Ayurveda Health Tourism in Kerala – Motivations, Benefits and Satisfaction of Health Tourists

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Dedicated To

My Father-In-Law

Shri.V. Bhaskaran Thampy

MY SOURCE OF INSPIRATION FOR THIS ACADEMIC JOURNEY

DECLARATION

I, Manju T.K., hereby declare that this thesis represents work which has been carried out by me and that it has not been submitted, either in part or full, to any other University or Institution for the award of any research degree.

Place: Taleigao Plateau.

Date: 22 - 01- 2024

Manju T.K.

CERTIFICATE

I hereby certify that the work was carried out under my supervision and may be placed for evaluation.

Professor K.B. Subhash

(Research Supervisor)

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CHAPTER - I

INTRODUCTION

1.1 Introduction

Tourism is the oldest and ancient catalyst of socioeconomic transformation in a nation. It attracts tourists to the country and drives economic development by creating jobs, promoting infrastructure development, and instilling dynamism in the economy. Tourism significantly promotes the socioeconomic development of nations in modern times, contributing to the economy in multiple ways. With its strong backward and forward linkages with other sectors of the economy, tourism has the potential to be not only the economic driver but also an efficient tool for social upliftment. Tourism has become an essential component of global leisure activity. The tourism industry has flourished a lot due to globalisation and technological advancement over the years. Tourism practiced responsibly and sustainably by the stakeholders has a positive impact on the social life of a country. United Nations World Tourism Organization (UNWTO) defined tourism as a "*social, cultural and economic phenomenon that entails the movement of people to countries or places outside their usual environment for personal or business/professional purposes*" (UNWTO, 1995). There are different types of tourism depending on the motivations and the choice of the tourist. These include beach tourism, eco-tourism, health, medical tourism, adventure tourism and others. India has a long history of wellness therapies, and they are widely practised as Ayurveda, providing complete care to the body, mind, and soul. Many experts view Ayurveda as the most ancient surviving medical practice globally, tracing back its remedies mentioned in the Rig Veda over 6,000 years ago (Prathikanti, 2007). Since Ayurveda deals with the root cause of the ailment through a holistic approach, many people are turning to it to overcome the stress and illnesses related to modern-day life. The increasing income and rising standard of living make people more health conscious, focusing more on preventive healthcare rather than curative one. Ayurveda is closely connected with the social life of Kerala due to its long tradition, unique climate conditions, availability of medicinal herbs and general awareness of Ayurveda among its people. Kerala is the hub of Ayurveda tradition in India, with many rejuvenation centres attracting significant domestic and foreign tourists (Ramesh et al., 2010). Kerala is an attractive tourism destination in India, offering diverse products and services to domestic and foreign tourists. These Ayurveda centres are working in an informal, unorganised, and traditional way, and there are modest efforts to brand, promote, and market them for the larger audience within and outside the country. In this context, the study attempts to understand the motivations, benefits, satisfaction, centre choice and revisit intentions of Ayurveda health tourists visiting the southern region of Kerala state.

1.2 Ayurveda Health Tourism – Historical Background and Current Scenario

Ayurveda originates from Sanskrit roots: 'ayu,' signifying 'life' or 'living,' and 'veda,' denoting 'knowledge.' Consequently, Ayurveda represents the understanding of life and aims to enhance health, vitality, and longevity through prudent lifestyle choices. The primary focus of Ayurveda lies in disease prevention and the optimisation of health through meticulous attention to nutrition, physical activity, sleep patterns, seasonal and environmental factors, mental attitudes, and spiritual practices. Embracing a holistic approach, Ayurveda perceives life as an indivisible unity of body, mind, and spirit, considering a proficient healer as one who tends to this integrated whole. Ayurveda influenced the medical systems of several ancient cultures. Historical evidence suggests extensive sea voyages from India to Mesopotamia as early as 2500 B.C.E. Indian seafarers carried valuable goods, including Ayurvedic herbs, influencing medical practices in distant lands. Ayurvedic teachings were imparted at renowned ancient Indian universities like Nalanda and Takshashila, attracting students from far-flung regions who studied alongside their Indian peers. Beginning around 300 B.C.E., Indian monks disseminated Buddhist principles to various Asian regions, carrying Ayurvedic texts that profoundly impacted Chinese medicine and healing customs in other Asian cultures. Major Ayurvedic texts survived invasions and colonisations due to the oral transmission of widespread memorisation, transcription, or translation. Three primary compilations of Ayurvedic wisdom were completely committed to memory and comprehensively studied: the Charaka Samhita (created around 1000 B.C.E.), the Sushruta Samhita (created around 1000 B.C.E.), and the Ashtanga Hridayam (compiled in 500 C.E.).

In Ayurveda, the universe, including humans, is seen as a reflection of the pancha maha bhuta, or five primary elements: space, air, fire, water, and earth. These elements manifest in subtler, dynamic forms known as doshas, the bioenergetic principles. Three doshas—Vata, Pitta, and Kapha—govern all life processes, from bodily functions like respiration and metabolism to emotions and thoughts. The presence and balance of these doshas, unique to each individual from birth, define their constitution. Optimal health and well-being, as per Ayurveda, are achieved when Vata, Pitta, and Kapha maintain a harmonious balance, aligning with one's individual constitution.

The preamble to the WHO constitution says, ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, 1948).

Modern medicine and Ayurveda can effectively complement each other by integrating structural knowledge and interpreting it within Ayurveda's approach to considering the overall functional performance of an individual. Contrary to popular belief, across history, the Ayurvedic visionaries acknowledged the importance of keeping Ayurveda pertinent to contemporary advancements. "Vagbhata', a prominent figure, aimed to modernise the system, ensuring its relevance (Sathyanarayana & Snehalatha, 2011). Moreover, modern progress in risk management, emergency care, organ transplants, and various surgical interventions only adds to and improves Ayurveda's value without diminishing it. Ayurveda offers valuable solutions for early, progressive, and chronic stages of ailments, whereas modern medicine and advanced surgical techniques excel in acute or emergency health conditions. Both systems uniquely address diverse health needs at different stages of illness. In the modern world, people lead a disorderly life entirely in violation of natural laws, which results in the deterioration of health. The fast-paced lifestyle, stressful job, lack of exercise, and excessive eating habits make the problem worse. There is an increasing awareness about these stress-related health issues in recent times, and the affected people are showing interest in overcoming these problems. Many people are willing to travel to destinations that provide long-lasting solutions to these health ailments. They also combine the visit with exploring different destinations and experiencing various tourism services. Health tourism is an emerging segment in the tourism industry with high growth potential. Tourists visit healthcare destinations throughout the year and stay longer at the Health Centers, making it remunerative for the service providers.

1.3 Literature Review on Motivations, Benefits, Satisfaction and Revisit Intentions of Ayurveda Health Tourism

1.3.1 Review of Motivation for Health Tourism

It is the inherent nature of human beings to explore diverse places to experience new places, objects and people. Tourist motivation is the factors and the reasons that drive individuals to travel to new places and be involved in tourism activities. Tourists can have diverse needs and desires, and the demand for tourism services changes accordingly. It is important to know the factors that motivate tourists to travel and understanding these motivational factors help tourism industry to create and deliver diverse tourism products and services to the tourists. Health and wellness tourism is an important segment of tourism strongly emerging as a niche segment and the stakeholders are interested to know the motives behind their travel to promote, maintain, or enhance the physical, mental, or spiritual dimensions of well-

being. There are diverse motives for conducting health/wellness visits as tourists seek holistic solutions to health and rejuvenation of the body, mind and soul. Identification of travel motivation is important to formulate marketing strategies, develop specific tourism products and initiate measures to augment overall tourist experiences. Motivation is a multifaceted concept that evolves constantly and is challenging to measure. Another important dimension is that as the visit motivation evolves over time, the service providers have to understand and adopt these changes, which is essential for the sustainable development of the tourism sector.

Scholars provide different definitions of Tourist motivation (Crompton, 1979; Iso Aloha, 1980; Dann, 1981; Pearce, 1982; Uysal & Hagan, 1993; Pearce & Lee, 2005). Tourist motivation is "a meaningful state of mind which adequately disposes an actor or group of actors to travel and which is subsequently interpretable by others as a valid explanation for such a decision" (Dann, 1981). Dunn (1959) highlighted several factors contributing to exceptional health, including enjoyment in work and play, a sense of purpose in life, physical fitness, positive relationships, happiness, and a pleasant environment. Wellness, a broader concept beyond just averting illness, emphasises proactive well-being and health improvement (Chen et al., 2014), promoting self-discovery amid increased stress (Chen & Petric., 2013). It involves a holistic approach, combining physical activity, mental relaxation, and intellectual stimulation to achieve a balanced body-mind-spirit harmony (Rodrigues et al., 2010).

The burgeoning niche of wellness tourism involves specialised travel to resorts and locales promoting mental and physical health (Kazakov & Oyner, 2021). This sector, highly sought after, prioritises weight management, stress reduction, anti-ageing strategies, and overall health enhancement, attracting individuals with natural surroundings, diverse wellness services, and specific cultural experiences (Gonzales et al., 2001; Sayili et al., 2007; Smith & Kelly, 2006; Smith & Puczko, 2008). This trend has driven increased global travel to enhance well-being and health (Bushell, 2009; Bushell & Sheldon, 2009; Chen et al., 2014; Sheldon & Bushell, 2009).

Wellness tourism caters to people of all ages in good health, focusing on preventing illness and maintaining health (Brown, 2006), emerging as a specialised option alongside traditional vacation choices (Kulczycki & Luck, 2009; Rodrigues et al., 2010). However,

debates similar to those in medical tourism persist within the domain of wellness tourism (Joppe, 2010; Mueller & Kaufmann, 2001; Smith & Puczko, 2008). This concept integrates aspects of the mind, body, spirit, and environment, encompassing tourism resources, wellness culture, and natural settings (Pan et al., 2019). It caters to healthy individuals seeking to preserve or enhance their health through location-specific treatments (Meera & Vinodan, 2019), often associated historically with spas and wellness centres (Kulczycki & Luck, 2009). Over recent years, the wellness tourism sector has flourished alongside the rise of health and wellness products (Magdalini and Paris, 2009). The review of the theoretical and empirical papers showed that there is limited research in the area of wellness tourism (Meera & Vinodan, 2019), and more studies are required to build the scientific foundation (Tuzunkan, 2018). There is a need to study the growth of wellness tourism (Budiawan et al., 2020) and also identify factors that influence the destinations. In the literature review, it was noticed that there is a dearth of studies in the area of Ayurveda health tourism. Hence, the present study explores the motivations of Ayurveda health tourists visiting Kerala.

1.3.2 Review of Benefits of Health Tourism

The term "benefits" is extensively employed in tourism research, yet it lacks a singularly agreed-upon definition. As per the International Spa Association (ISPA) in 2004, spa visitors enjoy three primary advantages: (1) escaping the demands of daily life, (2) indulging in enjoyable experiences that appeal to their senses, and (3) experiencing self-improvement in various facets such as physical well-being, emotional state, or long-term spiritual aspects. In the tourism context, benefits mean an improvement in a condition or at least the maintenance of a desired condition must have occurred because one has had a tourism experience (Mannell & Kleiber (1997).

There are attribute-based and functional understanding of benefits in the context of tourism. A functional interpretation of benefits could have to do with concrete benefits or features visitors want to obtain, such as accessibility, affordability, ease, or safety. In contrast, an attribute-based concept of benefits includes features like the ambience of a place, the standard of care, the distinctiveness of cultural encounters, or the tranquilly provided by a spa (Frochot & Morrison, 2000). Naylor and Kleiser (2002) highlighted diverse benefits individuals may derive from participating in wellness tourism, emphasising physical, emotional, and lifestyle improvements. They are self-discovery, improving fitness, losing weight, making lifestyle changes and feeling pampered and cared for.

The participants of wellness tourism were segmented into three broad types: beauty spa visitors, lifestyle resort visitors, and spiritual retreat visitors (Voigt et al., 2011). This segmentation provides insight into the diverse motivations, preferences, and objectives of individuals engaging in wellness tourism, highlighting different emphases on beauty, holistic lifestyle, or spiritual growth within this domain.

Numerous studies focus on wellness tourism from the global north to the global south. However, little attention is paid to south-to-south travel or studies focusing on wellness tourism within regions of the global south (Kemppainen et al., 2021). Travel experiences initially contribute to enhanced well-being; these effects might not persist over an extended period after returning from the trip. In order to sustain the positive health and wellness benefits gained from travel experiences, there is a need to integrate elements of the travel experience, such as relaxation techniques or mindfulness practices, into daily routines to prolong the post-travel positive effects on health and well-being (Chen, & Petrick, 2013).

Liao et al., 2023 identified four primary dimensions of wellness travel, namely physical fitness, psychological fitness, quality of life (Q.O.L.), and environmental health and these dimensions collectively show the multidimensional nature of the positive impacts on individuals' physical, mental, and emotional, and even environmental well-being. There are several advantages associated with focusing on benefits in the tourism context. Knowledge of benefits tourists seek helps marketers and managers understand different market segments and their profiles and design effective promotional material to develop and provide products and services that are attractive to tourists (Frochot & Morrison, 2000; Molera & Albaladejo, (2007). Focus on benefits also helps to clarify the question of why people travel. Therefore, researchers have recognised the close relationship between 'travel motives' or 'leisure needs' and the concept of benefits (Frochot & Morrison, 2000; Iwasaki & Mannell,1999; More & Averill, 2003).

