four after treatment.

Medical tourism is most common among those touring in a personal capacity with friends and relatives, as only *Respondent 50* made use of a package tour through a company. This could be due to

Unauthenticated
Download Date | 9/30/16 4:55 PM

their knowledge of the language, and their own VFR connections, allowing them to travel to different destinations. VFR connections and cultural heritage played an important part in tourist behaviour, as individuals often attempted to access their family villages to '*rediscover their roots*'. The (re)discovering of roots and (re)establishing of VFR connections does present very different evidence from what Perfetto and Dholokia (2010) argue for many American medical tourists, who prefer replicated American standards in terms of tourism products. The one respondent who made use of a package tour visited iconic tourist sites and regions including the Taj-Mahal, the Red Fort, Goa and Delhi. All respondents did extensive shopping, especially in the major centres they flew into, such as Mumbai, or in transit options such as Dubai, in the United Arab Emirates. Therefore, it seems that there are links between shopping tourism and medical tourism especially in the case of the respondents of this study.




**Fig. 1.** Treatment locations of respondents

*Source:* Authors, based on interviewees responses

Unauthenticated
Download Date | 9/30/16 4:55 PM

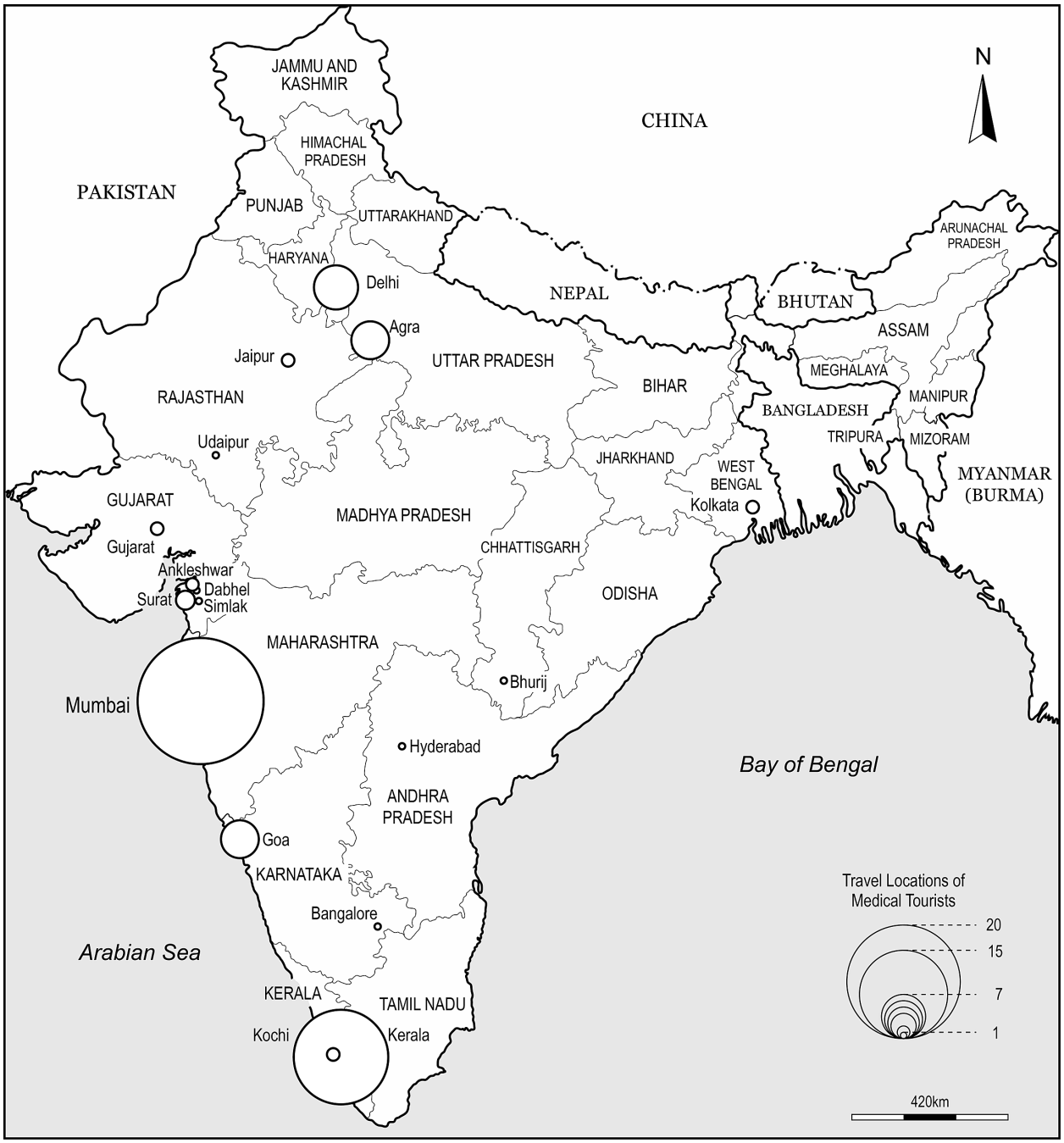



**Fig. 2.** Travel locations of respondents

*Source:* Authors, based on interviewees responses

### 4.2. Medical treatments

In terms of treatments, a large variety of non-invasive and minimally invasive treatments were sought by medical tourists, including physiotherapy, Ayurveda, heart treatments, ophthalmological, dental, general check-ups, full medicals, and dermatological treatments (as displayed in Fig. 1). Invasive procedures were less popular, and less common amongst respondents, but those which were used included urological, gastric bypass, and kidney surgeries.

