
Medical Tourism in India: An Empirical Analysis of the Demographic Profile and Perception of Medical Tourists

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Abstract

Background

The economy world over is being lifted by a comparatively new concept of medical tourism, but very little is understood about it. India is one of the fast growing and popular destination for medical treatment. So, at this early stage, it becomes important to find out about the demography of medical tourists visiting India and their perception regarding the prospects and future of medical tourism in India.

Methods

The research study is an exploratory research, based on primary and secondary data. Primary data was collected from the 132 foreign patients from the five leading hospitals in India. These included information on gender, age, marital status, country of origin, occupation, income of the medical tourist and also their feedback on the future prospects of medical tourism in India. The data was then analysed and compared with India International Passenger Survey Report (IPS), to further understand the characteristics of medical tourists visiting India.

Results

A total of 850,000 medical tourists visited India in 2011. Maximum patients were from Iran, Iraq, Afghanistan and Pakistan respectively. Data showed that female patients outnumbered the male patients who travelled to India for treatment, than indicated by the IPS. And also, the researchers unveiled that so far, there has been no substantial research done, in this sector, especially in the healthcare sector of India.

Conclusions

The research study concludes that India has lately become an important destination for medical tourists because of high-quality medical services, low cost and ease and affordability of travel. Not only do patients come from developing countries but from developed countries also. A significant number of patients are old in age but prefer India over other countries. Also, medical tourists tend to combine travel and tourism along with the medical procedure.

Keywords: demand, health care services, India, medical tourism, motivation, outsourcing.

Background

Medical tourism or health tourism is the travel of people to another country for the purpose of

obtaining medical treatment in that country. Traditionally, people would travel from less

developed countries to major medical centers in highly developed countries for medical

treatment that was unavailable in their own communities [1]. Medical tourism is different from the traditional form of international medical care where patients typically journey from less developed nations to major medical centers in highly developed countries for advanced medical treatment [2]. Medical tourism is the practice of a patient "outsourcing" healthcare services to an area outside of his/her home country. Medical travel is becoming more popular, as more people realize its benefits. The main benefits of Medical tourism include getting the opportunity to travel to an exotic destination for medical needs and reaping potentially big monetary savings [3]. Health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care can form a significant part of a country's economy. In 2008, the health care industry consumed an average of 9.0 percent of the gross domestic product (GDP) across the most developed OECD countries. The United States (16.0%), France (11.2%), and Switzerland (10.7%) were the top three spenders [4]. The Medical Tourists from across the world keep looking for the best possible alternatives for their respective needs, and the competing nations catering to such needs keep improvising on their Unique Selling points to target them. Lee puts it this way "The medical package is very attractive to the medical tourist. From the marketing perspective, the consumer is receiving a better deal than just the one product. They are receiving a medical intervention as well as a visit to a novel location by themselves or with their family and friends. This will become more important in the future as different nations compete for the medical tourism" [5]. The list of countries promoting medical tourism include: China, India, Israel, Jordan, Singapore, Malaysia, Philippines, United Arab Emirates in Asia, while as, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Jamaica, Mexico, United States are countries for the American continent.

Medical tourism destination from Europe include, Belgium, Germany, Hungary, Lithuania, Poland, while as from African continent, South Africa is the only country that promotes Medical Tourism [2].

Current status of medical tourism worldwide:

In 2003, approximately 350,000 patients from industrialized nations travelled to a variety of less developed countries for health care [6]. It was projected that 750,000 Americans will go offshore for medical care in 2007, with this number increasing to six million in 2010 [7]. In 2004, Thailand alone, cared for approximately 1.1 million medical tourists from a large number of countries in Asia, Europe and North America [8]. Many surgery procedures performed in medical tourism destinations cost a fraction of the price they do in the First World. For example a liver transplant that costs \$300,000 USD in America costs about \$91,000 USD in Taiwan [9]. A large draw to medical travel is convenience and speed. Countries that operate public health-care systems often have long wait times for certain operations. Using Canada as an example, an estimated 782,936 Canadians spent time on medical waiting lists in 2005, waiting an average of 9.4 weeks. [10]. The cost of surgery in India, Thailand or South Africa can be one-tenth of what it is in the United States or Western Europe, and sometimes even less. A heart-valve replacement that would cost \$200,000 or more in the US, for example, goes for \$10,000 in India and that includes round-trip airfare and a brief vacation package. Similarly, a metal-free dental bridge worth \$5,500 in the US costs \$500 in India, a knee replacement in Thailand with six days of physical therapy costs about one-fifth of what it would in the States, and Lasik eye surgery worth \$3,700 in the US is available in many other countries for only \$730. Cosmetic surgery savings are even greater: A full facelift that would cost \$20,000 in the US runs about \$1,250 in South Africa. Medical tourism carries some risks that locally-provided medical care does not. Some countries, such as India, Malaysia, or Thailand

