

Prospect of Medical Tourism in Burdwan Town of West Bengal

SOUMYENDRA KISHORE DATTA* AND RUMA KUNDU¹

*Department of Economics, Burdwan University
 Burdwan 713104, India*

¹*Management Institute of Durgapur, Durgapur, India*

E-mail : soumyendra_d@rediffmail.com

**Correspondence*

Abstract

India has in recent years been developing as a great hub of medical tourism with inflow of tourists from world over for low cost medical treatment and associated sight seeing purposes. The same concept applies in micro sense to cities/towns with a great network of diverse medical facilities and other tourist attractions. Khosbagan area in Burdwan town in West Bengal has a thick density of doctors, laboratories and other associated facilities that cater to the medical demand of a great number of people from regions around it. Apart from that the historical, religious and eco-sites of the town are added attraction. Removal of congestion, garbage and introduction of better sanitation facilities around the medical area and facelift in the tourist spots might offer a big prospect of medical tourism in the town and a boost for development of informal sector.

Key words : Medical tourism, Informal sector, Burdwan.

Tourism is recognized as a global industry today. It provides employment both in organized and unorganized sectors for high-skilled, semi-skilled and unskilled manpower and gradually bridges the gap between the rich and the poor. However, medical tourism or health tourism in a developing concept with great prospects for India implying peoples' visit to India from world over, for their medical and relaxation needs. Most common treatments are heart surgery, knee transplant, cosmetic surgery, dental care and cataracts. The reason India is a favorable destination is because of its infrastructure and technology which is at par with those in USA, UK and Europe. With the increasing health care costs people in developed countries are seeking relatively low cost alternative health care facilities that are offered in other countries. High treatment cost and long queue at home, sophisticated technology and expertise in the destination countries along side low transport costs and internet marketing along with recreation facilities have made medical tours highly cherishable (Connell 2006). India happens to be one of the low cost medical facility hub with highly trained doctors to cater to the demands of medical tourists. India's educational infrastructure is not only producing computer programmers and engineers but

estimated 20,000 to 30,000 doctors and nurses every year. Patients come here even from poor countries like Bangladesh, Srilanka where good treatment may not be available. India has some of the best hospitals and treatment centers in the world with the best facilities.

India is also one of the most favorable tourist destinations in the world. People often combine the use of medical facilities here with the enjoyment offered by our diverse variety of beaches and witnessing cultural diversity, tradition and values reflected in multiplicity of food habits, language, religion, dress and manners.

The concept of medical tourism in a macro perspective (in the context of a country) may even be translated and associated in a micro scenario (at a local level). If there be developed a relatively low cost infrastructure of diverse type of medical treatment with qualified doctors within the periphery of a city/town, people/patients from adjoining or even distant places may flock there to avail those low cost facilities and enjoy the natural beauty or historical sites that might be associated with the location of the said city/town. In fact there exists a great divide in the factors oriented towards so called medical tourism in

Table 1. Regression results of region A. $R^2 = 0.69$; $F = 4.443$, sig (0.057).

	Coefficients	t-values	Sig level
(Constant)	-4.877	-2.158	0.074
LNFM	0.268	0.668	0.529
LNE	0.779	1.599	0.161
LNMTTC	-0.421	3.258	0.017

Table 2. Regression results of region B. $R^2 = 0.661$; $F = 5.193$, sig (0.028).

	Coefficients	t-values	Sig level
(Constant)	-8.801	-3.149	0.014
LNFM	2.656	3.157	0.013
LNE	0.904	1.520	0.167
LNMTTC	0.230	1.140	0.287

bigger cities and deprivation of health care needs of an average user in rural or semi urban setting. This hiatus can be filled by eliminating the shortage of trained health workers, promoting bigger health hub in India’s rural districts or encouraging public-private partnership in health sector in these regions (Meleigy 2007). Expansion of medical tourism in metropolitan cities has often an untoward impact on local people’s access to health care. Qualified medical practitioners from public sector and town hospitals are attracted towards expanding private sector network in bigger cities. This tempo need to be reversed through government policy by extending decentralized compact health services so as make it available within the reach of the local poor. Apart from this proper monitoring and accountability of medical waste management is also important (Vijay 2007). In fact in both urban and rural spheres now-a-days there has been an increasing willingness to pay and enjoy sophisticated private medical services instead of free services at overcrowded public health centers (Singh 2008).