There are, however, limitations to the use of benefit typologies in the tourism literature. Frochot and Morrison (2000) point out that most of the existing benefit classifications are specific to a particular destination or activity, and as such, the results of one study cannot be directly applied to other research. Although there are a number of benefits that apply only to specific tourism activities, there are other benefits consistently recurring in dissimilar tourism contexts. There seems to be congruence between those benefits and motives

commonly cited in tourism motivation theories. The present study tried to understand various benefits derived by Ayurveda health tourists taking the physical and well-being dimensions of health tourism.

1.3.3 Review on Satisfaction of Health Tourists

Many studies are done to understand the level of satisfaction experienced by tourists by considering the expectations and experience of tourists at the destination. Tourist motivation, destination attribute performance and tourist emotional involvement to interact and contribute toward a satisfying heritage tourism experience (Yao, 2013); scale response is not homogeneous across tourists from different nationalities and that the correction for scale differences can lead to a more accurate evaluation of tourist satisfaction (Arana & Leon, 2013); relationship between tourists' perceptions and destination service performance (Assefa (2011); more efforts to the enhancement of basic tourism services, such as information, signals and tours (De Nisco et al. 2015); government sector to ensure tourist safety and security and to extend the appeal of the hot springs tourism experience (Lee et al., 2009); relationships among destination image, tourist attribute and overall satisfaction, and destination loyalty (Chi & Qu, 2008); antecedents of tourist satisfaction, their motivation and the activities holidaymakers (Armario, 2008); HOLSAT model to identify tourists' satisfaction (Truong, & Foster, 2006); interrelationships among overall quality of service performance, overall visitor satisfaction, specific benefits sought, and future behavioural intention to visit tourists (Tomas et al., 2002); relationship between destination attribute importance and performance, travel motivation, and satisfaction (Meng et al., 2008); and also on the impact of service quality on client satisfaction in health and wellness tourism units (Quintela et al., 2010).

1.3.4 Review on Revisit Intentions of Health Tourists

Many studies looked into the factors responsible for revisiting a particular health/ wellness centre in the tourist destination. These include studies such as medical tourists' revisit and recommend intentions such as perceived authenticity, destination image, perceived value, and satisfaction (Fard et al., 2021); causal relationships among the push and pull motivations, satisfaction, and destination loyalty (Yoon & Uysal, 2005; Tomas, 2002; Wang et al., 2020); relationship between destination image, cultural contact, perceived risk, satisfaction, and the revisit intention (Viet et al., 2020); satisfaction with perceived attractiveness, quality, value, and low-risk impact (Quintal & Polczynski, 2010); destination

loyalty by using tourist perception, destination image and tourist satisfaction (Rajesh, 2013); destination brand equity and tourists' revisit intention towards health tourism destinations (Rahman et al., 2022); experiential quality, tourism site image and experiential satisfaction toward the revisit intention (Bintarti & Kurniawan, 2017); tangible and intangible elements, tourist satisfaction and revisit Intention (Perovic et al., 2018); determinants of tourist intentions to revisit a destination (Alegre & Cladera, 2009); revisit intentions of tourists with respect to satisfaction and previous experience (Dar, & Kashyap, 2022).

1.3.5 Review of Literature on Kerala Ayurveda Tourism

Ayurveda is important in Kerala's economic, social and cultural spheres. Many studies are conducted on medical practices, particularly Ayurveda in Kerala. Studies on medical tourism in Kerala, including the role of traditional Ayurveda practices (Connell, 2011); Ayurvedic medicine and its relation to modern Western medicine (Kessler et al., 2013); the marketing aspects of Ayurveda wellness tourism in Kerala (Nair & Kumar, 2014), Ayurveda medical tourism industry's contribution to the local economy in Kerala (Saravanan & Jacob, 2014); balance between tradition and modernity in the practice of Ayurveda in Kerala (Panda & Panda, 2016); and on tourists' satisfaction with a positive experience in Ayurvedic resorts in Kerala (Suresh & Subramanian, 2015).

After a long neglect, Ayurveda is experiencing growth and popularity in India and abroad (Valiathan, 2009). The Ayurveda system is based on natural healing, which provides physical, mental, social, and spiritual well-being and offers preventive and curative therapies (Ameta et al., 2018). The determinants of health and well-being in Ayurveda include the interconnectedness of wellness and illness (Nambi, 2013).

Kerala is known for its Ayurveda therapies, and many studies looked into the competitiveness of Ayurveda in Kerala. The destination attractiveness of Kerala based on the importance–performance matrix showed that climate, backwaters, local cuisine, rest and relax environments, and local culture falls in the high important and high impression quadrant (Edward & George, 2008). Resorts, hospitals, medical practitioners and the Government have taken ample measures to promote alternative health care in Kerala due to the growing demand for Ayurveda wellness tourism in Kerala (Ramesh & Joseph, 2011). Factors such as reputation, relaxation after treatment, and climate suitability make Kerala an attractive destination for Ayurveda health tourism in the country (Padmasani & Remya,

2015). Kerala provides quality Ayurveda services, and visitors are happy with the Ayurveda services in Kerala (Anjaly, 2020). Because of its uniqueness, Kerala is a forerunner for Ayurveda tourism and a popular wellness tourist destination (Nair, 2020).

The literature review reveals that the travel motivations for Ayurveda health tourism have not been studied to the best of the researcher's knowledge. The benefits gained by Ayurveda health and wellness tourism are scant in the literature reviewed for the study and identified as a research gap. The literature review also showed that the satisfaction level achieved by Ayurveda health and wellness tourists is missing and needs to be studied. There is limited study done in the context of Ayurveda health tourism in Kerala, and the majority of studies done in this area focused on the revisit intention of wellness tourists to spas only. A comprehensive study that looked into the different dimensions of Ayurveda health tourism, such as motivation, benefits, satisfaction, centre choice and revisit intentions, is missing in the literature reviewed for the study.

1.4 Research Gap

The systematic review of the literature, outlined in the above section, identifies the research gap for the study. The research gaps identified are used to develop relevant research questions, objectives and hypotheses for the present study.

Ayurveda is a holistic system of medicine and is emerging as an important healthcare system worldwide. However, few studies have been conducted comprehensively to study the motivation, benefits and satisfaction of Ayurveda health tourism. Different dimensions of visit motivation, such as push and pull factors and psychological well-being on the motivational aspects of Ayurveda therapies, are missing in the literature. The tangible and intangible benefits of Ayurveda to health tourists are not found in the literature; similarly, the literature survey reveals that the measurement of the benefits has not been explored sufficiently. Ayurveda therapies provide curative and rejuvenating health benefits. Studies measuring the satisfaction level of Ayurveda health tourists are missing in the literature.

The holistic nature of Ayurveda in providing curative and rejuvenating experiences is relatively unexplored. Even among the limited studies on wellness tourism, they have concentrated on spas in the world's developed regions. In order to understand the structural relationship between the benefits of Ayurveda and the revisit intentions of Ayurveda health

tourists and the role played by satisfaction, the Structural Equation Model framework is required, which is found missing in the literature reviewed for the study.

Ayurveda tourism products and services have contributed substantially to Kerala's tourism growth in the recent past. There is a growing demand for health and wellness holidays in the state to explore the Ayurveda medicines claims, to rejuvenate the mind and the body or simply for rejuvenation and relaxation from both Western and Asian tourists. As information and communication technology rapidly develops in the country, with the active help of these technologies, these centres promote their health and wellness holiday packages to attract domestic and foreign tourists. Kerala Ayurveda's tourism segment faces stiff competition from well-developed spas and wellness centres of the developed world, particularly from destinations in South Eastern Asian countries and domestic Ayurveda destinations. The inherent strength of Ayurveda, the quality-of-service providers, the destination's attractiveness and the diversity of tourism experiences are important for the growth and sustainability of Ayurveda tourism in Kerala.

There is a need to study different motivational factors that drive health tourists to visit Kerala, the different benefits received by them, and the extent of satisfaction achieved by these health tourists. Understanding what factors drive Ayurveda health tourists to choose a particular Ayurveda Centre among different Centres in the region and locality is critical. A systematic review of the literature shows scant studies conducted on these dimensions. Also, there is a paucity of studies on the Ayurveda health tourism potential for destinations as most of the studies concentrate on Spas in developed regions of the world. Spas are positioned well through their branding and organised marketing, putting additional pressure on Indian Ayurveda tourism destinations like Kerala. It is also important to understand how inherent tourism diversity can help attract health tourists by providing a wholesome experience to visiting tourists. This present study is directed towards answering these pertinent questions by identifying and measuring various benefits received by Ayurveda health tourists visiting the southern districts of Kerala, which is the Ayurveda tourism hub of the state.

1.5 Statement of the Problem

The present study investigates the crucial motivational factors driving the health tourists visiting south Kerala, the various benefits gained by the health tourists from Ayurveda therapies and the underlying factors responsible for these health benefits. The satisfaction

level experienced leads to the choice of health centres in the region or locality, and the various considerations involved in the choice of Ayurveda health Centre are also examined. The study explores the mediating role of satisfaction between benefits gained and the revisit intention of tourists.

1.6 Research Questions

The pertinent research questions raised in the study are as follows,

1. Who are the Ayurveda Health Tourists (AHT), and what is their assessment of health status?
2. What factors influence Ayurveda Health Tourists which motivate them to undertake health tourism?
3. What are the benefits gained by Ayurveda Health Tourists from Ayurveda health centres?
4. What attributes makes Ayurveda health tourists satisfied with and those that need improvement?
5. What factors influence the tourists to select Ayurveda Health centres?
6. What constitutes the revisit intentions of Ayurveda Health Tourists?

1.7 Objectives of the Study

The general objective of the study is to look into the relationship that exists between visit motivation, benefits acquired, and the level of satisfaction which influences the revisit intentions of health tourists.

1. To identify various motivational factors for seeking Ayurveda health therapies by tourists visiting South Kerala.
2. To Identify the benefits of Ayurveda health therapies to the health tourists visiting South Kerala.
3. To identify attributes the tourists are satisfied with and also attributes that need further improvement to enhance tourist satisfaction.
4. To identify factors responsible for selecting Ayurveda Centres by health tourists.
5. To examine the mediating role of tourist satisfaction between benefits and revisit intention of Ayurveda Health Tourists.

1.8 Research Hypotheses

The following research hypotheses were formulated to study the relationships between the attributes identified in the research objectives.

Objective - 1

To identify various motivational factors for seeking Ayurveda health therapies by tourists visiting South Kerala.

H_0.1a: Motivation of the tourists to visit Ayurveda health tourism centres in Kerala is at average level

H_0.1b: There is no significant difference in the motivational factors between

(i)Male and Female tourists

(ii) Marital Status of the tourists

(iii) Foreign and Domestic tourists in their motivational factors

(iv) Educational background of tourists

Objective – 2

To Identify the benefits of Ayurveda health therapies to the health tourists visiting South Kerala.

H_0.2a: There is no significant difference in the levels of benefits and

(i) Health outcome

(ii) Uniqueness

(iii)Novelty

(iv)Mental Well-being and

(v)Physical Appearance

H_0.2b: There is no significant association between Gender and

(i) Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Well-being and

(v)Physical Appearance

H_0.2c: There is no significant association between age and

(i)Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Well-being and

(v)Physical Appearance

H_0.2d: There is no significant association between marital status and

(i)Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Well-being and

(v)Physical Appearance

H_0.2e: There is no significant association between Nationality and

(i)Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Well-being and

(v)Physical Appearance

Objective -3

To identify attributes the tourists are satisfied with and also attributes that need further improvement to enhance tourist satisfaction.

H_0.3a: There is no significant difference in the Expected and Experienced satisfaction at the destination by the Ayurveda Health Tourists.

Objective – 4

To identify factors responsible for selecting Ayurveda Centres by health tourists.

H_0.4a: There is no significant difference between the factors of Centre Choice and

(i). Gender.

(ii). Marital Status.

(iii). Nationality.

H_0.4b: There is no significant difference between Centre choice and Age categories.

H_0.4c: There is no significant difference between Centre Choice and levels of education

Objective – 5

To examine the mediating role of tourist satisfaction between benefits and revisit intention of Ayurveda Health Tourists.

H_1.5a: Benefits from the Ayurveda health tourism centres in Kerala has a positive effect on tourists' Revisit Intention.

H_1.5b: Benefits from the Ayurveda health tourism centres in Kerala has a positive effect on Tourists Satisfaction.

H_1.5c: Tourist Satisfaction of the Ayurveda health tourism centres in Kerala has a positive effect on their Revisit Intention.

$H_1$5d: Tourists Satisfaction mediates the relationship between benefits and Revisit intention of the tourists.

1.9 Methodology

1.9.1 Population

The total number of tourists who visited Kerala in the year 2018 was 1,67,01,068, of which 1,56,04,661 were domestic tourists, and 10,96,407 were foreign tourists (Kerala Tourism Statistics, 2019). This has improved to 1,95,74,004 total tourists in the year 2019, with domestic tourists accounting for 1,83,84,233 and foreign tourists accounting for 11,89,771. However, data on the number of domestic tourists and foreign tourists who visit the state for Ayurveda health therapies are not published by the Government. Since the share of Ayurveda health tourists in the total tourists visiting the state is not available, the Population of the study is unknown.