Unauthenticated
Download Date | 9/30/16 4:55 PM

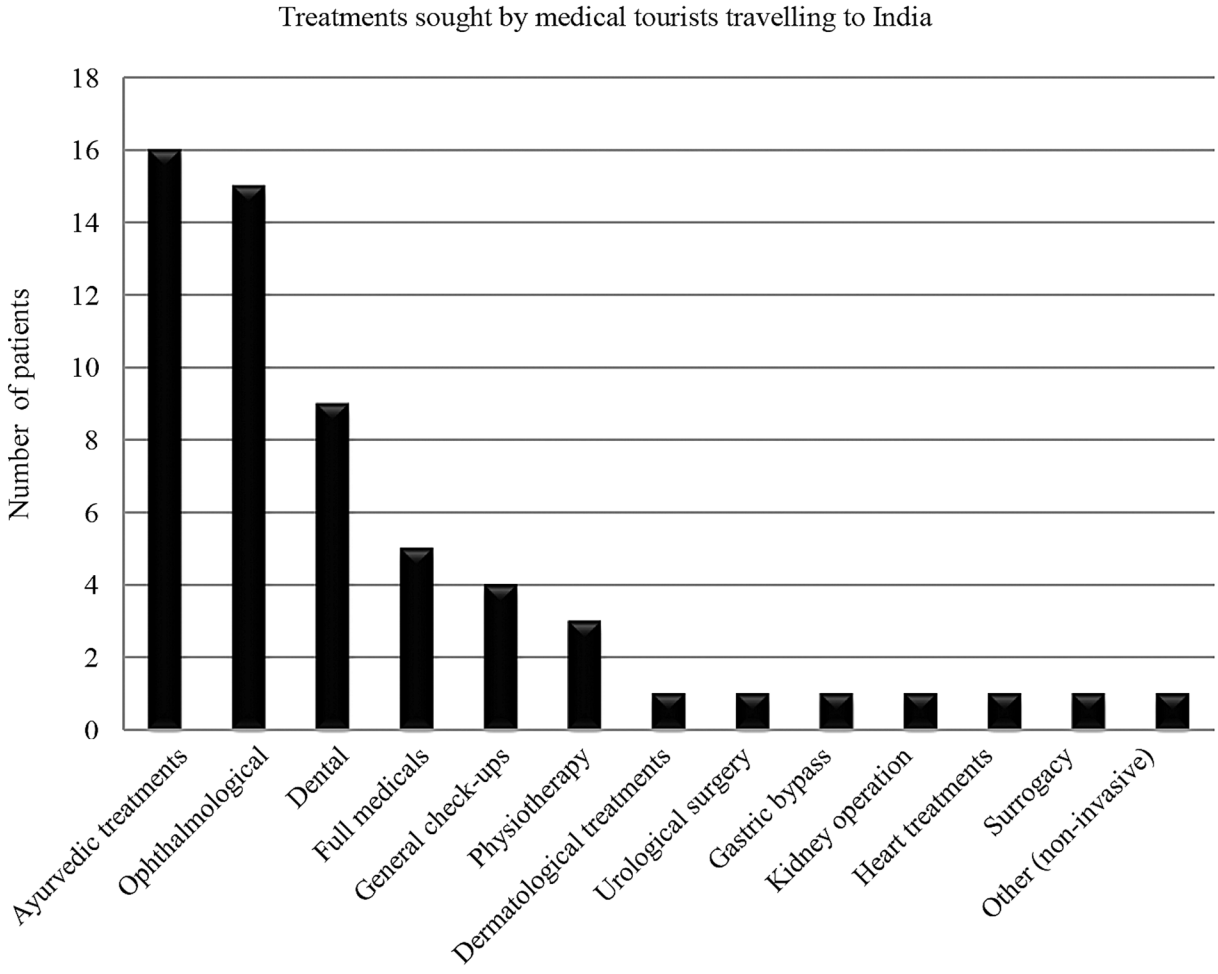



**Fig. 3.** Various treatments received by patients/respondents

*Source:* Authors, based on interviewees responses

Many of the medical tourists obtained a variety of medical and health related services impulsively, owing to the low cost and convenience of the services. For example, *Respondent 27* travelled primarily to visit family, but had booked an appointment for a full medical at the New Medical Centre hospital before his trip: "*I think it was just the fact that the impression I got was that you had a one-stop-shop in India*". In cities such as Mumbai where medical tourism is common, a variety of health and medical facilities are located in close proximity to one another, encouraging patients to impulsively purchase products and access services. *Respondent 27* went for a full medical and then purchased a pair of prescription glasses during the lunch break between tests: "*I took a walk around the corner, there's a whole street of opticians, so I had some glasses made*."

*Word-of-mouth* referrals and success stories from friends and relatives were another major motivator for patients receiving treatment in India, together with referrals from spiritual and religious leaders in South Africa. Positive references and personal first-hand accounts of patients being cured of various ailments when local conventional medicine failed, far surpass any form of formal advertising as "*no message is as convincing as one that comes from a satisfied customer*" (Strolley, Watson, 2012: 28). Two of the study respondents were motivated to travel after hearing about the success story of *Respondent 1* who was paralysed from the waist down, and had no success with treatment in South Africa. With in-

Unauthenticated
Download Date | 9/30/16 4:55 PM

tense physiotherapy treatment in India, at the public Kejal Hospital, *Respondent 1* reported to have regained full function of limbs.