have very different infectious disease-related epidemiology to Europe and North America. Exposure to diseases without having built up natural immunity can be a hazard for weakened individuals, specifically with respect to gastrointestinal diseases (e.g. Hepatitis A, amoebic dysentery, paratyphoid) which could weaken progress, mosquito-transmitted diseases, influenza, and tuberculosis. However, because in poor tropical nations diseases run the gamut, doctors seem to be more open to the possibility of considering any infectious disease, including HIV, TB, and typhoid, while there are cases in the West where patients were consistently misdiagnosed for years because such diseases are perceived to be "rare" in the West [11].

The quality of post-operative care can also vary dramatically, depending on the hospital and country, and may be different from US or European standards. However, JCI and Trent fulfil the role of accreditation by assessing the standards in the healthcare in the countries like India, China and Thailand. Also, travelling long distances soon after surgery can increase the risk of complications. Long flights and decreased mobility in a cramped airline cabin are a known risk factor for developing blood clots in the legs such as venous thrombosis or pulmonary embolus economy class syndrome [12]. Differences in healthcare provider standards around the world have been recognised by the World Health Organization, and in 2004 it launched the World Alliance for Patient Safety. This body assists hospitals and government around the world in setting patient safety policy and practices that can become particularly relevant when providing medical tourism services [13].

Accreditation by Joint Commission International and/or the International Organization of Standardization (ISO) may provide a useful and reassuring benchmark for patients in selecting offshore medical facilities. The Joint Commission began evaluating foreign hospitals in 1999 and has accredited more than 120 hospitals in 23 countries [14].

Thus, American manufacturers and insurance companies are studying and pursuing offshore health care options in an effort to reduce health care costs. Mercer Health & Benefits, a prominent employee benefits consulting firm, has been retained by three Fortune 500 corporations to determine the feasibility of directing elective major surgery to foreign medical destinations [15]. And also, Medical institutions in less developed countries benefit by serving foreign patients. The skills and financial resources derived by providing health care in the global marketplace allow these facilities to better care for the local residents who otherwise would have limited access to modern medical facilities and services [6].

Current status of medical tourism in India:

According to Connell, the ability to convince tourists that the healthcare in these international destinations is of a safe quality is one of the major barriers to medical tourism. [16]. In order to combat this concern, international accrediting agencies are in the process of certifying the quality and safety of global healthcare delivery [17]. And so we see that the India has over 22 JCI accredited hospitals showcasing its drive and ability to upkeep the international standards and regulations of high quality healthcare [18]. Thus, Medical tourism is a growing sector in India [19]. India's medical tourism sector is expected to experience an annual growth rate of 30%, making it a \$2 billion industry by 2015 [20]. Advantages for medical treatment in India include reduced costs, the availability of latest medical technologies [21]. A visa-on-arrival scheme for tourists from select countries has been instituted which allows foreign nationals to stay in India for 30 days for medical reasons [22]. Because of all of this, Confederation of Indian Industry reported that 150,000 medical tourists came to India in 2005, based on feedback from the organization's member hospitals. The number grew to 200,000 by 2008. A separate study by ASSOCHAM reported that the year 2011 saw 850,000 medical tourists in India and

projected that by 2015 this number would rise to 3,200,000 [23]. Most estimates claim treatment costs in India start at around a tenth of the price of comparable treatment in America or Britain [24].

India was one of the first developing countries to suffer a drain of health workers and was the largest source country for doctors in the 1970s, many of whom have stayed on in the United Kingdom, Canada and the United States. Binod Khadria, Professor of Economics at the Jawaharlal Nehru University in New Delhi, India, wrote in a recent paper that 56% of the All India Institute of Medical Sciences' graduate doctors left the country between 1956 and 1980. According to Khadria, however, the trend has reversed to some extent over the last decade with an influx of Indian doctors who had trained in the former Soviet Union but were returning and the increase in "medical tourism" in which patients from developed countries seek to undergo medical procedures in India at reduced cost [25].