1.9.2 Sample selection

The study collected 500 Ayurveda Health Tourists as respondents, including both domestic and foreign tourists. As the population size is unknown, the study used a convenient sampling method to select the respondents. Also, the Ayurveda centres are hesitant to give permission to collect data from the centre as they feel it might affect their future business and adversely affect the privacy of their customers. Ayurveda health tourists are also undergoing therapies and rejuvenation and are reluctant to interact with the researcher. The sample size was calculated using the standard deviation from the pilot study, which included a sample of sixty respondents and allowed for the standard error to be set at the level of five per cent. The formula below was used to determine the appropriate sample size provided by Israel (1992),

$$n_0 = \frac{Z^2\boldsymbol{\sigma}^2}{e^2}$$

Where n_0 is the sample size, Z represents the standard value corresponding to a confidence level of 95%, equal to 1.96. Based on the pilot research of 60 people, the sample's mean standard deviation was calculated to be 0.570, and the acceptable error level was set at 5%. (i.e., 0.05). Therefore, the number of people in the sample (n) is equal to the Z-score divided by the estimate (E): $\frac{1.96^2 0.57^2}{0.05^2} = \frac{0.248135}{0.0025} = 499.2543 \approx 500$. Also, Cochran's Formula provided a sample size of 385. The review of empirical studies showed that most of the

studies used a sample size of less than 500. Hence, the study collected data from 500 health tourists.

The researcher took into account the requirements of the CB-SEM methodology while determining the appropriate size of the sample to use for the data analysis that was based on those methodologies. Tanaka's (1987) Maximum Likelihood Estimation suggests that a sample size consisting of a ratio of cases to free parameters of 5:1 is sufficient for carrying out S.E.M. analysis. A classic paper by Bentler and Chou, C.P. (1987) recommends a minimum of 5 observations per estimated parameter, with a more acceptable sample size of 10 observations per parameter, whereas Barrett (2007) suggests that samples less than 100 or with fewer than 5 cases per parameter are considered "small". Therefore, running CB-SEM models successfully required 500 to be analysed. Ayurveda health centres were reluctant to give permission to collect the sample as they feared the research findings might affect their future business. Many Ayurveda centres felt it would be an intrusion into the privacy of the tourists as they are undergoing therapies as well as rejuvenating from the therapies. Also, many tourists were reluctant to give a response as they felt this was a distraction from their personal time. Hence, the centres were conveniently selected for the study based on accessibility to the centre and the availability of visitors willing to share their responses and find time to fill out the questionnaire prepared for the study.

1.9.3 Selection of Ayurveda Health Centres.

A total of 45 Ayurveda centres were selected from the four districts of southern Kerala for the purpose of the study. The number of centres selected from each district, the Nationality of the respondents and the Gender is given in **Table 1.1**. Total number of Ayurveda health centres are not available; however, 45 Ayurveda centres are selected for the study from the four districts of Southern Kerala, namely, Thiruvananthapuram (25), Kollam (7), Alappuzha (7) and Kottayam (6). The data are collected from centres that gave permission and allowed them to meet their customers at a time convenient to them. Of the 500 respondents, 204 are male, and 296 are female, whereas 195 respondents are domestic tourists and 305 are foreign tourists.

Table 1.1: Selection of Sample Respondents

Sl. No.	District	No. of centres selected	Nationality			Gender		
			Domestic	Foreign	Total	Male	Female	Total
1	Thiruvananthapuram	25	98	152	250	103	147	250
2	Kollam	7	26	38	64	26	38	64
3	Alappuzha	7	43	69	112	45	67	112
4	Kottayam	6	28	46	74	30	44	74
Total		**45**	**195**	**305**	**500**	**204**	**296**	**500**

Source: Based on Primary data

1.9.4 Data Collection – Schedule

Both primary and secondary data are used to study the research objectives. Primary data was collected through a structured interview schedule. The interview schedule had seven sections [A to G] to collect data for the dimensions used in the study using closed-ended questions. The data collected under each section of the interview schedule is outlined below.

1.9.5 Instrument of Data Collection

The first section [A] asked questions on the profile of the visiting health tourists. Questions on age, Gender, marital status, Nationality, duration of the visit and visit companion are asked here using closed-ended questions. Section [B] of the questionnaire collected the health status and visit profile of the tourists visiting Kerala, and the information was obtained through closed-ended questions. Section [C] collected 28 attributes relating to health tourists' visit motivations for undertaking Ayurveda health tourism using a five-point Likert scale. The scales used in this part are 1= Strongly Disagree; 2=Disagree; 3= Moderate; 4=Agree; and 5= Strongly Agree. Part [D] of the interview schedule collected 28 attributes related to benefits gained by the Ayurveda health tourists using a five-point Likert scale. The scales used in this part are 1= Never; 2=Rarely; 3=Some times; 4= Often; and 5= Always.

Table 1.2: Description of the Instrument of Data Collection

Part	Dimension	Description	Measurement scale
A	Profile of AHT	Age, Gender, marital status, Nationality, duration of the visit and visit companion	Closed-ended questions
B	Health Status & Visit Profile	Health conditions, main visit motivation, type of Ayurveda therapy sought	Closed-ended questions
C	Motivation	28 attributes of visit motivations	5-point Likert Scale
D	Benefits of AHT	28 attributes of benefits received	5-point Likert Scale
E	Satisfaction [Expected/Experienced]	28 attributes on the expectation and experienced to know the level of satisfaction	5-point Likert Scale
F	Centre Choice	32 centre-related attributes	5-point Likert Scale
G	Revisit Intention	5 statements on revisit intention	5-point Likert Scale

Source: Primary Data

Section [E] covered satisfaction attained by the health tourists from the visit to Ayurveda health centres is captured through 28 statements related to the visit to the centre. This is obtained through statements using a five-point Likert scale. The scales used here are 1= Bad; 2=Poor; 3= Average; 4=Good; and 5= Excellent. Section [F] of the questionnaire consisted of 32 attributes related to the choice of the Ayurveda health centre using a five-point Likert Scale. The scales used in this section are 1= Not at all Important; 2= Less Important; 3= Neutral; 4=Important; and 5= Very Important. Section [G] of the questionnaire the revisit intention of the health tourists by asking for five related statements using a five-point Likert Scale: 1= Strongly Disagree; 2=Disagree; 3= Moderate; 4=Agree; and 5= Strongly Agree.

1.9.6 Survey Period

The primary data for the study was collected from July 2018 to March 2019 using a structured interview schedule.

1.9.7 Data Analysis

The study uses both descriptive and analytical methods in its approach to study the objectives. Both primary and secondary data were used in the study. Kerala, being the most important destination for Ayurveda therapy, is selected for the study area. Secondary data used in the study is from Government departments and other official agencies. These include the Global Wellness Economy Monitor of the Global Wellness Institute, Ministry of Tourism, Government of India, reports of the Ministry of AYUSH, Government of India, Kerala Tourism Statistics, and Economic Survey, Government of Kerala. Also, the study used information gathered from the Ministry of Tourism, GoI, Kerala Tourism, and AYUSH websites.

1.9.8 Tools of Analysis used in the study

The research has to overcome some of the apprehensions expressed by the respondents with respect to the privacy of the information and misuse of information for commercial purposes, whereas the centres feared connivance with rival centres to profile visitor data to formulate competitive rates and better services.

In order to understand visitors' motivations, benefits and satisfaction derived by Ayurveda health tourists, data collected from various Ayurveda health centres are analysed using Exploratory Factor Analysis (EFA), and in order to understand their satisfaction level, Importance-Performance Analysis (IPA) is applied.

Also, EFA is used to identify the factors that lead to the tourist's decision to choose any of the Ayurveda health centres in South Kerala. **Table 1.3** provides a summary of the tools used to find answers to the objectives of the study. The research utilised descriptive statistics, encompassing measurements such as the mean and standard deviation. Furthermore, inferential analysis techniques were employed, including the one-sample t-test, independent t-test, and one-way ANOVA with Tukey's HSD post hoc analysis.

Table 1.3: Summary of the tools used in the present study

Objectives	Variables Used	Relationships	Tools Used
To understand the general profile of the AHT and their health status	Age, Gender, marital status, Nationality, duration of the visit and visit companion. Health conditions, main visit motivation, type of Ayurveda therapy sought	To understand the characteristics of the sample selected for the study and know their health status and the purpose behind the visit.	Frequency and Percentage
1. To identify various motivational factors for seeking Ayurveda health therapies by tourists visiting South Kerala.	Twenty-Eight motivational attributes of the health tourists	To identify factors responsible for visit motivation for Ayurveda Health/wellness	Exploratory Factors Analysis
		To test the relationship between factors identified and demographic profile of the respondents	one sample t-test, independent t-test, and one-way ANOVA with Tukey's HSD post hoc analysis, Factor Analysis.
2. To Identify the benefits of Ayurveda health therapies to the health tourists visiting South Kerala.	Twenty-eight attributes related to benefits gained by the Ayurveda health tourists.	To identify benefit factors for Ayurveda Health tourists	Exploratory Factor Analysis
		To test the association of benefit outcome with demographic profile	Chi-square test,
3. To assess the level of satisfaction experienced by Ayurveda Health tourists visiting south Kerala.	Twenty-eight attributes that capture the expectations and experiences of the Ayurveda health tourists who visited Kerala.	To identify factors of satisfaction	Exploratory Factor Analysis,
		To identify attributes the tourists are satisfied and also attributes which needs to be improved to enhance tourist satisfaction.	Importance Performace Analysis (I.P.A.)
4. To identify factors responsible for selecting Ayurveda centres by health tourists.	Thirty-two centre-related attributes that influence the selection of Ayurveda health centre	To identify factors responsible for the centre choice	Exploratory Factor Analysis
		To understand whether centre choice varies with demographic profile	t-test, ANOVA, Post hoc test
5. To examine the mediating role of tourist satisfaction between benefits and revisit intention of Ayurveda Health Tourists.	Five statements on revisit intention of Ayurveda to study the revisit intention of Ayurveda health tourists.	To verify how measured variables represent a variety of components.	Confirmatory Factors Analysis
		To study the direct effect of benefits and revisit intentions and mediation effect through satisfaction leading to revisit.	Structural Equation Modelling (S.E.M.)

The present study employed various methodologies to examine the underlying motivations that drive individuals to visit Ayurveda health tourism establishments in Kerala, as well as the socio-demographic disparities among these tourists with respect to these determinants. In addition to the aforementioned methods, a data reduction tool, Exploratory Factor Analysis (E.F.A.), was employed. A Structural Equations Model (S.E.M.) is used in the study to understand the structural relationship of Revisit Intention with other important latent variables. The details are shown in **Tables 2.1 to 2.5**, page nos. 63, 64, 66, 67, and 68.

1.10 Significance of the Study

Health and wellness tourism is emerging as an important segment of tourism due to stressful life and modern occupational hazards. Health tourists seek many products and services, including medical procedures, spas, hot springs, thermal therapies, Ayurveda, Yoga and others. Also, with a rise in people's per-head income and an increasing consciousness of health and well-being, there is a rapid increase in health and wellness tourism products and services. In this context, the study is significant in understanding the growth potential of Ayurveda health tourism in Kerala.

Kerala has provided Ayurveda health therapies for a long period and created a name in this segment by providing authentic traditional treatments. Ayurveda also contributes substantially to the economic development of the state. The study is significant in understanding the sustenance of Ayurveda health tourism in Kerala.

The review carried out in the area has found there is a paucity of systematic studies that looked into various factors of motivations for seeking Ayurveda health therapies. Even though studies discussed the benefits of Ayurveda, the various factors determining the benefit of Ayurveda health therapies are missing. Health tourists identify the Ayurveda centres by taking many considerations. The current study identified various factors responsible for selecting Ayurveda health centres in Kerala. Also, literature in this field finds scant literature on the revisit intention of Ayurveda health tourism in Kerala.

The study is significant as it provides a comprehensive study of Ayurveda health tourism by identifying various factors responsible for the selection of Ayurveda health tourism. The study captures various benefits gained by the tourists as the Ayurveda provides holistic treatment to the body, mind and soul. Health tourists carry out the visit with certain

expectations, and it is important to know whether they are experiencing the same during their visit. The study identifies the areas for improvement by carrying out an I.P.A. analysis. This is significant for the health centres to design appropriate branding and marketing strategies for the development of this segment of tourism.

Also, the study made theoretical contributions by examining the mediation role of satisfaction in tourist revisit intentions of Ayurveda health tourists. The study also identified possible areas of future research, such as stakeholders' perception of Ayurveda health tourism, which is useful for future research.

1.11 Limitations of the Study

This study represents tourists who were willing to respond to the study, which may lead to biased sampling. They may have different motivations, experiences, and satisfaction levels compared to others who did not participate in the survey. So, the generalisation of the findings will be difficult. The reliability of the data depends on the participant's ability to memorise and represent in the survey. If the respondents do not recall their experiences, then it will affect the reliability of the data collected from the survey.