### 4.3. Ayurvedic treatments

Ayurveda is an ancient traditional Indian treatment commonly practiced in conjunction with conventional medicine (Byrne, 2012). Ayurvedic medicine focuses on achieving a balance between the various dimensions constituting human beings; the physical body, the mind, the spirit, and the surrounding environment. It is alleged that an imbalance in anyone of these dimensions results in illnesses or disease, which in turn may be corrected by means of a healthy lifestyle, diet, massages, or through consuming herbal medications (Suchday et al., 2014). All of the ayurvedic patients in this study travelled to India because either they had no success with conventional treatments, or treatments for their conditions were not available in South Africa. An example is a patient who was born with *Sturge-Webber Syndrome*, a rare non-curable central nervous system disorder that affects speech and cognitive skills. The patient was treated at the Punarnava Ayurvedic Hospital in Kerala, after conventional treatment in South Africa was unable to remedy paralysis on the right side of her body. The Ayurvedic treatment was reported to have cured the paralysis, and also improved the patient's general condition: "*The first treatment in India proved very effective to help strengthen her muscles and enable her to start walking within the first week of her treatment. In addition to this, the consulting doctor began a specialised head treatment for brain stimulation. The effect of this was noted after the second treatment whereby both her speech and cognitive skills improved tremendously*" (*Respondent 9*). It is important to note that many of the Ayurvedic treatments incorporated conventional medical tests and scans which were performed at hospitals situated within close proximity, but the Ayurvedic treatment itself is entirely non-invasive. Due to Ayurvedic treatments often requiring long sessions over a number of days in a controlled environment (which is believed to be conducive to healing), patients, along with their accompanying friends and/or family, are fully catered for by the hospital. *Respondent 19* attended the Ayurveda House for Treatment in Kerala: "*They provide everything and take total care of you during your stay. All your food is cooked to specification to aid in healing for the purpose you've been for treatment. Clothing washed and some transfers done for shopping sightseeing etc.*" (*Respondent 19*). The non-invasive nature of the Ayurvedic treatments allowed patients to tour the area between treatment sessions. Patients were, however, mostly restricted to areas in and around the Ayurvedic centres, as widespread touring was discouraged to prevent drastic environmental changes, which are believed to adversely affect patients.

### 4.4. Ophthalmological treatments

Ophthalmological treatments were the second most common type of treatments obtained by medical tourists in this study, utilised by 16 respondents. These treatments included general eye checks at optometrists, the purchase of prescription glasses and contacts lenses, cataract surgery, laser eye surgery, and glaucoma surgery. Patients requiring invasive eye surgery claimed to have chosen India for the expertise of the ophthalmologists, and advanced technologies and techniques used to perform the surgeries, which according to them are not commonly found in South Africa. Two patients who were advised by friends and family to receive treatment in India, and claimed to have chosen India after their own internet-based research, confirmed the availability of state of the art equipment. Another interviewee related how he had suffered with eye problems since childhood, and had undergone numerous treatments in South Africa throughout his life by various doctors and specialists, but experienced no improvement. By word-of-mouth he learnt about treatment in India, and travelled out of desperation. He commented that the treatment he received in India was far more advanced, and that the service was superior to South Africa. Indian specialists were more patient and willing to spend more time consulting with and diagnosing patients, compared to the specialists he encountered in South Africa. Assessments were more intense and vigorous, lasting for up to three hours, and were conducted by junior doctors and followed up by a senior doctor. In India he was diagnosed with a degenerative

Unauthenticated
Download Date | 9/30/16 4:55 PM

eye disorder, for which he was treated using laser eye surgery, allowing him regain most of his vision.

## 5. South African medical care compared to Indian medical care: medical tourists' perspectives

All of the respondents who travelled with the primary motive to receive treatment would have preferred being treated in South Africa, with reasons relating to affordability, access, and quality of information. *Respondent 51,* for example, was unaware of surrogacy services in South Africa; "*If I knew the surrogacy was legal here, and if I knew that I would have to wait eight months to get a surrogate mother in South Africa I would have done it, I found out way too late, they already had fifteen thousand dollars (USD) of mine.*" *Respondent 33* who suffered from scoliosis was treated in South Africa for 13 years, involving two invasive surgeries with no success. The patient travelled out of desperation after hearing about the success of *Respondent 1,* and after one week of intense physiotherapy in India, the respondent claimed her condition improved substantially. *Respondent 49* who suffered from a back injury was unable to find non-invasive treatments for his ailment in South Africa, and travelled to India to avoid surgery: "*I just went to so many guys, I just took all their treatments and all their medications and everything, and I'd say I saved myself an operation, where here in South Africa they were just adamant that they wanted to do spinal fusion*".

