



PERCEPTION OF INTERNATIONAL PATIENTS ABOUT PREVENTIVE HEALTH CHECK UP WITH SPECIAL REFERENCETO BANGALADESH

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ABSTRACT

Medical tourism is becoming a popular option for tourists across the globe this study is about India's largest medical traveller source, Bangladesh and their perception on preventive health check-up. This study was presided over in India's largest private sector hospital group in Chennai. A descriptive study was conducted using convenient sampling with 40 international patients. The primary data collected through structured questionnaire, with 5-point Likert scale. The questionnaire gathered the information with respect to basic demographic factors and their perception regarding preventive health check-ups. The data was interpreted using percentage analysis, weighted average, and chi square. The study revealed the overall perception of Bangladeshi medical travellers on preventive healthcare services.

Keywords - Health care service, Medical tourism, International patients.

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INTRODUCTION

Medical tourism also called (medical travel, health tourism or global healthcare) is a term used to describe the rapidly-growing practice of travelling across international borders to seek healthcare services. Services typically sought by travellers include elective procedures as well as complex surgeries, etc. The Leading destinations of the medical tourism market include Malaysia, India, Singapore, Thailand, Turkey, and the United States. 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 countries. 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. Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression.

The four main types of NCDs are

- ✓ Cardiovascular diseases (like heart attacks and stroke),
- ✓ Cancers (Breast cancer, lung cancer)
- ✓ Chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma)
- ✓ Diabetes and Hypertension

Other NCDs include chronic kidney disease, osteoarthritis, and Alzheimer's disease.

REVIEW OF LITERATURE

Reviewing the previous literature brought out a message that In the recent past, a trend known as medical tourism has emerged wherein citizens of highly developed countries choose to bypass care offered in their own communities and travel to less developed areas of the world to receive a wide variety of medical services study by Horowitz, M.D., Rosensweig, J.A., Jones, C.A (2007), 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 study is about India's largest medical traveller source, Bangladesh and the uniqueness of their buying behaviour. 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 behaviour is based on emotional aspects, trust factors and not based on purchasing power or understanding of clinical outcomes. 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 behaviour is based on emotional aspects, trust factors and not based on purchasing power or understanding of clinical outcomes by Dr.Jithu Josh (2021).Our aim is to show that building links between sociological and behavioural economic approaches to the study of consumer behaviour can lead to significant and surprising implications for conventional economic analysis and policy prescriptions, especially with respect to environmental policy. Partha Dasgupta, Dale Southerton, Alistair Ulph, David Ulph (2016). The practice of medical tourism depends on successfully informing potential patients about procedure options, treatment facilities, tourism opportunities, travel arrangements, and destination countries. The promotion of medical tourism includes a wide range of marketing materials such as flyers, booklets, and websites. Yet, there is a paucity of knowledge about the dissemination, content, and reception of these promotional materials. we consider four related issues: (1) promotional materials may be designed to be circulated amongst potential patients' concerned family and friends who privilege knowing about things such as the use of advanced technologies; (2) developing nations need to portray safe and advanced treatment facilities in order to dispel potential patients' suspicions that their medical care is inferior; (3) companies may avoid making cost saving claims that cannot be fulfilled for all of their international patients, especially those traveling from developing nations; and (4) messages of low cost may detract from and even undermine messages about quality by Valorie A. Crooks, Leigh Turner, Jeremy Snyder, Rory Johnston, Paul Kingsbury (2011). Definitions of medical tourism are limited hence who medical tourists are and how many exist are both indeterminate and inflated. Definitions often conflate medical tourism, health tourism and medical travel, and are further complicated by the variable significance of motivation, procedures and tourism by John Connell (2013). The key concerns facing the industry include: absence of government initiative, lack of a coordinated effort to promote the industry, no accreditation mechanism for hospitals and the lack of uniform pricing policies and standards across hospitals. Medical tourism or health care tourism is fast growing multibillion-dollar industry around the world. It is an economic activity that entails trade in services and represents the mixing of two of the largest world industries: medicine and tourism by Dr. Suman Kumar Dawn, Swati Pal(2011).