There is a chance that respondents may give socially desirable responses that can lead to false ratings of various aspects of the Ayurveda health tourism that is studied for this project. The semantic barrier is a challenge for this survey since the participants are from different parts of the world. Many details associated with Ayurveda are difficult to translate into their language. There is diversity in the Ayurveda health practices followed in different parts of India, which leads to the difficulty of generalising the results beyond the study's scope. Also, in the survey, respondents may not have enough time to recollect and share their experiences, which can lead to the inability to capture the wide range of motivational factors and the resulting benefits and satisfaction. The analysis will be more effective if future research uses data tracking long-term experience after their visit and the subsequent opinion about their health benefits and satisfaction. Health tourists' experience depends on the regional and cultural context and the treatment approaches followed in that area.

1.12 Chapter Scheme

The study is divided into eight chapters. Details of the chapters are given below.

Chapter – I Introduction

The introduction chapter discusses Ayurveda Health Tourism in the historical and current Scenario, the research gap identified based on the literature survey, the statement of the research problem, the research Questions raised in the study, and the objectives of the study. The research hypothesis used in the study, the methodology used to study the objectives, the significance of the study, the study's limitations, and the chapter scheme are also discussed.

Chapter – II Motivation, Benefits and Satisfaction of Health Tourists – A Literature Review

The chapter systematically reviews the Motivation, Benefits and Satisfaction of Health Tourists to identify the research gaps, raise pertinent research questions and state the research statement. The concepts and definitions used in the study are stated in the first part, followed by the relevant theories of travel motivation, benefits and satisfaction of health tourists. Different empirical studies on travel motivation, benefits and satisfaction are reviewed to identify the relevant variables and attributes determining various factors influencing these important dimensions of Ayurveda medical tourism (**Table 2.1 to 2.5,** Page nos. 63, 64, 66, 67 and 68). Important studies carried out in Kerala tourism, particularly Ayurveda health tourism, are also discussed. The research gap identified through the review of the literature is also discussed in this chapter.

Chapter – III Ayurveda Health Tourism in Kerala

This chapter on Ayurveda Health Tourism in Kerala traces the development and growth of health and wellness tourism at the international, national, and Kerala state levels. The current status of international tourism, the emergence of wellness tourism as a niche segment, the development of tourism in India, and the growth of health, medical, and wellness tourism in India are also discussed in the chapter. The significant role played by the tourism sector in Kerala, the emergence of Kerala as an important Ayurveda Health Destination, and the characteristics of Ayurveda Health Centres are also discussed here. The chapter concludes by highlighting the challenges faced by the Ayurveda Health Tourism segment in Kerala.

Chapter – IV Visit Motivation of the Ayurveda Health Tourists

This chapter on the visit motivation of Ayurveda Health Tourists briefly discusses the tools of analysis used for analysing the objective and socio-demographic profile of the respondents. The exploratory factor analysis is used to identify the factors responsible for Ayurveda health tourism. The factors identified from the analysis are compared with the socioeconomic factors to see whether they change across different categories.

Chapter – V Benefits and Satisfaction of Ayurveda Health Tourism

This chapter discusses the benefits gained and satisfaction level achieved by the Ayurveda Health Tourists in the state of Kerala. Factors influencing the benefits for Ayurveda health tourists are identified through Exploratory Factor Analysis. The factors are compared against the demographic profile of the respondents to understand whether benefits change across the demographic factors. The second part of the chapter explored the expectations and experience with regard to the satisfaction of Ayurveda health tourists using an Importance Performance Analysis (IPA) framework. The priority areas that require urgent action and the attributes falling under the category are discussed.

Chapter – VI Choice of Health Centres by Ayurveda Health Tourists

The choice of health centres by Ayurveda health tourists is discussed in this chapter. Exploratory Factor Analysis (EFA) is used to identify the factors responsible for the centre choice, and these factors are compared with the demographic variables and health status of the respondents.

Chapter – VII Benefits and Revisit Intension of Ayurveda Health Tourists – Mediating Role of Tourists' Satisfaction

The mediating role of tourists' satisfaction between benefits and the Revisit Intention of Ayurveda Health Tourists is discussed in this chapter. The theoretical construct between benefits, revisit intention, and satisfaction level of Ayurveda health tourists is developed, and the relevant hypotheses are formulated to study the relationship. The criteria for evaluating the final reliability and validity of the CB-CFA Models are discussed in the chapter. The Structural Equation Model (SEM) for Ayurveda Health Tourism is estimated, and the results are discussed here.

Chapter – VIII Summary, Findings, Conclusions and Suggestions

This chapter provides the summary of the study and provides objective wise research findings that arrived from the analysis of the study. Based on the findings of the study, the conclusions are drawn. Policy Implications that can be applied to the stakeholders of Ayurveda health tourists are provided. The theoretical contributions and managerial implications are also discussed in this chapter. The present study could not look into all dimensions of Ayurveda health tourism, and suggestions for future research are also pointed out in this chapter.

CHAPTER – II

MOTIVATION, BENEFITS AND SATISFACTION OF HEALTH TOURISTS – A LITERATURE REVIEW

2.1 Introduction

The chapter systematically reviews the literature related to the major themes of the study, namely motivational factors, benefits, satisfaction and revisit intention of Ayurveda health tourists visiting various Centres in Kerala. The chapter is organised into seven thematic divisions; the introduction is followed by a session on the definitions of different concepts used in the study: health, medical and wellness tourism, tourist motivation, benefits from tourism and satisfaction received by the tourists. The third part of the chapter discusses important theoretical foundations explaining the visit motivations, benefits, satisfaction of health tourists, and revisit intentions of the health tourists. The following section discussed important empirical studies carried out in these areas: motivation, benefits and satisfaction and revisit the intention of health tourists, mainly wellness tourists. The empirical studies undertaken on Kerala tourism are briefly reviewed in the following section. The research gap identified based on a careful review of the literature is outlined, followed by conclusions of the chapter at the end.

2.2 Health, Medical and Wellness Tourism – Concepts and Definitions

This section discusses some fundamental concepts and definitions used in the present study. Conceptual understanding of the terms and their differences with other related terms are essential for the detailed understanding of the research problem posed in the study.

2.2.1 Definitions

Tourism: The activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes (WTO, 1995)

Health tourism: Health tourism covers those types of tourism which have as a primary motivation, the contribution to physical, mental and/or spiritual health through medical and wellness-based activities which increase the capacity of individuals to satisfy their own needs and function better as individuals in their environment and society. Health tourism is the umbrella term for the subtypes: wellness tourism and medical tourism (WTO, 2018).

Wellness tourism: Wellness tourism is a type of tourism activity which aims to improve and balance all of the main domains of human life including physical, mental, emotional, occupational, intellectual and spiritual. The primary motivation for the wellness tourist is to engage in preventive, proactive, lifestyle enhancing activities such as fitness, healthy eating, relaxation, pampering and healing treatments (WTO, 2018).

Medical tourism: Medical tourism is a type of tourism activity that involves the use of evidence-based medical healing resources and services (both invasive and non-invasive). This may include diagnosis, treatment, cure, prevention and rehabilitation (WTO, 2018).

Tourist motivation: Tourist motivation is "a meaningful state of mind which adequately disposes an actor or group of actors to travel, and which is subsequently interpretable by others as a valid explanation for such a decision." (Dann, 1981, page 205).

Tourist satisfaction: Tourist satisfaction is "the extent to which tourist expectations are met" (Akama and Kieti, 2003).

2.2.2 Relationship between Health, Medical and Wellness Tourism

This section looks into the interrelationship of health tourism, wellness and medical travel and the evolving concept of wellness, connecting travel with holistic health. Highlighting various dimensions like physical, mental, and spiritual well-being, it discusses the rising popularity of wellness travel and the emerging trends in this field.

The primary motive of the health tourists is to seek better health from their visit. The World Health Organization's (WHO) constitution defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). The rapid development in sciences and technology accelerated lifestyle changes and stress, which places today's society under great pressure and may lead to various health problems—to which wellness offers solutions (Feng et al., 2021). Health and well-being are broad concepts that include disease prevention and treatment (Hartwell et al., 2016). The World Health Organization has always deemed wellness as 'the fulfilment of one's role expectations in the family, community, place of worship, workplace, and other settings,' which has been one of the key wellness factors (WHO, 2006).

Wellness is described as a state of being healthy in all aspects of one's life, including body, mind, soul and surroundings (Dunn, 1959). It refers to a growing tourism niche comprising group or individual travel to specialised resorts and places to promote mental health (Kazakov & Oyner, 2021). Wellness has evolved into "a form of self-discovery lifestyle in an era of rising stress," and well-being is viewed as a comprehensive concept that promotes both short-term enjoyment and long-term fulfilment (Chen et al., 2013). It combines

physical activity with mental rest and intellectual stimulation to improve well-being through a body–mind–spirit balance (Rodrigues et al., 2010).

The term tourism refers to the activity of people visiting locations and attractions for pleasure, business, health or other reasons (Sotiriadis et al., 2016), and distinct among businesses in that various firms work together to create experiences for guests to enjoy in a specific geographic location (Baloglu et al., 2019; Cain et al., 2020; DiPietro et al., 2020; Pan et al., 2021; Remington & Kitterlin-Lynch, 2018). Health tourism is the broader term encompassing wellness tourism and medical tourism (WTO, 2018). Improved living standards, more mobile lifestyles and individualistic ideals related to self-care have contributed to the popularity of traveling for health and wellness tourism services (Cohen, 2008; Majeed & Lu, 2017). Thus, although health and wellness–related travel is not a new phenomenon, the global trade around it has grown exponentially in recent decades (Connell, 2013; Durham & Blondell, 2017; Kaspar et al., 2019).

The term medical tourism normally associates surgical activities for tourists (Connell, 2013). "Medical tourism" literature associates various aspects related to wellness (Connell, 2006). "Medical tourism", however, is very often linked to the search for better outcomes related to treatments than those offered in the country of origin and often refers to shifts from more productive to poorer countries in exchange for a higher quality of services (Horowitz et al., 2007). Medical tourism is generally defined as going to another country in search of medical intervention to cure a sickness, which is very different from how wellness tourism is perceived. The latter is seen as a holistic way of improving one's health without using medicines; it involves both body and mind and takes place while on holiday.

Mueller and Kaufmann (2001, p. 7) provided the following definition of wellness tourism: 'The sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialised hotel that provides the appropriate professional know-how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, and mental activity/ education.' Wellness tourism is a subcategory of health tourism (Mueller & Kaufmann, 2001), which can be equated to a journey that includes one or more of the following aspects: health of body, mind and spirit, self-reliance, physical abilities, aesthetics, diet quality, leisure, meditation, mental activities,

environmental consciousness, and responsiveness to interpersonal relationships (Smith, Puczko, 2008).

Spirit, environment, body, quality of life and the human mind are all balanced in wellness research paradigms (Hartwell et al. 2016; Voigt & Pforr, 2013). Visitors, goods and locations in the wellness tourism business are diverse (Kelly, 2012). Wellness tourism treatments focus on assets or resources peculiar to the location or region (Meera & Vinodan, 2019). Beauty treatments, relaxation, yoga, intellectual engagement, and a strong emphasis on environmental consciousness and social connections are significant parts of wellness tourism (Csirmaz, Pető, 2015).

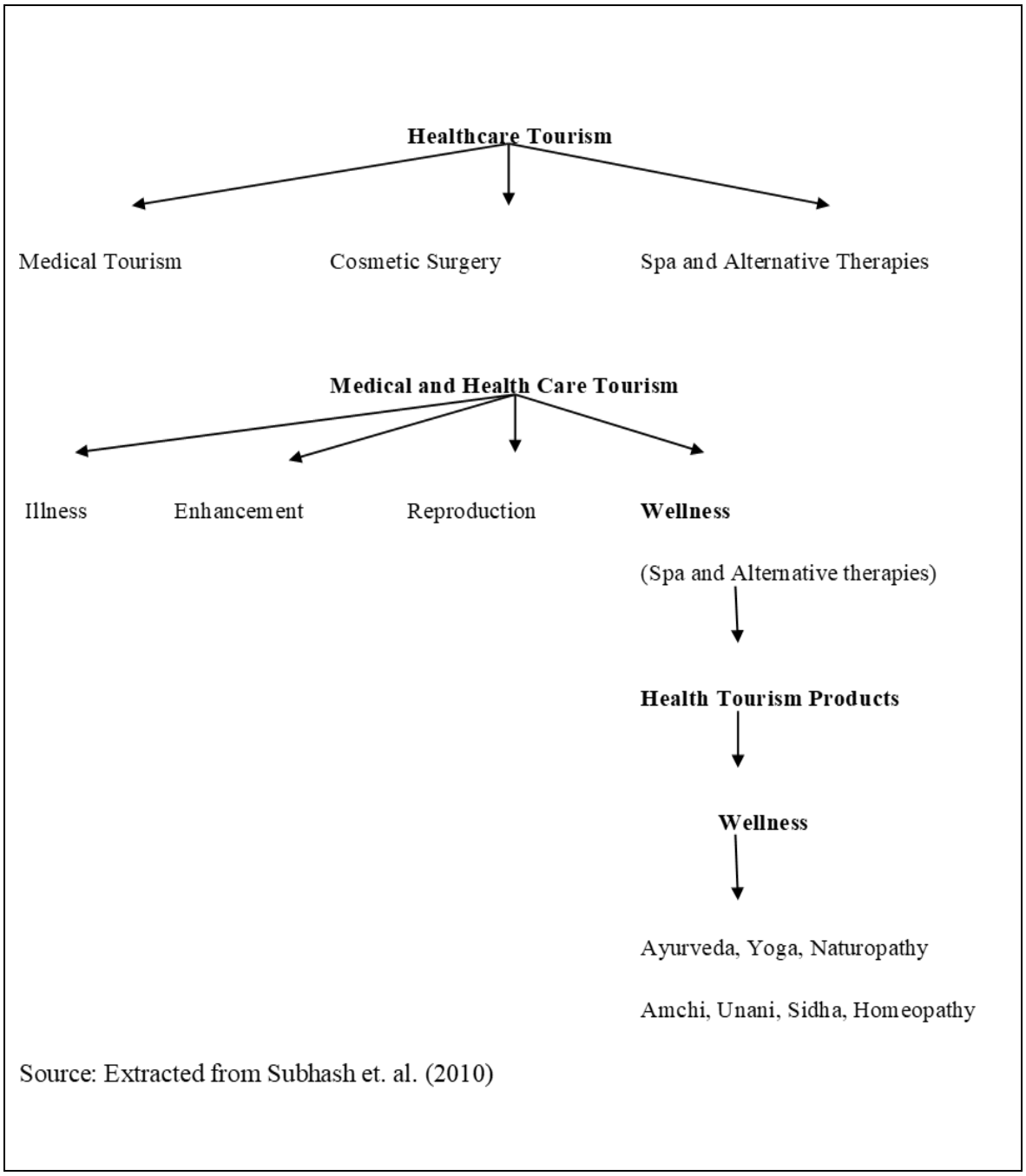
Numerous destinations provide wellness – products ranging from Ayurveda retreats, yoga, meditation, hot springs, wellness cruises, weight loss and detox retreats, thermal water parks, and so on (Wayne & Russell, 2020), relying on conserving natural inheritance and cultural values. The destinations related to Ayurveda, naturopathy, alternative treatments, spas, yoga, energy therapy and other health-related activities, and spirituality are in high demand (Karn & Swain, 2017).