Current status of demographic profile of medical tourists in India:

Demography is the branch of sociology that studies the characteristics of human populations [26]. From the literature review the researcher did not find any substantial work done on the demographic profiling of the medical tourists visiting India. A Google Internet search on January 16, 2014 using the term "medical tourism in India and the demographic profile of the patients" returned 5,750,000 results but none had the basic information related to the demographic profile of the foreign patients who had visited India for treatment.

Methods

This paper presents an analysis of a study based on primary and secondary data, extensively examining responses from medical tourists in India, focused on patients coming from the rest of the world. This research paper depends on medical tourists from the four private hospitals in India.

Hospitals were purposely selected, with researcher choosing the four hospitals which have taken quality initiatives in healthcare management and are recognised at the highest level through prestigious accreditation agencies. All hospitals in this study are driven by the vision of becoming a global leader in the integrated healthcare delivery space and provide highly specialized tertiary care and different service packages.

An exploratory research was done and 132 medical tourists obtaining medical services in four hospitals was undertaken by interviewing them. Non- Resident Indians, People of Indian Origin and expatriates were excluded from the survey. And also, tourists who had fallen ill while holidaying in India were excluded. Ten variables in terms of demography of medical tourists, prospects and future of medical tourism, including (1) gender, (2) age, (3) marital status, (4) country of origin, (5) occupation, (6) income, (7) visited any other country for medical treatment, (8) comparison with other countries, (9) facilities foreign patients like in India and (10) recommendations.

Findings from the analysis of data on medical tourists from the four hospitals were then triangulated with analysis of the International Passenger Survey in India (IPS) to better understand overall volume of patients travelling and data. The IPS is sponsored by the Ministry of Tourism, Government of India, which randomly surveys a representative sample of passengers entering and exiting India. These results are then used by the Ministry of Tourism, Government of India to estimate tourism to and from India. It asks a range of questions of travellers including about demographic factors, origin and destination of passengers and their primary purpose of travel [27]. Passengers travelling to travel India and stating medical treatment as their purpose of travel are thus reflected in the IPS figures. Thus the IPS represents a very different type of data (an estimate) compared to the number of actual medical tourist records surveyed and analysed

from Indian hospitals. The researcher included the IPS, despite this difference as having access and conducted analysis of datasets from a recipient country – India.

Results

Semi structured interview schedule was used to collect information from the medical tourists. A total of 132 of them were interviewed from the four leading hospitals in India.

Key findings about demography of medical tourists

Table 1 Gender distribution of medical tourists
60% medical tourists interviewed were females while as only 40 % were males.

Table 2 Age wise distribution of medical tourists

43% of medical tourists were in the age group of >60, whereas 25% were in the age group of 46-60% and 19% were of the age group of 18-25%.

Table 3 Marital status of medical tourists

Out of all the respondents interviewed for the survey, 73% were married, 25% unmarried and 2% divorced.

Table 4 Place of Origin of medical tourists

Out of the total sample of 132 foreign Patients interviewed from different hospitals, 21% were from Iran, 12% from Iraq, 9% from Pakistan, Nigeria and Afghanistan respectively, 6% from Bangladesh and Srilanka, 4% from Ethiopia, 3% from UAE,UK, Japan, Nepal, Rwanda and Singapore, 2% from Bhutan, Uzbekistan and Yemen, .8% from Kazakhstan, Liberia, Uganda, Sudan, Poland and Saudi Arabia

Table 5 Occupation of medical tourists

About 51.5% of the respondents admitted to the hospitals were either unemployed or were dependent. 48.5% of the respondents were employed.

Table 6 Income of medical tourists

39.4% of the respondents had a monthly income of more than 3000 US \$. 80% of the Foreign Patients visiting hospitals in India for treatment are from the higher income categories (more than 1600 US \$- approximately more than 80,000 INR per month).

Key findings about an account of perception of medical tourists

Table 7 Whether visited any other country for medical treatment

Most of the Foreign Patients who came to India for their respective treatment (67.4%) had not visited any other country before for medical services. Chi square test was applied and it was found that the fact that the foreign patients have visited other countries for treatment does play a significant role in deciding to come to India for their medical treatment. (Chi sq value = 63.500, $p=0.000$) at .01 level.

Table 8 Comparison of medical facilities in India with other countries

It was analyzed through the survey that most of the foreign patients(73.5%) felt that India's medical facilities were "good" in terms of service when compared with other countries. Chi square test was applied and it was found that the perception of a foreign patient when it comes to compare India's medical services does play a significant role when deciding to come to India for medical treatment. (Chi sq value = 40.721, $p=0.000$) at .01 level.