The general response was that medical care and services in India were superior to South Africa. This is directly related to the two largest sample populations of medical tourists who received Ayurvedic and ophthalmological services in this study. There was, however, a distinction made between services and standards: all patients commented on the efficiency of the services they received, while opinions of hospital standards varied. *Respondent 33* commented that the hospital was in poor condition and very run down, but that the service was good. According to *Respondent 48* who visited a public hospital for treatment, the way in which Indian public hospitals operate cannot be compared to South African hospitals, as the vast number of patients and lack of space and hospital requires staff to be extremely efficient in order to treat as many patients as possible. Respondent 1 similarly commented: "*They go out of their way and they do not waste time and effort to get to the problem because they have limited resources*". Private hospitals actively attracting medical tourists, by contrast, are far more luxurious, and have been designed "*not to look or smell like hospitals*", but resemble hotels to ensure the comfort of patients (Reddy, 2010: 73). *Respondent 27* argued that: "*This place is by no means a hospital, it is a shop. And you look at it and next door is a shop selling clothes and next door is a shop selling something else, and when you go in, you got a normal reception area, then once you go in its basically a long shop that's got like seven or eight consulting rooms on the left, seven or eight on the right. But their service and the way they treat you as a patient is phenomenal*".

This highlights the stark differences between public and private healthcare, which are similarly observed in South Africa (Pinchuck et al., 2002). An interview with a medical doctor, who travelled to India for an alternative treatment stated that medicine in India and South Africa both have their strengths and weaknesses, and that it is up to the discretion of the patient to choose the country with the most advanced treatment. He mentioned that India offers certain unique non-medical, unconventional treatments not easily found anywhere else, including different forms of Ayurveda, and that the decision to travel should be based on the availability of treatments for particular ailments or conditions. When asked how South African medical services compared to those in India he replied that state of the art hospitals in South Africa are comparable to the state of the art hospitals in India, but that the general hospitals in India are better than the general hospitals in South Africa. In India there are also numerous very small, poor government hospitals on the urban outskirts in rural areas with very poor conditions. This is significant when considering the availability of quality health care for the majority of poor citizens unable to afford private service or travel as medical tourists, and suggests that South African healthcare is more orientated toward the welfare of general citizens compared to India, which is more profit orientated.

Several respondents were of the opinion that it is advisable to receive treatment in India only for

Unauthenticated
Download Date | 9/30/16 4:55 PM

certain treatments and under specific circumstances. *Respondent 49* argues: "*For particular stuff yes, India is the way to go but not everything, guys have to be careful with regards to what they are doing, besides that if I had like any serious medical conditions or something, I would never mind going to Baragwaneth in Johannesburg, because if you look at it all, the top dogs are in Baragwaneth*". Similarly, *Respondent 40* believes that South African medical standards are comparable to the best in the world, with "*first-class facilities and first-class doctors*", but feels that "*greed has overtaken them*" in terms of the prices charged for certain treatments and consequent financial benefits to the healthcare professionals. *Respondent 40* speaks of his nephew who recently qualified as a doctor, and according to him unjustly charges R1500 (135US$) for a single 15 minute consultation at a specialist doctor. He feels that the "*lack of sincerity to the community*", compounded by high prices in South African medical care, often encourages individuals to travel to India for treatment. Personal service from medical professionals was also generally perceived as better in India than in South Africa: "*What I liked most, is the professionalism from the nurses and the care givers. You know here, my end of the world here they scream at you, they shout at you, you don't need that kind of things*" (*Respondent 42*).

The above results suggest that medical care in South Africa is perceived to be of high quality in terms of treatments, and is generally trusted by patients, who would prefer to undergo invasive procedures in South Africa than anywhere else, despite the perceived high cost and bad personal service. The biggest shortfall identified was the lack of professionalism in terms of the perceived concern for, and sincerity towards, patients. Medical professionals and care givers were described as less accommodating and less concerned for the well-being of the patients compared to Indian professionals.