Wellness tourists declare their primary motivation for travelling to be disease prevention and promoting health when they purchase complex service packages that include physical fitness, healthy diet, meditation, beauty care, and education (Mueller & Kaufmann, 2001). Healthy people who pursue a healthy lifestyle are their primary target and can enjoy treatments such as spas and other therapy establishments (Page et al., 2017). Although most experts feel that wellness tourism is beneficial, there is still a lack of unanimity in the literature on the subject, like medical tourism (MT), which falls under health tourism (Joppe, 2010; Mueller & Kaufmann, 2001; Smith & Puczko, 2008).

Adams (2003) argued that wellness consists of three main principles: (1) wellness is multi-dimensional, (2) wellness is about balance, and (3) wellness is relative, subjective and perceptual. Puczkó and Bachvarov (2006) refer to seven wellness dimensions: social, physical, emotional, intellectual, environmental, spiritual and occupational. The wellness tourism experience has four dimensions: body, mind, spirit and environment (American Journal of Public Health. The above discussion traces the development of wellness, its diverse aspects, and the increasing trend of travel aimed at enhancing mental and physical

health. Wellness tourism encompasses various treatments and destinations dedicated to holistic health improvement.

Figure 2.1 Classification of Health-Related Tourism Products or Services/Services



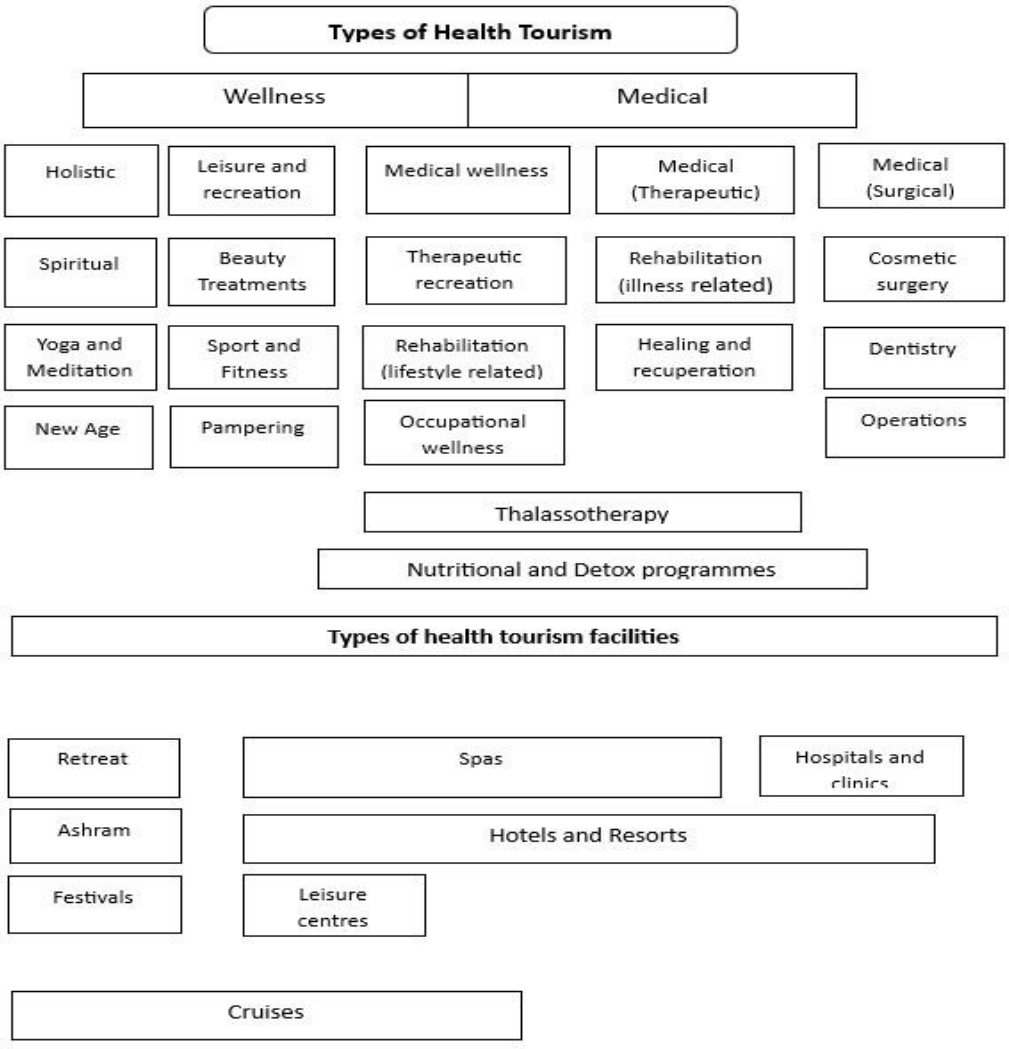
Source: Extracted from Subhash et. al. (2010)

Classification of Health-Related Tourism Products or Services/Services is provided in **Figure 2.1.** Healthcare tourism can be classified into three categories, namely tourists visiting for medical purposes, cosmetic surgery and spa and alternative therapies. The four

components of medical and healthcare tourism include illness, enhancement, reproduction and wellness therapies (Subhash et al., 2011). The wellness component of the health care tourism provides various tourism products and wellness services. Apart from these classifications, there are alternate systems of medicine, such as Yoga, Naturopathy, Unani, Siddha, Homeopathy, Sowa-Rigpa and Amchi, which are practised in different parts of the world. Yoga, which harmonises the body, mind, and spirit and encompasses a wide range of physical, mental, and spiritual disciplines to promote overall health and well-being, originated thousands of years ago in India. **Naturopathy** is a system of man-building in harmony with the constructive principles of Nature on physical, mental, moral and spiritual planes of living. '**Unani**' is the science in which we learn the various states of the body, in health and when not in health, and the means by which health is likely to be lost and, when lost, is likely to be restored. The Siddha system of medicine is an ancient traditional system of medicine that originated in Tamil Nadu, India. It is one of the oldest systems of medicine in the world and has been practiced for over 2,000 years. **Homoeopathy** means treating diseases with remedies prescribed in minute doses, which are capable of producing symptoms similar to the disease when taken by healthy people. It is based on the natural law of healing. "**Sowa-Rigpa**" commonly known as the '**Amchi'** system of medicine, is one of the world's oldest, Living and well-documented medical traditions. It has been popularly practised in Tibet, Magnolia, Bhutan, some parts of China, Nepal, the Himalayan regions of India and a few parts of the former Soviet Union etc. Most of the theory and practice of Sowa-Rigpa is similar to "Ayurveda". (https://www.ayush.gov.in/)

Health tourism is a broad term that can be further classified into wellness tourism and medical tourism (**Figure 2.2**). Wellness tourism is generally preventive in nature, whereas medical tourism is reactive. The dimensions of health tourism include a holistic approach to health in terms of body, mind and soul. It also has spiritual dimensions, which also cover yoga and meditation. Curative and rejuvenation therapies are also offered in the wellness tourism environment. On the other hand, medical tourism provides therapeutic and surgical solutions to health ailments. Illness-related rehabilitation and healing and recuperation are also part of medical tourism.

Figure 2.2: Concept of Health and Wellness Tourism



Source: Adapted from Smith and Puczko (2009)

2.2.3 Different Types of Wellness Therapies Offered at Ayurveda Centres

Some of the important therapies offered by Ayurveda health centres are listed below (www.keralaayurveda.biz; www.ayuryoga-ashram.com).

Panchakarma therapy: Panchakarma is an Ayurvedic therapy involving five cleansing methods: therapeutic vomiting, purgation, enemas, nasal administration, and bloodletting. These methods eliminate toxins, restore balance in the body's energies (doshas), and

promote overall well-being. It is personalised, done under supervision, and includes preparatory steps and post-treatment lifestyle guidance for sustained health.

Ayurvedic obesity therapy: Ayurvedic obesity therapy is a holistic approach tailored to an individual's body type. It involves personalised dietary recommendations, lifestyle adjustments, herbal remedies, detoxification methods like Panchakarma, stress management techniques, and regular monitoring. The focus is on gradual, sustainable weight loss by addressing underlying imbalances rather than quick fixes. Consulting with a qualified Ayurvedic practitioner is key for personalised guidance.

Ayurvedic skin care therapy: Ayurvedic skincare focuses on holistic, personalised approaches to maintain healthy skin. It involves using natural ingredients tailored to an individual's dosha (body type) for cleansing, moisturising, and addressing skin concerns. This approach incorporates lifestyle adjustments, natural treatments, and regular consultations with an Ayurvedic practitioner for optimal skin health and wellness.

Ayurvedic longevity therapy: Ayurvedic longevity therapy focuses on holistic approaches to enhance vitality and promote a healthy, balanced life. It includes personalised dietary plans, herbal remedies, lifestyle adjustments like yoga and meditation, detoxification methods, and mindful daily routines. The aim is a longer life and improved overall well-being across physical, mental, and spiritual aspects. Consulting an Ayurvedic practitioner is key for tailored guidance towards a healthier and more fulfilling life.

Ayurvedic body purification therapy: Ayurvedic body purification therapy, known as Panchakarma, is a comprehensive detoxification and rejuvenation process involving five main techniques. It aims to eliminate toxins, balance body energies (doshas), and improve overall well-being. Preparatory steps soften toxins, followed by the main detox phase. Post-treatment care includes diet, lifestyle adjustments, and herbal regimens. Panchakarma is personalised, guided by trained practitioners, and aims to restore the body's natural balance and vitality.

Ayurvedic immunisation therapy: Ayurvedic immunisation therapy focuses on strengthening immunity and preventing diseases through personalised dietary recommendations, lifestyle adjustments, herbal remedies, rejuvenation therapies, stress management, and seasonal adaptations. It aims to enhance overall health and resilience by supporting the body's natural defence mechanisms. Tailored to individual constitutions, this

holistic approach seeks to promote wellness and immunity. Consulting an Ayurvedic practitioner allows for a personalised strategy to strengthen immunity and maintain health.

Ayurvedic Rejuvenation therapy: Ayurvedic Rejuvenation Therapy, known as Rasayana Chikitsa, is a holistic approach focusing on restoring vitality, delaying ageing, and enhancing overall well-being. It is personalised, involving dietary adjustments, herbal remedies, detoxification, lifestyle practices, and mind-body balance techniques. The goal is sustained wellness and vitality through tailored treatments supporting physical and mental health. Regular monitoring with an Ayurvedic practitioner ensures a personalised and effective rejuvenation plan.

Yoga therapy: Ayurveda combines Ayurvedic principles and yoga practices to promote holistic well-being. It is personalised, using yoga techniques, breathwork, meditation, and Ayurvedic principles to balance energies (doshas), address health issues, reduce stress, and enhance overall wellness. This integrative approach aims for harmony and healing on physical, mental, and emotional levels, supporting individuals in achieving optimal health through tailored practices and lifestyle guidance. Consulting experienced practitioners in both Ayurveda and yoga is essential for personalised and effective therapy.