In this context Burdwan town provides an example to extend the scope of medical tourism at a local level because of its large medical infrastructure together with scattered historical and natural ecotopes. Khosbagan area of Burdwan happens to be one of the highest densely populated hub of physicians, nurses, medical shops and medical infrastructural facilities huddled together within a radius of about 2 km. Apart from the government hospital, the number of high degree private practitioners specialized in a variety of medical branches and diagnostic centres, available in close locations makes the prospect of the medical tourism lucrative. Its importance is easily intelligible when in modern day world doctors do not want to take risk and even in smallest doubt are in the practice of referring the patients to related departments for various tests and other purposes. Patient parties often do not want to waste time and money

for searching for diagnostic centers and other physicians and long to get them at close quarters. Apart from these there are parties who often have to stay for a few days for treatment in the city and they combine medical purpose tour with site seeing tour in the locality. In Burdwan there are several tourist spots like Golapbag, Ramna forest, Krishna Sayar, Shyam Sayar, and a number of historical and religious sites with bright prospects. The demand for tourism is gradually rising. From this dimension it seems imperative to analyze the demand for medical tourism in Burdwan and assess its prospects.

Methods

For this purpose 100 patient parties were interviewed in January 2008 in Khosbagan area in Burdwan. They were chosen from private practitioners, private clinics, private diagnostic centers. Public hospital has been left out since most of the towns/cities have this facility while the thick density of private medical infrastructure is hardly observed. For assessing medical tourism cost, the expenses incurred for purely medical purpose have been combined with that for undertaking site seeing in nearby important places of repute and pure travel expenditure. The respondents were so chosen as have spent at least a night in the town either in hotels or in relative’s places.

During interview it was found that the sample respondents came from a variety of places. For analytical purpose the regions were divided into four parts, depending on the direction and closeness of the location of their residences from the central place. Data were gathered on the respondents’ age, income, travel cost, medical cost and number of members in the family. Attempt was made to find out the demand for medical tourism that emanate from each respective part of residence of the respondents. The number of visits made per year to Burdwan town is con-

Table 3. Regression results of region C. $R^2 = 0.106$; $F = 0.237$, sig (0.867).

	Coefficients	t-values	Sig level
(Constant)	3.176	0.619	0.559
LNFM	-0.238	-0.299	0.775
LNE	0.189	0.145	0.890
LNMTTC	-0.151	-0.544	0.606

sidered as the reflector of demand for medical tourism and it is assumed to be related in a Cobb-Douglas form to the number of members in the family, education level, medical tourism cost (MTC).

The following zones are identified : Katwa, villages around Burdwan (region A), Birbhum, Murshidabad (region B), Howrah, Hooghly, Kolkata (region C), and Purulia, Bankura, Asansol, Durgapur, Jharkhand (region D).

The regression accordingly is in double log form :

$$\text{LN } V = a + b_1 \text{ Ln FM} + b_2 \text{ Ln E} + b_3 \text{ Ln MTC}$$

Where V = No of visits per year, FM = No of family members, E = Education in years of schooling, MTC = Medical expenses + travel cost + local trip related cost.

Results and Discussion

The results of regression for the respective regions are shown in Tables 1 to 4.

The results indicate that medical tourism (MT) demand is adequately explained by the considered explanatory variables in region A, as $R^2 = 0.69$ is found to be significant. However, among the individual regressors only medical travel cost (MTC) is found to be significant while the two others are not so. The value of elasticity of tourism demand with respect to MTC is found to have expected negative sign with moderate absolute value of 0.421.

In region B, it is found that (MT) demand represented by V is adequately explained by the considered explanatory variables, as $R^2 = 0.661$ and is found to be significant. However, only the number of family members happens to be significant determinant of MT demand in this case. The corresponding elasticity has expected positive sign with a value of 2.656.

In region C, it is found that (MT) demand is not

Table 4. Regression results of region D. $R^2 = 0.318$; $F = 2.022$, sig (0.161).

	Coefficients	t-values	Sig level
(Constant)	7.292	1.333	0.206
LNFM	0.319	0.602	0.557
LNMTTC	-0.302	-1.204	0.250
LNE	-0.959	-1.101	0.291

adequately explained by the considered explanatory variables, as R^2 is rather low (0.106) and is found to be insignificant. Neither of the explanatory variables happens to be significant in this case. Similar insignificant result is found in region D.