## 6. Conclusion

Medical tourism is a highly commercialised, multi-billion dollar industry with far-reaching global impacts due to the flow of people and capital. These impacts, resulting from the privatisation of health services globally, affect the general access to healthcare. Though economically orientated, it is more than an economic issue for medical tourists, whose personal motivations to seek treatment abroad reflect the ability of domestic medical services to satisfy the needs of the local populace. This study highlights the presence of a diasporic Indian-South African population who access Indian medical tourism through maintained cultural, social, economic and familial links. This is particularly highlighted by the finding that all respondents learnt about treatment in India by word-of-mouth from others within the local Indian community in Johannesburg, followed up by detailed internet searches. The most significant motivator for respondents to travel was '*the need for treatment*' where local treatments were either unsuccessful or unavailable. This would suggest the existence of a larger South African medical tourist population outside of the Indian community which may provide the backdrop for further research.

An analysis of the accounts given by respondents comparing South African and Indian healthcare revealed both shortfalls and strengths in the South African health sector. It is probable that many South African patients, especially those from lower socio-economic classes, tolerate poor service because they have no choice in terms of accessibility, while the wealthy can access high quality specialised services at private hospitals. India is therefore often the logical place for treatment for middle classes that can consider treatment internationally that is financially within reach. Other shortfalls included the lack of availability of certain services, such as alternative non-invasive treatments and high-tech ophthalmological services. There were also complaints regarding the lack of effectiveness of South African treatments for particular ailments. Therefore, for those who can afford to travel, medical tourism serves as a means to avoid the perceived shortfalls of local services, enabling them to satisfy their medical needs and expectations. Although limited to a particular niche of the medical tourism market, this study has demonstrated the diversity of medical tourists, even within a specialised niche. It has also highlighted shortfalls in the South African medical system, which may be remedied if South African healthcare is able to meet the unsatisfied needs of patients. A possible solution may

Unauthenticated
Download Date | 9/30/16 4:55 PM

be the development of the public health sector to compete with the private sector, which would lower prices by creating competition, and incorporate a broader variety of treatments and improved personal service, which would discourage potential patients from scouting the global medical market. This would have the added benefit of attracting medical tourists to South Africa, thereby further strengthening the South African tourism sector.

A research niche exists in South Africa in considering different kinds of medical tourists both travelling from South African to countries such as India, and from developed countries to South Africa for treatment. This could develop a broader understanding of (medical) tourism to and from developing countries, instead of hegemonic understanding of developed to developing country, or developing to developed travel. This paper also raises questions relating to health tourism in South Africa and South Africans travelling abroad as health tourists, and how these travel arrangements take place. Nevertheless, anecdotal evidence from this study may suggest that medical tourism is a widespread phenomenon amongst Indian-South Africans especially in Johannesburg. The phenomenon is underpinned by VFR connections and cultural heritage of the respondents and therefore more research is suggested to understand the scope of this phenomenon in the developing world but also the influence of cultural connections.

## References

**Ben-Natan, M., Ben-Sefer E. and Ehrenfeld, M.,** 2009: Medical Tourism: A New Role for Nursing. In: *The Online Journal of Issues in Nursing*, Vol. 14, pp. 8-18. DOI: 10.3912/OJIN.Vol14No03PPT0

**Byrne, J.P.,** 2012: Ayurvedic Medicine. In: Kaminsky, A.P. and Long, R.D. editors, *India today: an encyclopedia of life in the republic,* Santa Barbara: ABC-CLIO, pp. 71-72.