2.3 Theoretical Reviews on Motivation, Benefits, Satisfaction and Revisit of Health Tourists

2.3.1 Theories of Travel Motivation

Within the realm of tourism, six prominent theories encapsulate the diverse needs and motivations driving the industry: 1) Cohen's (1972) **Categorisation of tourist types**, 2) Dann's (1977) **Push and Pull theory** regarding tourist motivations, 3) Crompton's (1979) exploration of **Socio-Psychological motives for travel**, 4) Iso-Ahola's (1982) **Social Psychology model within tourism**, 5) Pearce's (1988) **TCL (Travel Career Ladder) theory**, and 6) Pearce and Lee's (2005) **TCP (Travel Career Pattern) theory**. Collectively, these theories shed light on the multifaceted drivers that influence tourists' choices and behaviours in the tourism landscape.

Dann's tourism motivation theory, known as the **Push-Pull theory (1977),** centres on the notions of anomie and ecological enhancement. Anomie represents the desire to overcome feelings of isolation, while ecological enhancement stems from personal fulfilment needs. The push factor denotes the impetus guiding individuals to vacation, whereas the pull factor

dictates the choice of a particular destination. Essentially, the push factor motivates departure, while the pull factor influences the selection of the travel destination. These factors elucidate the motivations behind travel choices (Dann, 1977).

Iso-Ahola's Social **Psychological Model of Tourism** (1982) builds upon the push and pull theory, encompassing four motivation dimensions: personal seeking, interpersonal seeking, personal escape, and interpersonal escape, which drive tourism and leisure pursuits. Despite its discussion and application in scholarly works, the theory, when focusing solely on merging key elements like familiar environments and intrinsic rewards to tailor tourists' goals, falls short in fully explaining travel motivations (Snepenger et al., 2006; Ko & Tasci, 2015; Yousaf et al., 2018).

The TCP (**Travel Career Pattern) theory**, formulated by Pearce and Lee in 2005, responds to criticisms and limitations of the TCL theory. In contrast to the TCL's hierarchical structure, TCP highlights a dynamic evolution in travel experiences rather than a fixed hierarchy (Garabet, 2017; Pearce & Lee, 2005). TCP focuses on travel motivations as a mode rather than sequential steps and presents a framework consisting of 14 motivational factors divided into three layers. At the core are the most pivotal motives—Novelty, Escape/relaxation, and relationship. The middle layer accounts for moderately significant motivations, categorised into higher and lower TCL. Higher TCL encompasses nature and self-development, while lower TCL includes self-actualization and self-development. The outer layer consists of less crucial motives, offering isolation and nostalgia (Pearce, 2005).

Smith and Puczkó (2009) introduced a **Wellness Wheel** that aligns with travel motivations, encompassing physical, emotional, occupational, spiritual, social, and intellectual dimensions. These motivations fall into two broad categories: hedonistic, focused on seeking pleasure, and eudemonic, centred on self-development (Kim & Yang, 2021). There is a general consensus that wellness tourism has the potential to reconcile and synchronise these dimensions through the services and experiences it offers (Mueller & Kaufmann, 2001; Smith & Puczkó, 2014).

The present study draws its theoretical foundations from Dann's (1977) push and pull theory, the social psychology model of Iso-Ahola (1982), the Travel Career Pattern theory of Pearce and Lee (2005) and the wellness wheel perspective of Puczkó (2009) to explain the motivation for Ayurveda health tourists visiting south Kerala.

In Ayurveda health and wellness tourism, the **Push and Pull motivation theory** illuminates the driving forces behind travellers' choices. Push factors encompass issues propelling individuals towards wellness tourism, like stress, dissatisfaction with health, or a quest for unconventional remedies, addressing conditions like chronic ailments or stress-related problems through Ayurveda. Conversely, pull factors attract individuals to Ayurveda health tourism with promises of ancient healing practices, holistic well-being, natural remedies, and a comprehensive approach to health integrating mind, body, and spirit. The wellness retreats located in serene environments foster immersion in Ayurveda amid tranquil settings. By highlighting appealing attributes (pull factors) and addressing health concerns (push factors), Ayurveda health tourism resonates with seekers of holistic well-being, establishing itself as a compelling option.

The **Psychological Model** in Ayurveda health and wellness tourism explores diverse mental elements guiding travellers' choices, impacting motivations and experiences. It encompasses understanding motives, perceptions, education, personality traits, emotions, and cultural influences within Ayurveda's context. This model illuminates why individuals opt for Ayurveda, how they perceive it, and how education and positive experiences drive repeat visits. It acknowledges diverse personalities and lifestyle preferences, emphasising emotional balance and considering societal and cultural factors. Overall, it offers profound insights into the cognitive, emotional, and behavioural aspects of tourists in Ayurveda wellness tourism, empowering Ayurveda health centres to customise products and services aligning with wellness travellers' diverse needs.

The **Travel Career Pattern theory**, particularly relevant in Ayurveda health and wellness tourism, illustrates the evolution of travellers' experiences over time. In the context of Ayurveda, there are various stages: Initially, during the exploratory phase, visitors enter Ayurveda seeking stress alleviation or holistic well-being. As their interest in Ayurveda's principles grows, tourists begin to favour specific therapies or destinations known for their genuine practices. With accumulated experiences, a desire emerges for specialised treatments or immersive wellness programs that match their evolving preferences. Subsequently, travellers reassess their wellness requirements, aiming for diverse or advanced Ayurvedic practices and exploring various destinations. Understanding these distinct phases aids Ayurveda centres in customising their offerings and crafting individualised experiences for tourists at different junctures of their wellness journey.

When considered within Smith and Puczkó's **Wellness Wheel framework** (2009), Ayurveda health and wellness tourism correspond with multiple dimensions of holistic health. The Wellness Wheel delineates six fundamental components: Physical, Emotional, Intellectual, Social, Occupational and Spiritual. Ayurveda prioritises bodily equilibrium and health through therapies and herbal treatments. It emphasises mental clarity, stress alleviation, and emotional stability. Ayurveda advocates for comprehending one's health and lifestyle choices. Ayurveda tourism often involves group activities fostering social connections. Although not the primary focus, Ayurveda's holistic approach indirectly reduces stress. Ayurveda is rooted deeply in spirituality and contributes to spiritual development and inner harmony. This perspective illustrates how Ayurveda offers a comprehensive wellness journey, encompassing various elements contributing to overall well-being.

2.3.2 Theories of Tourism Benefits

Positive Psychological Well-being (Seligman and Csikszentmihalyi (2000) encompasses an individual's overall perception and evaluation of life, transcending the absence of mental illness to include positive mental health and happiness. Tourism signifies the positive emotional, cognitive, and social experiences gained from travel engagements. Tourism profoundly impacts the psychological well-being of tourists and host communities, influencing factors such as mood enhancement, stress reduction, cultural enrichment, social interactions, personal growth, and physical well-being. An increasing number of studies have linked travel and tourist experiences to positive psychological outcomes and well-being (Coghlan, 2015; Filep, 2009; Filep & Deery, 2010; Filep & Laing, 2018; Filep et al., 2017; Filo & Coghlan, 2016). Planning trips aligned with personal interests and values, seeking authentic experiences, and embracing responsible travel practices are vital to optimise these benefits. This approach ensures mutual benefits for tourists and host communities involved in tourism.

Leisure theories of motivation (Intrinsic and extrinsic)

Leisure theories centre on uncovering the positive gains individuals acquire through leisure activities. Engaging in leisure pursuits contributes to physical, psychological, social, and emotional well-being. These activities offer many advantages, including stress reduction, physical health, cognitive stimulation, social connections, personal development, work-life balance, and enhanced quality of life. Leisure's benefits encompass relaxation, psychological well-being, creativity, and fun, with variations based on individual preferences and chosen

activities. Integrating diverse leisure activities promotes a balanced and enriching lifestyle, fostering holistic well-being.

The present study draws its theoretical foundations from both **Positive Psychological Well-being** and **Leisure theories** covering the intrinsic and extrinsic benefits gained from Ayurveda health tourism. Ayurveda Health and Wellness Tourism intertwines with the Positive Psychological Well-being theory by emphasising positive emotions and strengths. Ayurveda prioritises emotional balance through stress reduction treatments, meditation, and mindfulness practices, reinforcing joy and contentment. Its holistic approach strengthens physical, mental, and emotional resilience, aligning with the theory's focus on building strengths. Ayurveda's impact on health and lifestyle enhances life satisfaction, echoing the theory's principles. By integrating mental and physical health, Ayurveda supports positive mental and emotional well-being in travellers, improving their overall wellness experiences.

The motivation theories related to leisure are relevant to Ayurveda Health and Wellness Tourism as they explore the psychological factors motivating individuals in leisure activities. This industry corresponds well with the desire for escapism, offering a sanctuary for relaxation and stress relief through various treatments, serving as a retreat from the pressures of daily life. Ayurveda tourism addresses the pursuit of new experiences, presenting tourists with unique wellness treatments, herbal therapies, and holistic approaches, satisfying their yearning for fresh and distinctive encounters. Ayurveda centres encourage social engagement by organising group activities, consultations, and shared experiences, fostering connections among visitors. Emphasising self-growth and well-being, Ayurveda complements the quest for self-improvement, involving visitors in practices that enhance their physical, mental, and emotional health.

2.3.3 Tourist Satisfaction Theories

The tourism industry's focus on tourist satisfaction has spurred research into various theories, such as **Bottom-up Spillover Theory**, **Expectancy-Confirmation Theory**, and **Cognitive Appraisal Theory**, that dissect its influencing factors, offering valuable insights into enhancing the overall tourist experience. These theories, interlinked and complementary, collectively decipher the intricate nature of tourist satisfaction, while destination attributes, individual differences, and cultural influences further shape this phenomenon.

The present study draws its theoretical frame from the **Expectancy-Confirmation Theory**. This theory in Ayurveda Health and Wellness Tourism explains the visitors' satisfaction, rooted in their initial expectations and the validation of these expectations during and after their visit: Tourists arrive at Ayurveda centres with specific hopes, anticipating stress relief, holistic healing, or improved well-being from their treatments. The theory emphasises satisfaction when these expectations are met or surpassed. Positive experiences matching the anticipated quality and overall ambience confirm tourists' pre-visit expectations, fostering higher satisfaction. After treatments, tourists evaluate their experiences. Alignment between actual experiences and initial expectations reinforces satisfaction, while discrepancies can lead to dissatisfaction. Ayurveda centres can utilise this theory by transparently communicating treatment details and facilities to align visitors' expectations, enhancing confirmation post-visit and ensuring greater satisfaction. For Ayurveda Health and Wellness Tourism, managing and aligning tourists' expectations with their experiences proves pivotal, influencing overall satisfaction levels among guests.

2.3.4 Theories on the Revisit Intension of Health Tourists

Various theories and models, such as **The Theory of Reasoned Action (TRA), Theory of Planned Behavior (TPB)**, Dann's **Push-Pull Theory**, **Destination Loyalty Model**, **Destination Image Theory**, **Tourist Experience Theory**, **Destination Personality Theory**, **Consumer Decision-Making Process**, **Service Quality Models** tourists' intentions to revisit destinations. These theories intersect and shape tourists' intentions, guiding destination managers in devising strategies to attract repeat visitors.

The **Theory of Planned Behavior (TPB)** is relevant in Ayurveda Health and Wellness Tourism as it examines the determinants shaping tourists' intentions and behaviours within these wellness ventures. TPB highlights that attitudes, subjective norms, and perceived behavioural control shape tourists' intentions to revisit or engage in Ayurveda wellness experiences. Favourable attitudes toward Ayurveda's holistic methods, social influences encouraging wellness-seeking behaviour, and the perceived ability to access and control these experiences impact tourists' intentions. Understanding and addressing these aspects can help Ayurveda centres and wellness destinations design strategies that positively influence tourists' inclinations and behaviours towards engaging in health and wellness practices rooted in Ayurvedic principles.

2.4 Review of Literature on Motivation, Benefits, Satisfaction and Revisit Intention of Health Tourists

2.4.1 Review on the Motivation for Health Tourism

Motivation is a multifaceted concept that evolves constantly and is challenging to measure. Tourist motivation is "a meaningful state of mind which adequately disposes an actor or group of actors to travel and which is subsequently interpretable by others as a valid explanation for such a decision" (Dann,1981). Health-related tourism has its roots in ancient times, with travel to hot springs and baths, sacred sites or places enjoying more favourable climatic conditions (Douglas, 2001).

The push-pull theoretical framework explains the internal and external factors that influence tourists to visit the destination rather than other places and the activities and experiences they want to be involved in. "Push & Pull factors have been widely accepted to explain tourist behaviour and travel motivations" (Crompton, 1979; Dunne et al., 2007; Heung et al., 2001; Jönsson & Devonish, 2008; Kozak, 2002; Lübbe, 2003; Uysal & Jurowski, 1993; Yoon & Uysal, 2005). Push and pull factors describe how motivation variables push individuals into making travel decisions and how they are pulled or attracted by destination attributes (Uysal & Hagan, 1993; Yoon & Uysal, 2005). The travel career pattern was inspired by Maslow's hierarchy of needs theory (Maslow, 1970) and was originally conceptualised as a travel career ladder (Pearce & Caltabiano, 1983).

Dann (1981) delineated seven key approaches to explain tourist motivations, differentiating between individual desire (push) and destination allure (pull). A study on senior US travelers in Thailand highlighted three push factors—'novelty & knowledge-seeking,' 'ego-enhancement,' and 'rest & relaxation'—alongside four pull factors—'travel arrangements & facilities,' 'cultural & historical attractions,' 'shopping & leisure activities,' and 'safety & cleanliness' (Sangpikul, 2008).