On the whole, zone-wise study implies that from the point of view of the first two regions, some of the variables have significant or moderate significant effect. In one case MTC and in another case no. of family members have significant impact in explaining medical tourism with expected signs. The sample suggest that prospect of medical tourism cannot be explained by the considered variables in regions C and D being rather far from Burdwan. If the respondents are not categorized according to different regions of their origin, then the full sample yields the following result given in Table 5. On the whole the regression is found to be significant and only number of family members can significantly explain the variation in demand for medical tourism with expected sign. Apart from this the sample respondents were asked to provide their opinion on six identified necessary aspects that seem to be important for promotion of medical purpose travel together with trips for recreation in nearby localities. This is likely to have a great impact on the further development of the informal sector for generating people's employment. The respondents were asked to rank six different aspects in decreasing order according to their perceived intensity of importance of the cited issues. The different ranks thus generated for specific aspects are summed up (following Borda rank technique) and compared. The lowest sum implies greatest imputed stress and vice versa. Table 6 gives the proposed activity and their relative stress reflected in the sample analysis.

Thus the patient parties feel extremely bad for the thick crowd and congestion in the Khosbagan area. For easy movement and access of patient parties to diverse kind of medical facilities removal of

Table 5. Regression results for the whole sample. $R^2 = 0.164$; $F = 3.001$, sig (.04).

	Coefficient	t-values	Sig level
(Constant)	-1.880	-1.324	0.192
LNFM	0.745	2.353	0.023
LNE	0.252	0.897	0.374
LNMTTC	0.151	1.431	0.159

congestion is felt as an urgent necessity. Apart from this, because of the filth, garbage and resulting stink generated daily around the area people have a nauseating experience. Cleanliness in medical sites is next in order of importance. Sometimes parties feel disgusted because of inordinate delay in arrival of doctors. This practice also needs an end followed by the issues like development of good eco-sites, sanitation facility around the medical area and presence of ready tourist guide.

The views of some doctors were gathered to develop medical tourism in Burdwan. They pointed out some shortfalls hitherto manifest in the form of lack of a strong determined political will to develop the sector ; roaring individual practice that should be put to end ; lack of infrastructure facility ; lack of polish on the city face. The need of the hour according to them is : Institution based medical infrastructure should be stressed ; group practice should be emphasized ; allegation against doctors should be stopped ; economic stability of people is important to have a sustained development of medical tourism in Burdwan.

What is most important is that the income earning of many a people associated with informal business or service is highly influenced by a steady inflow of medical tourists into Burdwan town. Thus for instance a great part of the earning of many local and private buses is catered to by these medical tourists. These people also cater to the earning of rickshaw pullers, local restaurants/hotels, fruit/vegetable sellers, way side garments sellers, sweet shops, diagnostic centers and a large number of medicine shops located around Khosbagan area. Often they combine their medical purpose visit with trips to historic or eco-sites scattered around the city. Sometimes they also try to cut short their stay in Burdwan because of their exhaustive day long stay in the unhygienic and congested part of the city. There is immediate require-

Table 6. Perception of sample respondents about associated facilities. Source : Field survey data.

Projected activity	Rank sum	Borda rank
Removal of garbage in the medical area	206	2
Reduction in congestion in the area	194	1
Development of eco-sites	368	4
Timely visit by doctors	350	3
Sanitation facility	390	5
Tourism guide	592	6

ment of a facelift in the medical zone along with the provision of an eco-park in the adjoining region (that is within the reach of a small walkable distance) to inject freshness in their mind and prolong their stay in the city. The greater their stay the greater the potential benefit of people associated with informal sector. The increased cleanliness and better service in the medical zone need also be accompanied by a facelift in the historical and eco-sites of the town along with greater advertising for their increased attraction. The impact of tourism primarily depends on the tourist load on any particular environment and its vulnerability. The medical tourist load in Burdwan is due to concentration in time and space. To avoid long term environmental damage due to excessive tourist pressure there needs to be proper concern to diffuse the tourist load in terms of available space and time adjustment. In fact up-gradation of basic facilities and infrastructure, co-ordination between healthcare and tourism, decentralized cheap care servicing and dispersal of doctors in suburban towns can no more be neglected (Chacko 2005).

Recently the authority in Burdwan has taken initiative to create a new planned medical township with proper sewerage and other kind of facilities for the patient parties. Apart from this the traffic system need to be controlled in a more planned manner to avoid congestion in the busy hours of the day. The recent efforts of the municipality if enriched with more finer plans, is likely to enhance the prospect of medical tourism into the town together with a flourishing informal sector.

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