OBJECTIVES

- To study the buying behaviour of patients.
- To assess the level of importance of preventive health check-up among patients.
- To identify the reason for selecting particular pro health packages.

RESEARCH METHODOLOGY

Area of research	International Patient Department
Type of research	Survey Research
Sources of data	Primary data is collected through structured questionnaire.
Period of study	1 st March to 15 th April 2023
Sample size	40 International Patients (Bangladeshi)
Sample size	Convenience sampling
Statistical tools used	Percentage Analysis, Weighted Average, Chi-Square Analysis

DATA ANALYSIS AND RESULTS

PERCENTAGE ANALYSIS

Table 1-The table shows that among 40 respondents, 30%, of respondents belongs to 17-39 years.65% of respondents belongs to 40-69 years.5% respondents belong to 70-89 years.

AGE GROUPS (in years)	NO OF RESPONDENTS	PERCENTAGE (%)
17-39	12	30
40-69	26	65
70-89	2	5
Total	40	100

Table 2-The table shows that among 40 respondents 50% of the respondents are female and the other 50% of the respondents are male.

GENDER	NO OF RESPONDENTS	PERCENTAGE (%)
Female	20	50
Male	20	50
Total	40	100

Table 3-The table shows that among 40 respondents 25% of the respondents are from Dhaka, 20% of the respondents from Chittagong, 32.5% of the respondents from Rajshahi, 7.5% of the respondents from Sylhet, 5% respondents from Khulna and the other 10% of the respondents from other origins.

STATE OF ORIGIN	NO OF RESPONDENTS	PERCENTAGE (%)
Dhaka	10	25
Chittagong	8	20
Rajshahi	13	32.5
Sylhet	3	7.5
Khulna	2	5
Others	4	10
Total	40	100

Table 4 -The table shows that among 40 respondents 12.5% of the respondents are government worker, 2.5% of the respondents are private workers, 22.5% of the respondents are self-employed, 40% of the respondents are home maker, and 22.5% respondents are other division of workers.

OCCUPATION	NO OF RESPONDENTS	PERCENTAGE (%)
Government job	5	12.5
Private	1	2.5
Self Employed	9	22.5
Home maker	16	40
Others	9	22.5
Total	40	100

Table 5-The table shows that among 40 respondents 95% of the respondents are new patients, 5% of the respondents are old patients.

TYPE OF CUSTOMER	NO OF RESPONDENTS	PERCENTAGE (%)
New patient	38	95
Existing patient	2	5
Total	40	100

WEIGHTED AVERAGE

Table-6

PERFORMANCE PARAMETERS ABOUT PREVENTIVE HEALTH PACKAGE

S.No	Parameters	Very Low	Low	Moderate	High	Very High	Total	Weighted Average
		1	2	3	4	5		
A	Level of Liking	0	0	8	9	23	40	4.3
B	Level of Usefulness	0	0	5	11	24	40	4.4
C	Level of Importance	0	0	2	13	25	40	4.5
D	Level of Net Promoting	0	0	2	13	25	40	4.5
E	Level of Overall Perception	0	0	1	11	28	40	4.6

INTERPRETATION

According to the above table, the highest weighted average was found to be **4.675** for level of overall perception.

CHI-SQUARE ANALYSIS

ASSOCIATION BETWEEN THE PREFERED FREQUENCY TO AVAIL PRO HEALTH CHECK UP AND AGE GROUP OF RESPONDENTS

Table-7

H₀: There is no significance association between the frequencies of taking preventive health check-up at Apollo among the age of respondents.

H₁: There is significance association between the frequencies of taking preventive health check-up at Apollo among the age of respondents.