Damijanić et al. (2013) identified three push and two pull factors in wellness tourism. Pull factors encompassed culture and nature, while push factors involved a desire to experience destination attributes, interact with locals, and seek escape from everyday life. Subsequently, Damijanić (2020) further examined travel motivations in wellness tourism, identifying nine factors using the push-pull theory—three push and six pull factors—signifying criteria in the segmentation of wellness tourists.

Studies in various regions highlight distinct push and pull factors in health and wellness tourism. Azman (2012) noted escape and relaxation as push factors, while professionalism and spa aesthetics act as pull factors in Malaysian resort spas. Akhavan et al. (2023) identified critical push factors like waiting lists and promotional efforts as pull factors in medical tourism. Damijanić (2020) segmented wellness tourists based on three push factors (e.g., health trend) and six pull factors (e.g., cultural heritage). Cormany (2017) emphasised understanding push (health treatment) and pull factors (destination selection) in medical tourism. Birader and Ozturen (2019) highlighted health concerns as push factors and safe environments as pulls. Said and Maryono, (2018) observed tourists' perceptions and self-motivation as push factors and destination features as pulls. Dryglas and Salamaga (2018) categorised spa motives into treatment, prevention, and tourism segments in Polish spa resorts.

Wellness tourism's rise, linked to holistic wellness (Mai & Nguyen, 2023), shows pull factors positively impacting revisit intention while push factors moderate this link (Ting et al., 2021). Kim et al. (2016) found four key engagement components influencing loyalty: prestige, novelty, self-development, and relaxation. Visit motivation shapes satisfaction and revisit intentions (Devesa et al., 2010), and both push and pull motivations predict tourists' overall satisfaction and revisit intentions (Bayih & Singh, 2020).

Research on wellness tourism by various scholars shows connections between destination image, tourist expectations, and motivations. Hsu et al. (2010) found that motivation mediates attitude toward visiting destinations. Tiwari and Hashmi (2022) highlighted that expectations positively influence wellness travel motives, impacting travel behaviour. Majeed & Gon Kim (2023) noted that meeting wellness tourists' diverse expectations positively affects well-being and behavioural intentions.

Studies emphasise the significance of networks in health tourism decisions driven by factors like treatment availability, costs, and recommendations (Hanefeld et al., 2015). Different studies explore the nonlinear impact of satisfaction on return intentions, highlighting that internal motivations and resource-intensive trips positively influence revisits (Antón et al., 2014). Bennett, King, and Milner (2004) differentiate health tourism from broader tourism, stressing the role of consumer perceptions. Smith and Puczkó (2009) note how wellness practices historically align with local traditions and resources. Mak & Wong (2007) uncovered relaxation and health enhancement as key motivations for spa visitors. Despite

the interest, studies on the motivations for wellness vacations remain limited, focusing largely on spa or spiritual tourism (Bushell & Sheldon, 2009; Chen & Prebensen, 2009).

Tourism motivation stems from intrinsic (personal needs) and extrinsic (cultural and societal influences) factors (Goeldner & Ritchie, 2007). Various studies delve into the impacts of these motivations on holidaying interest, visitor behaviour, work engagement, and internet use for holiday information (Mehmetoglu, 2012; Sharpley, 1994; Cini et al., 2013; Yeh, 2013; 2017; Castaneda et al., 2007). Tourism products comprise tangible and intangible elements, with perceptions varying among nationalities, prompting a need for marketers to understand and effectively present these elements (Albayrak et al., 2010; Xu, 2010).

Smith and Puczkó (2009) highlighted the need for more research on diverse wellness tourism sectors like yoga, spiritual, holistic and medical tourism. Several non-empirical references explore wellness, spiritual, or New Age tourism, focusing on the exploration of life's meaning, spirituality, and the pursuit of one's authentic self (Timothy & Conover, 2006; Digance, 2006; Smith, 2003; Smith & Kelly, 2006). Lehto et al. (2006) identified spirituality, mental and physical well-being, and emotion control as key motivators for yoga tourism. Similarly, a study in Victoria, Australia, found relaxation, peace, indulgence, and escape as top motivators for hot spring bathing (Clark & Cohen, 2017).

Studies by Chen et al. (2008) highlight relaxation, varied activities, recreation, and nature appreciation as top motivators shaping product development. Medina-Muñoz and Medina-Muñoz (2013) emphasise socio-demographic differences in wellness usage and motives. Naidoo et al. (2023) note retreats' role in enhancing health. Hun Kim and Batra (2009) identify recreation, relaxation, life quality enhancement, and social engagement as key motivators for wellness facility visits.

Adams et al. (2015) linked Iso-Ahola's theory to medical tourism, identifying personal and interpersonal seeking and escaping as key drivers. Hsu et al. (2010) found that motivation mediates attitudes toward visiting destinations. Moscardo (2011) discovered family wellbeing and nature's restorative aspects as primary tourist motives. In ecotourism, Carvache-Franco et al. (2021) outlined motivations like self-development, nature, and escape, impacting satisfaction and loyalty. Yoo et al. (2015) connected health and wellness values to festival visits, emphasising social interaction and cultural exploration. Kurtulmuşoğlu & Esiyok (2017) noted age-related differences in motivations for

thalassotherapy, with older tourists less affected by income but more influenced by distance and education levels.

Konu & Laukkanen (2014) found that physical activities and health-enhancement intentions drive well-being trips. Yoon and Uysal (2005) highlighted the link between motivation, satisfaction, and destination loyalty for competitive advantage. Lim et al. (2016) observed differences in motivations and satisfaction between first-time and return visitors. Huang & Xu (2018) identified natural environment and cultural symbolism as crucial for wellness tourists' healing process. Gan et al. (2023) established a strong link between motivation and behavioral intentions in health tourism.

In a US study, Tuzunkan, (2018) discovered that keeping up with fashion trends and focusing on spiritual health significantly predicted the willingness to engage in wellness tourism. Lee & Kim (2023) categorised wellness tourists into four distinct types based on their motivations, while Bočkus et al. (2023) segmented motivations of wellness tourists by nationality, identifying six key factors: status, beauty, personal development, nature, socialisation, and relaxation. Lesser (2011) found that leisure activities for visitors in Switzerland, whether health-focused or not, involve both indulgent experiences like beauty treatments and regenerative activities like sports such as mountain biking, hiking, and golfing.

To gain insights into travel motivations, various researchers explored their connection with tourists' personal traits (Boksberger & Laesser, 2008; Heung et al., 2001; Kozak, 2002; Jönsson & Devonish, 2008; Mak et al., 2009; Sangikul, 2008). When examining the tourist market broadly, significant statistical links were observed between travel motives and factors like gender, age, nationality, education, occupation, professional status, and income (Boksberger & Laesser, 2008; Heung et al., 2001; Jönsson & Devonish, 2008; Kozak, 2002; Sangikul, 2008). In the context of wellness tourism, a notable statistical relationship was identified between travel motives and income, gender, and educational attainment (Mak et al., 2009).

Research focusing on tourist motivations, particularly in wellness and health tourism, has extensively studied various factors driving travel decisions. However, a notable gap exists in understanding the motivations specific to Ayurveda health therapies within wellness tourism. Although prior studies recognise the influence of nationality on travel motives, there needs to be more exploration into how diverse cultural backgrounds shape the

motivations for seeking Ayurveda health therapies. The identified gap helps understand the complex relationship between push factors, visit expectations, and destination attractions such as Ayurveda as holistic, wholesome and unique with cultural values, beliefs, societal factors, and their impact on motivations. Examining and comparing motivations across the mentioned dimensions helps identify major factors driving Ayurveda health tourism in Kerala. Bridging this gap could aid in designing wellness products, services, and packages to offer efficiently to the targeted seekers who are coming both within the country and across the globe.

2.4.2. Review of the Benefits of Health Tourism

Concept of Tourism Benefit

The term "benefits" in tourism lacks a single definition but signifies positive outcomes from tourism activities for stakeholders. These benefits encompass various facets such as social, cultural, economic, environmental, and personal impacts (Mannell & Kleiber, 1997). Health tourism involves seeking medical treatment or wellness. For spa visitors, the benefits are escape, indulgence, and self-improvement (ISPA, 2004). Holistic wellness in tourism spans body, mind, spirit, and environment (Dillette et al., 2021). In Ayurveda tourism, benefits include health outcomes, holistic treatment, stress reduction, personalised care, novelty, travel experience, and cultural immersion.

Relevance of Studying Health Benefits

Research into health and wellness tourism benefits spans various crucial aspects of this sector, from economic implications to patient satisfaction and destination competitiveness. These studies encompass economic growth, employment, and infrastructure development, impacting healthcare quality and overall destination competitiveness (Frochot & Morrison, 2000; Molera & Albaladejo, 2007). Analysing the benefits involves assessing healthcare quality, cost-benefit analysis, and the psychological and holistic advantages experienced by tourists seeking relaxation and wellness (Mannell, 1999; More & Averill, 2003). Understanding these benefits aids in market segmentation, promotional strategies, and service development, aligning offerings with tourists' needs (Frochot & Morrison, 2000; Molera & Albaladejo, 2007).

Types of Health Benefits

Many empirical studies have been done on the different types of benefits received by health tourists. The benefits sought by wellness tourists include transcendence, physical health and appearance, escape and relaxation, important others and novelty, re-establishing self-esteem, and indulgence. (Voigt et al., 2011). The three factors of travel benefits—experiential, health, and relaxation- positively affected the frequency of travel through the perceived importance of travelling. (Chen & Petrick, 2016). Tourists' experiences and tourism activities tend to positively affect a variety of life domains, such as family life, social life, leisure life, and cultural life, among others (Uysal et al., 2016). The four main dimensions, namely, physical fitness, psychological fitness, quality of life (QOL), and environmental health, need further investigation. (Liao et al., 2023). For thermal tourists, the benefits expected depend on their travel characteristics, such as the composition of the group, the general travel motivation, the chosen thermal destination, and the number of nights spent at the location (Brandão et al., 2021).

Vacation Travel and Satisfaction

Various studies have investigated the connection between leisure travel and life satisfaction, revealing a positive impact on overall satisfaction (Lounsbury & Hoopes, 1986; Neal et al., 1999; Sirgy et al., 2011). Taking vacations has been linked to decreased work stress, burnout, exhaustion, and absenteeism (de Bloom et al., 2011; Etzion, 2003; Fritz & Sonnentag, 2006; Kühnel & Sonnentag, 2011; Westman & Etzion, 2002). Active travellers tend to have higher life satisfaction due to engagement in vacation activities (Cleaver & Muller, 2002; Wei & Milman, 2002). Studies also indicate that vacations improve health and reduce stress (Gilbert & Abdullah, 2004; Strauss-Blasche et al., (2000). Research has specifically examined vacation travel among senior travellers (Cleaver & Muller, 2002; Milman, 1998; Wei & Milman, 2002).

Research indicates that vacation travel can significantly impact health outcomes. Gump and Matthews (2000) discovered frequent health visitors had lower risks for heart disease. Pols & Kroon (2007) found mental health benefits for vacationers, including improved self-identity and social relations. Moreover, studies suggest benefits for individuals with disabilities (McConkey & McCullough, 2006) and low-income families through vacations. The research on wellness tourism segmented markets based on motivations and highlighted

the potential of the tourism industry to design experiences supporting consumers' health and wellness (Lehto & Lehto, 2019).

Benefit as segmentation

Russell Haley introduced benefit segmentation (Haley, 1968)) to enhance the understanding of customer purchasing behaviour, surpassing the effectiveness of alternative segmentation techniques. The connection between motives for tourism and the resulting benefits is integral, as the reasons compelling individuals to travel are directly associated with the sought-after advantages or results they desire from their travel encounters. In benefit segmentation, tourists are categorised based on the specific outcomes they desire from their travel experiences, departing from conventional factors like demographics (Frochot & Morrison, 2000). Motivations serve as the primary driver for travel, leading individuals to seek various positive outcomes or experiences during their trips, resulting in a diverse range of benefits. Different segments in tourism vary in their sought-after benefits and interest in wellness holidays but show similarities in socio-demographic aspects. The influence of sought benefits on customer behaviour outweighs socio-economic factors, validating the efficacy of benefit segmentation in tourism (Pesonen et al., 2011). While certain benefits are specific to certain activities, others like socialising, relaxation, and escape consistently emerge across diverse tourism contexts, aligning with commonly cited motives in tourism motivation theories.

Researchers have acknowledged the close link between 'travel motives' or 'leisure needs' and the concept of benefits (Frochot & Morrison, 2000; Mannell, 1999; More & Averill, 2003). There appears to be an alignment between these benefits and the motives commonly cited in tourism motivation theories. A significant body of research has demonstrated the practicality of benefits in segmenting tourism markets (Gitelson & Kerstetter, 1990; Loker & Perdue, 1992; Molera & Albaladejo, 2007; Palacio & McCool, 1997; Shoemaker, 1994; Weaver et al., 2001). Motivations for travel, such as seeking escape, relaxation, and fostering relationships with family and friends, have been consistently referenced in tourism motivation research (Crompton, 1979; Iso-Ahola, 1983; Pearce & Lee, 2005; Ryan & Glendon, 1998).