**Chaudhry, P.K., Kelkar, V.L. and Yadav, V.**, 2004: The evolution of 'homegrown conditionality' in India: IMF relations. In: *The Journal of Development Studies*, Vol. 40, pp. 59-81. DOI: 10.1080/0022038042000233803

**Chee, H.L.,** 2010: Medical tourism and the state in Malaysia and Singapore. In: *Global Social Policy*, Vol. 10, pp. 336-357. DOI: 10.1177/1468018110379978

**Chinai, R. and Goswami, R.,** 2007: Medical visas mark growth of Indian medical tourism. In: *Bulletin of the World Health Organisation,* Vol. 85, Issue 3, pp. 164-165. DOI: 10.2471/BLT.07.010307

**Connell, J.,** 2013: Contemporary medical tourism: Conceptualisation, culture and commodification. In: *Tourism Management*, Vol. 34, pp. 1-13. DOI: 10.1016/j.tourman.2012.05.009

**Coovadia, H., Jewkes, R., Barron, P., Sanders, D. and McIntyre, D.,** 2009: The health and health system of South Africa: historical roots of current public health challenges. In: *The Lancet*, Vol. 374, pp. 817-834. DOI: 10.1016/S0140-6736(09)60951-X

**Crooks, V.A., Turner, L., Snyder, J., Johnston, R. and Kingsbury, P.,** 2011: Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. In: *Social Science and Medicine*, Vol. 72, pp. 726-732. DOI: 10.1016/j.socscimed.2010.12.022

**Crush, J., Chikanda, A. and Maswikwa, B.,** 2012: Patients without borders: Medical tourism and medical migration in Southern Africa, Cape Town: Megadigital, p. 1-51.

**Edmeston, M.,** 2012: Beyond Band-Aids: Reflections on public and private health care in South Africa. In: *The Journal of the Helen Suzman Foundation*, Vol. 67, pp. 41-46.

**Francis, K.,** 2012: Private health care and the right to health. In: *The Journal of the Helen Suzman Foundation,* Vol. 67, pp. 47-51.

**Gupta, A.S.,** 2008: Medical tourism in India: Winners and losers. In: *Indian Journal of Medical Ethics*, Vol. 1, pp. 4-5.

**Hall, C.M.,** 2011: Health and medical tourism: a kill or cure for global public health? In: *Tourism Review*, Vol. 66, Issue 1 and 2, pp. 4-15. DOI: http://dx.doi.org/10.1108/16605371111127198

**Hall, C.M.,** 2013: Medical tourism: the ethics, regulation and marketing of health mobility, New York: Routledge.

**Harris, B., Goudge, J., Ataguba, J.E., McIntyre, D., Nxumalo, N., Jikwana, S. and Chersich, M.,** 2011: Inequalities in access to health care in South Africa. In: *Journal of Public Health Policy*, Vol. 32, pp. 102-123.

**Hołowiecka, B. and Grzelak-Kostulska, E.,** 2013: Globalisation as a major factor modifying the patterns

Unauthenticated
Download Date | 9/30/16 4:55 PM

of tourism activity. In: Szymańska, D. and Chodkowska-Miszczuk, J. editors, *Bulletin of Geography. Socio-economic Series*, No. 21, Toruń: Nicolaus Copernicus University Press, pp. 49–60. DOI: http://dx.doi.org/10.2478/bog-2013-0020

**Jain, R.K.,** 2010: Nation, diaspora, trans-nation: Reflections from India, New Dehli: Routledge.

**Johnston, R., Crooks, V. and Snyder, J.,** 2012: "I didn't even know what I was looking for": A qualitive study of the decision-making processes of Canadian medical tourists. In: *Globalisation and Health*, Vol. 8, pp. 1-12. DOI: 10.1186/1744-8603-8-23

**Kirk, J.,** 2011: India and the World Bank: the politics of aid and influence, London: Anthem press.

**Kleinert, S. and Horton, R.,** 2009: South Africa's Health: departing for a better future? In: *The Lancet*, Vol. 374, pp. 759-760.

**Landy, F., Maharaj, B. and Mainet-Valleix, H.,** 2004: Are people of Indian origin (PIO) "Indian"? A case study South Africa. In: *Geoforum*, Vol. 35, pp. 203-215. DOI: doi:10.1016/j.geoforum.2003.08.005

**Mayosi, B.M., Lawn, J.E., van Niekerk, A., Bradshaw, D., Abdool Karim, S.S. and Coovadia, H.M.,** 2012: Health in South Africa: changes and challenges since 2009. In: *The Lancet*, Vol. 380, pp. 2029-2043.