AGE GROUP (IN YEARS)	PREFERED FREQUENCY TO AVAIL PRO HEALTH CHECK UP					TOTAL
	Whenever my Consultant Prescribes	Once in a year	Twice in a year	Whenever I Escorting the patient	Whenever I visit to Chennai	
17 – 39	5	1	0	0	6	12
40 – 69	11	6	1	0	8	26
70 – 89	1	0	0	1	0	2
Total	17	7	1	1	14	40

Source: Primary Data

Chi Square P-value = **0.004**

p – Value <0.05

INTERPRETATION:

H₁ is accepted

Since the significant value is less than the p-value <0.05.

There is significance association between the levels of importance of preventive health check-up among the age of respondents.

ASSOCIATION BETWEEN THE LEVELS OF IMPORTANCE OF PREVENTIVE HEALTH CHECK UP AND AGE GROUP OF RESPONDENTS

Table-8

H₀: There is no significance association between the levels of importance of preventive health check-up among the age of respondents.

H₁: There is significance association between the levels of importance of preventive health check-up among the age of respondents.

AGE GROUP (IN YEARS)	LEVEL OF IMPORTANCE OF PREVENTIVE HEALTH CHECK UP			TOTAL
	Moderate	High	Very High	
17 - 39	0	5	7	12
40 - 69	1	7	18	26
70 - 89	1	1	0	2
Total	2	13	25	40

Source: Primary Data

Chi Square P-value = **0.027**

p-Value < 0.05

INTERPRETATION:

H₁ is accepted

Since the significant value is less than the p-value <0.05.

There is significance association between the levels of importance of preventive health check-up among the age of respondents.

ASSOCIATION BETWEEN THE REASON FOR CHOSING PREVENTIVE HEALTH CHECK UP AND GENDER OF RESPONDENTS

Table -9

H₀: There is no significance association between the sources of suggestion to do preventive health check-up among the gender of respondents.

H₁: There is significance association between the sources of suggestion to do preventive health check-up among the gender of respondents.

GENDER	THE REASON FOR CHOSING PREVENTIVE HEALTH CHECK UP				TOTAL
	Self-Awareness	Physician	Relatives & Friends	Online Suggestion	
Male	6	8	5	1	20
Female	14	2	3	1	20
Total	20	10	8	2	40

Source: Primary Data

Chi Square P-value = **0.049**

P-Value < 0.05

INTERPRETATION:

H₁ is accepted

Since the significant value is less than the p-value <0.05.

There is significance association between the sources of suggestion to do preventive health check-up among the gender of respondents.

ASSOCIATION BETWEEN THE LEVELS OF IMPORTANCE OF PREVENTIVE HEALTH CHECK UP AND EMPLOYMENT DETAILS OF RESPONDENTS

Table-10

H₀: There is no significance association between the levels of importance of preventive health check-up among the occupation of respondents.

H₁: There is significance association between the levels of importance of preventive health check-up among the occupation of respondents.

EMPLOYMENT DETAILS	LEVEL OF IMPORTANCE OF PREVENTIVE HEALTH CHECK UP			TOTAL
	Moderate	High	Very High	
Government Employment	0	0	5	5
Private Worker	0	0	1	1
Self Employed	0	3	6	9
Home maker	2	5	9	16
Others	0	5	4	9
Total	2	13	25	40

Source: Primary Data

Chi Square P-value = **0.398**

P-Value < 0.05

INTERPRETATION:

H₁ is accepted

Since the significant value is less than the p-value <0.05.

There is significance association between the levels of importance of preventive health check-up among the occupation of respondents.

CONCLUSION

The perception of international patient about pro health check-up is highly positive and satisfactory among the Bangladeshi people. Yet the source of awareness about preventive health check-up was suggested by friends/relatives/neighbours so it's mandatory that the organization should take initiative to educate the patients from all age group regarding the importance of preventive health check-ups and encourage them to overcome the risk of Non communicable diseases.

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