Table 9 Facilities foreign patients like in India

The researcher wanted to know, what are the facilities that the foreign patients like best, when they come as medical tourists to India. It was found after survey that most of the foreign patients (88.6%) like medical facilities in India above all the other services. Chi square test was applied and it was found that the fact that the foreign patients likes medical treatment over other options in India plays no significant role when deciding to come to India on a treatment visit. (Chi sq value = 15.251, $p=0.084$) at .01 level.

Table 10 Recommendation Medical tourism in India to friends and relatives

When the foreign patients were asked if they would like to recommend India to other's for medical tourism, a total Of 92.4% replied that they will. 4.5% of the total respondents however had already recommended it. And 3% didn't wanted to share their opinion. Chi square test was applied and it was found that the fact that the foreign patients would recommend medical tourism in India to others or not does not play any significant role when it comes to deciding a trip to India for treatment purpose. (Chi sq value = 19.265, p=0.804) at .01 level.

Discussion

Data shows that most of the foreign patients are females as compared to males across all the hospitals. This differs from the IPS data, which depicts that 77% male and only 32% female tourists visit India annually. This means that out of 32% females who visit India, 60% of those, come for medical treatment.

A large number of foreign patients interviewed for the survey were of the above 60 age group, which means that the tourists seeking treatment in India for various procedures are of the higher age group. On the contrary, according to IPS data, only 4% of total tourists visiting India are above the age of 60. From which the researcher derives that majority of the tourists who are above the age of 60 visit India for treatment of their ailments rather than for other reasons.

Analysis shows that most of the tourists who were interviewed were married followed by a small percentage of unmarried foreign patients. The divorcee tourists who were interviewed for the survey were very less in number. IPS data showed the same trend about tourists visiting India, most of whom according to the survey were married.

A large chunk of foreign patients that come to India for medical services are from underdeveloped or developing countries. The

major service seekers are from India's catchment areas. The researcher saw very less number of patients from developed countries like UK. And throughout the survey did not find a single patient from USA. On the contrary, the IPS data shows that maximum tourists come from developed countries especially USA which tops the list of people visiting India for different reasons, whereas UK is only second to USA in the list. This implies that a majority of tourists from developing countries do not visit India for sightseeing or business or any other reason but for availing medical services of the country. Iraq and Iran were found to be the major facility seekers in India partially because of the fact that they don't have quality medical services in their countries, or whatever there was destroyed in the war. These tourists are usually sent to India through the embassies in their respective countries.

Most of the medical tourists to India were either employed or dependents i.e. almost evenly divided. This observation stands opposite to the data available on IPS, which states that only around 20% of the tourists are dependents i.e. students/housewives. That means majority of the dependents want to get themselves treated in a country like India, may be because the cost of treatment is low as compared to other countries.

A large number of foreign patients coming to India for their treatment are from the higher and/or medium income categories (more than 1600 US \$- approximately more than 80,000 INR per month), which means that they can even consider taking treatments in their own countries or other countries which are slightly expensive than India. In spite of this fact, they still prefer India, for its quality medical procedures.

But a considerable are from lower income group as well but according to IPS survey only 3 percent from lower income group travel to India which implies that a considerable percentage from the lower income group opt to get their medical treatment done in India.

According to the IPS data only 4% of tourists visited India for treatment. Most of the foreign patient according to our analysis, not been to some other country for the medical services. The small percentage who have visited developed countries for treatment are of the opinion that, as compared to other countries, India is cost wise nominal, and the services they received are good on a scale of 1-4, where 2 is considered as good.

And also the foreign patients liked medical facilities the best on their trip to India, subsiding all other factors that complete the definition of Medical Tourism like touring and relaxation. Probably they were not at all exposed to such things. Majority of medical tourists were very happy in recommending India to their friends and family for availing treatment. This again amounts to the satisfaction pertaining to the quality of medical services in India.

Conclusions

In 2011, 850,000 medical tourists visited India and around 3,200,000 medical tourists are expected to come in 2015. It is very clear that what makes India a medical tourism destination. It is its high-quality medical services, low cost and ease and affordability of travel. Thinakorn Noree et al research shows that the majority of patients from the UK travel for comparatively low cost Procedures [28].

The greatest advantage of Medical Tourism in India is the monetary benefits that it leads to through the foreign currency flow. Higher revenues per bed, per hospital, per treatment etc are be generated. Policymakers in India need to consider carefully how to reach different groups of medical tourists who travel to India for treatment. Information provided in this research through analysis, highlights who should receive priority in terms of being targeted with information. While a large number of patients travel to India from developing countries but a considerable number of patients also travel from developed countries including older patients. This provides an

evidence on the level of safety and security that medical patients feel and get in a country like India.