**Mazzaschi, A.,** 2011: Surgeon and safari: Producing valuable bodies in Johannesburg. In: *Signs*, Vol. 36, pp. 303-312. DOI: 10.1086/655941

**McIntyre, D.I., Gilson, L., Wadee, H., Thiede, M. and Okarafor, O.,** 2006: Commercialisation and extreme inequality in health: The policy challenges in South Africa. In: *Journal of International Development*, Vol. 18, pp. 435-446. DOI: 10.1002/jid.1293

**Meghani, Z.,** 2011: A robust, particularist ethical assessment of medical tourism. In: *Developing World Bioethics*, Vol. 11, pp. 16-29. DOI: 10.1111/j.1471-8847.2010.00282.x

**Ormond, M. and Sulianti, D.,** 2014: More than medical tourism: lessons from Indonesia and Malaysia on South-South intra-regional medical travel. In: *Current Issues in Tourism*. DOI: 10.1080/13683500.2014.937324

**Perfetto, R. and Dholakia, N.,** 2010: Exploring cultural contradictions of medical tourism. In: *Consumption Markets & Culture*, Vol. 13, Issue 4, pp. 399-417. DOI: 10.1080/10253866.2010.502417

**Pinchuck, T., McCrea, B. and Reid, D.,** 2002: The rough guide to South Africa, Lesotho and Swaziland, Third Edition, London: Rough Guides Limited.

**Reddy S. and Qadeer I.,** 2010: Medical tourism in India: Progress or predicament? In: *Economic and Political Weekly*, Vol. 45, pp. 69-75.

**Shishana, O., Rehle, T., Louw, J., Zungu-Dirwayi, N., Dana, P. and Rispel, L.,** 2006: Public perceptions on national health insurance: Moving towards universal health coverage in South Africa. In: *South African Medical Journal*, Vol. 96, pp. 814-818.

**Smith, K.,** 2012: The problematization of medical tourism: A critique of neoliberism. In: *Developing World Bioethics*, Vol. 12, pp. 1-8. DOI: 10.1111/j.1471-8847.2012.00318.x

**Söderlund, N., Schierhout, G. and van den Heever, A.,** 1998: Private health care in South Africa: Technical report to chapter 13 of the SA health review, Durban: Health System Trust.

**Strolley, K. and Watson, S.,** 2012: Medical tourism: A reference handbook, Santa Barbara: ABC-CLIO.

**Suchday, S., Ramanayake, N.P., Benkhoukha, A., Santoro, A.F., Marquez, C. and Nakao, G.,** 2014: Yoga, meditation, and other alternative methods for wellness: prevalence and use in the United States. In: Gurung, R.A.R. editor, *Multicultural approaches to health and wellness in America*, Santa Barbara: Praeger, pp. 125-150.

**Visagie, J.,** 2013: Income groups: things are tight around the middle. In: *Mail & Guardian*. Accessed on August 15 2014 from http://mg.co.za/article/2013-08-02-00-things-are-tight-around-the-middle.

**Ye, B.H., Qui, H.Z. and Yuen, P.P.,** 2011: Motivations and experiences of Mainland Chinese medical tourists in Hong Kong. In: *Tourism Management*, Vol. 32, pp. 1125-1127. DOI: 10.1016/j.tourman.2010.09.018

**Yu, J.Y. and Ko, T.G.,** 2012: A cross-cultural study of perceptions of medical tourism among Chinese, Japanese and Korean tourists in Korea. In: *Tourism Management*, Vol. 33, pp. 80-88. DOI: doi:10.1016/j.tourman.2011.02.002

© 2015 Nicolaus Copernicus University. All rights reserved.



Unauthenticated
Download Date | 9/30/16 4:55 PM