According to the research, majority of the patients visited India only to get medical treatment but a small number of them were attracted by the tourist destinations of India, as well. Thus, medical treatment tends to combine travel and tourism along with the medical procedure. This implies that medical tourism is not only about seeking medical services but also about sightseeing, travelling, amongst other things. Thus, it is a less unified phenomenon but a complex permutation and combination of medical tourism and sightseeing.

Also, not much data is available through IPS, and the Ministry of Tourism, Government of India, should conduct a comprehensive survey on medical tourism, which would likely help the healthcare providers in competing at the international level by having more tie-ups with foreign travel services, foreign hospitals, the embassies and insurance industries across the globe. This will help make presence of Indian medical tourism felt globally, so that it can attract more of prospective tourists.

To sum up, medical tourism can be a big boom for upgrading and strengthening a country's economy through growth and sustenance in India.

Competing interests

The author declares to have no financial or personal relationships that could inappropriately influence the research described. The author declares that she have no competing interest.

Authors' contributions

Dr. Rumaiya Sajjad designed and carried out the data collection and analysis for the study.

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Tables
Table 1 - Gender distribution of Medical Tourists

Gender	Frequency	Percentage
Male	53	(40.2)
Female	79	(59.8)
Total	132	(100.0)

Table 2 - Age wise distribution of Medical Tourists

Age wise distribution	Frequency	Percentage
18 to 25	24	(18.2)
26 to 45	19	(14.4)
46 to 60	33	(25.0)
>60	56	(42.4)
Total	132	(100.0)

Table 3 - Marital Status of Medical Tourists

Marital Status	Frequency	Percentage
Married	96	(72.7)
Unmarried	33	(25.0)
Divorced	3	(2.3)
Total	132	(100.0)

Table 4 - Country of origin of Medical Tourists

Country of Origin	Frequency	Percentage
Afghanistan	12	(9.1)
Australia	2	(1.5)
Bangladesh	8	(6.1)
Bhutan	2	(1.5)
Ethiopia	5	(3.8)
Iran	27	(20.5)
Iraq	15	(11.4)
Japan	3	(2.3)
Kazakhstan	1	(.8)
Liberia	1	(.8)
Nepal	3	(2.3)
Nigeria	11	(8.3)
Uganda	1	(.8)

Pakistan	12	(9.1)
Poland	1	(.8)
Rwanda	4	(3.0)
Saudi Arabia	1	(.8)
Singapore	4	(3.0)
Sri Lanka	7	(5.3)
Sudan	1	(.8)
UAE	4	(3.0)
UK	3	(2.3)
Uzbekistan	2	(1.5)
Yemen	2	(1.5)
Total	132	(100.0)

Table 5 - Occupation of Medical Tourists

Occupation of Respondents	Frequency	Percentage
Self Employed	64	(48.5)
Unemployed/ Dependent	68	(51.5)
Total	132	(100.0)

Table 6 - Monthly Income of Medical Tourists

Monthly Income	Frequency	Percentage
< 1500\$	26	(19.7)
1600\$ to 3000\$	54	(40.9)
Above 3000\$	52	(39.4)
Total	132	(100.0)

Table 7 - Whether visited any other country for medical treatment

	Frequency	Percentage	Chi-square	P
Yes	4	(3.0)	63.500	0.000
No	112	(84.8)		
Many	2	(1.5)		
Can't tell You	14	(10.6)		
Total	132	(100.0)		

*Significant at .01 level

Table 8 - Comparison of medical facilities in India with other countries

	Frequency	Percentage	Chi-square	P
Excellent	8	(6.1)	40.721	0.000
Good	97	(73.5)		
Satisfactory	17	(12.9)		

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Can't Tell	10	(7.6)		
Total	132	(100.0)		

*Significant at .01 level

Table 9 - Facilities Foreign Patients like in India

	Frequency	Percentage	Chi-square	P
Medical Facilities	117	(88.6)	15.251	0.084
Tourist Places	10	(7.6)		
Accommodation	3	(2.3)		
All of the Above	2	(1.5)		
Total	132	(100.0)		

*Significant at .01 level

Table 10 - Recommendation of Medical tourism in India to friends and relatives

	Frequency	Percentage	Chi-square	P
Yes	122	(92.4)	19.265	0.804
Can' Say	4	(3.0)		
I have, already.	6	(4.5)		
Total	132	(100.0)		

*Significant at .01 level