The push and pull framework of travel motivation is also used in the benefit studies yielded valid results in many studies (Frochot, 2005; Yannopoulos & Rotenberg, 1999), in which benefits refer to travellers' push motivations (Beh & Bruyere, 2007; Boksberger & Laesser,

2009; Koh et al., 2010; Lee et al., 2004; Park & Yoon, 2009) or pull attributes of a destination (Kastenholz et al., 2012; Sarigo¨llu¨ and Huang, 2005; Yannopoulos & Rotenberg, 1999), or a combination of these (Bieger & Laesser, 2002; May et al., 2001).

Recent discussions suggest the existence of core motivations driving tourism, forming the central foundation of tourist drive "regardless of one's travel experience" (Pearce & Lee, 2005). These encompass motives such as "novelty," "escape/relaxation," "relationship," and "self-development" as identified by the authors. It would be intriguing to explore how the benefits identified in this study compare or contrast with those commonly mentioned in the literature. Numerous non-empirical sources focusing on wellness, spirituality, or new-age tourism emphasise the pursuit of meaning in life, spirituality, and self-discovery (Timothy & Conover, (2006); Digance, 2006; Smith, 2003; Smith & Kelly, 2006).

Wellbeing tourism includes emotionally driven motivations like nature connection, beauty therapy, and relaxation (Sheldon & Bushell, 2009). It centres on natural elements, focusing on lakes and countryside for cultural and peaceful experiences (Kangas & Tuohino, 2008; Konu et al., 2010). Water plays a significant role but isn't limited to pools; rather, it is integrated into landscapes for activities (Erfurt-Cooper & Cooper, 2009). Luxury services in wellness tourism are common, catering to high-income, older visitors seeking rejuvenation (Smith and Puczko´, 2009). Wellness branding enhances destinations and hotels, conveying luxury and added value (Erfurt-Cooper & Cooper, 2009; Gelbman, 2009). Naylor & Kleiser (2002) discovered that satisfaction levels remained consistent among health and fitness resort consumer groups, yet the key benefits leading to satisfaction differed. High-status consumers sought symbolic benefits, while low-status individuals primarily sought enjoyment for satisfaction. Resorts tend to cater to specific benefits based on customer types. Wellness tourists are categorised into three main types: Beauty Spa Visitors, Lifestyle Resort Visitors, and Spiritual Retreat Visitors (Voigt et al., 2011).

Health Benefits from Tourism

Many empirical studies have been conducted to understand the benefits of health tourism. Numerous studies explore health tourism benefits, showcasing their positive effects on perceived health and wellness (Chen & Petrick, 2013). Researchers have deeply studied wellness tourists' demographic behaviors and sought benefits, differentiating between groups (Voigt et al., 2011). Health and wellbeing benefits extend to tourists, destination communities, and destinations (Hartwell et al., 2018). Factors driving medical tourism's

growth include cost, technology, transportation, and marketing (Connell, 2006). Dimensions crucial for health tourism encompass regulation, ethics, health risks, and limited information (Hall, 2011). Health and wellness tourism contributes to economic and social community development, impacting users' physical and mental health (Gkinton et al., 2022). Wellness tourism fosters inspiration, especially among tourists with high openness to experiences (He et al., 2023). Health benefits from retreat experiences aid individuals with chronic illnesses (Naidoo, 2018). Health and wellness tourism benefits encompass hot springs, supervised treatments, and water treatments (Erfurt-Cooper & Cooper, (2009). Mental fitness is a significant dimension enhanced by unique wellness tourism experiences (Liao et al., 2023). Wellness tourism aids self-rated health and place attachment, especially when health goals are prioritized (He et al., 2022). Holistic wellness tourism offers tailored components to diverse market segments integrated into tourism products (Dini & Pencarelli, 2021). Perceived value shapes health travellers' intentions (Na et al., 2017). Travel positively influences older adults' health, promoting activity and combating loneliness (Patterson et al., 2023).

Other types of Wellness Benefits

Health and wellness tourism can provide other benefits besides obvious health benefits. Many studies identify wellness tourism benefits, including self-discovery, fitness improvement, lifestyle changes, pampering, and care (Naylor & Kleiser, 2002). Wellness tourism significantly enhances quality of life and impacts physical and mental health, overall well-being, and social environments (Gkinton et al., 2023). Destination-focused health and wellbeing considerations encompass emotional, psychological, cognitive, and spiritual dimensions, impacting tourists, destination communities, and the destinations themselves (Hartwell et al., 2018). Adventure tourism activities positively affect the overall wellness of adventure tourists (Lötter & Welthagen, 2020). Wellness tourism for baby boomers includes physical and spiritual balance, alternative treatments, increased social interaction, and improved emotional well-being (Patterson & Balderas-Cejudo, 2022). Medical tourism contributes to economic and social benefits, generating income, employment in health sectors, and coastal tourism development (Hosseini & Mirzaei, 2021). Health dimensions of wellness tourism encompass physical fitness, psychological well-being, quality of life, and environmental health (Liao et al., 2023). Tourism fosters positive family relationships for adults, children, and couples (Durko & Petrick, 2013). Recreational activities' relationship

with health tourism types offers insights for business managers in health tourism (Kılıçarslan & Yozukmaz, 2022).

Öznalbant and Alvarez (2020) explored yoga tourism's socio-cultural facets, identifying three trip types: yoga-focused, cultural tourism-focused, and wellness-focused. Meanwhile, Chhabra (2022) outlined a three-phased approach to yoga tourism's transformative aspects, involving pre-trip anticipation of benefits, onsite transformation effects, and enduring changes post-return. Several studies explore health and wellness tourism's impact on stress alleviation. Chen et al. (2016) emphasise how recovery experiences during leisure travel influence post-trip life satisfaction. Furthermore, Moura et al. (2018) advocate recognising accessible tourism as a stress-coping resource for individuals with disabilities, aiding in the rebalancing of personal and social resources and enhancing overall health and well-being.

Ayurveda Benefits

Kerala's tourism industry is known for its diverse offerings, blending cultural, spiritual, culinary, and backwater attractions to create a unique visitor experience (Bandyopadhyay & Nair, 2019). Ayurveda, a key attraction in Kerala, draws both local and international tourists seeking health and wellness benefits through therapies. Ayurvedic treatments promise rejuvenation and address chronic conditions like anti-ageing, skin enhancement, and sexual health improvement (Baliga et al., 2015). Studies also suggest its potential in anti-cancer treatments (Balachandran & Govindarajan, 2005), managing type 2 diabetes (Gordon et al., 2019), and assisting with learning disabilities (Alone & Bamnote, 2020).

The primary attributes of Kerala's Ayurvedic health tourism are its quality of service and opportunities. Padmasani and Remya (2015) suggest a need for service providers to concentrate on an organised promotional campaign highlighting the state's service quality and available opportunities. The quality of healthcare, including doctors, nurses, and support staff, contributes to Kerala's appeal in medical tourism, positioning it as a competitive wellness destination (Thanuskodi & Naseehath, 2016). Despite Kerala's abundant resources and quality healthcare services in Ayurveda, Romão et al. (2022) noted a lack of a distinct branding strategy that sets it apart from international wellness destinations. Edward and George (2008) evaluated Kerala's strengths and weaknesses as an emerging tourism destination in a developing country, offering crucial insights into the state's destination marketing strategies. Meera and Vinodan (2019) investigate the potential integration of alternative medicinal practices, like the Kalari martial art system from Kerala, into the

wellness tourism market. They define five key aspects around 26 indicators related to physical, psychological, emotional, social, and personal elements.

Zhou et al. (2023) highlight the influence of tourists' engagement, perception of restorative environments, and health awareness on their perceived physical, mental, and social health benefits. Their study reveals that tourists' perception of a restorative environment mediates the relationship between their engagement and perceived health benefits. Additionally, Buckley (2023) suggests that tourism has a role in enhancing mental health and proposes that tourism research could contribute to therapeutic interventions such as music, museums, shopping malls, and adventure tourism.

Each tourism segment yields distinct benefits due to its unique expectations, motivations, and anticipations, making it impractical to apply predetermined benefits from one segment to another. As wellness tourism emerges within the tourism industry, qualitative methods are essential to establish and measure the specific benefits tourists seek in this segment. Several studies explore wellness tourism's impact on health and well-being. Piuchan (2021) focuses on meditation retreat tourism in Thailand and its effects on international tourists' health. He, Liu and Li (2021) highlight a link between wellness tourism experiences and tourist engagement, especially among those open to new experiences. Chang and Beise-Zee R. (2013) stress the significance of tourists' beliefs about health in evaluating health-promoting destinations. These studies emphasise understanding tourists' health perceptions when developing and promoting health-oriented destinations. Yurcu et al., (2017) delves into how wellness and spa tourism can safeguard and improve individuals' well-being. Andrijašević (2005) explore the contemporary role of wellness in tourism, focusing on prevention programs for illnesses, physical fitness, and beauty treatments. Kim, Woo, and Uysal (2015) examine the relationship between travel behaviour in elderly tourists and their overall quality of life. Their study explores six main constructs: involvement, perceived value, satisfaction with the trip, leisure life satisfaction, overall quality of life, and intentions to revisit.

2.4.3. Review of Literature on Satisfaction of Health Tourists

Tourist satisfaction is related to all experiences undergone during the visit of the health tourists. It hinges on aligning pre-trip expectations with actual experiences during the journey (Severt et al. (2007). Dissatisfaction arises from encountering displeasure while travelling (Chen & Chen, 2010; Reisinger & Turner, 2003). The satisfaction significantly influences travel behaviour, impacting destination choices and consumption patterns (Jang

& Feng, 2007; Kozak & Rimmington, 2000). Although there's substantial research on satisfaction (Kozak et al., 2003; Tsiotsou & Vasioti, 2006), comprehensive studies are scarce, particularly in Asian countries (Heung & Quf, 2000). The disconfirmation paradigm (Oliver, 1980; Oliver & Desarbo, 1988) highlights the evaluation of expectations against service experiences, while the equity theory (Oliver & Swan, 1989) balances sacrifices against perceived value. The normative theory stresses benchmarking against norms (LaTour & Peat, 1979), allowing tourists to compare destinations or past experiences (Yoon & Uysal, 2005). Understanding these theories can shape more inclusive and culturally effective tourism strategies.

Research on tourist satisfaction explores into several dimensions. Destination Satisfaction, explored by Kozak (2001) and Dmitrović et al. (2009), focuses on tourists' overall perception of the destination, considering attractions, amenities, hospitality, and local culture. Service Quality, analysed by Ali and Howaidee (2012) and Al-Ababneh (2013), assesses the excellence of services across various tourism sectors, aiming to meet or exceed tourist expectations.

The Expectation-Performance Discrepancy, as studied by De Nisco & Napolitano (2015), examines satisfaction concerning the variance between pre-travel expectations and actual experiences. The Exploration of Experiences and Emotions, analysed by Del Bosque & San Martín (2008) and Prayag et al. (2017), investigates how positive emotions during travel contribute to overall satisfaction. Cultural and Experiential Satisfaction, as zoomed in by Huh (2002), Altunel & Erkurt (2015), and Li et al. (2023), emphasises contentment derived from cultural immersion, authentic experiences, and participation in local traditions or activities.

Various factors shape tourists' overall satisfaction. Value for money, assessed by Kansal et al. (2015), evaluates tourists' perception of reasonable value for their travel expenses. Repeat visitation and loyalty, explored by Do Valle et al. (2006), Chi & Qu (2008), Alegre and Cladera (2009), and Kim (2018), investigate how satisfied tourists often revisit and recommend a destination. Understanding the contributions of these factors to overall contentment is crucial for comprehensive insights.

Several studies delve into tourist satisfaction and its determinants. Chi & Qu (2007) highlighted destination loyalty's linkage to destination image and attribute satisfaction, impacting overall satisfaction and loyalty. Assefa (2011) emphasised product quality,

hospitality, and airport services in influencing overall tourist satisfaction, identifying dissatisfaction triggers like information availability and service quality. Lee et al. (2009) pinpointed factors vital for Taiwan's hot springs tourism, advocating collaboration for safety and health integration. Meng et al. (2008) stressed the importance of friendly services, lodging, and location in visitor satisfaction, especially in nature-based resort destinations. Nowacki (2013) connected visitor and attraction features to satisfaction, while Truong and Foster (2006) highlighted the role of expectations in satisfaction management. Armario (2008) linked tourist motivations, activities, and satisfaction, showcasing their interrelation. Vetitnev et al. (2013) found a positive link between satisfaction and destination loyalty in Russian resort destinations. Lim et al. (2016) noted differing motivations between first-time and return visitors, shaping their satisfaction levels. These studies underscore the complex nature of tourist satisfaction and the diverse factors shaping a fulfilling tourist experience.

Several studies investigate tourist satisfaction determinants in diverse tourism sectors. Hossain (2022) noted positive impacts of product, place, and process in Bangladesh's health tourism on visitor satisfaction. Nowacki (2010) highlighted the significance of benefits over satisfaction in affecting behavioural intentions towards tourist attractions. Singh and Sahil's (2014) study on medical tourists at Fortis Hospital revealed high satisfaction with service quality. Marin and Taberner (2008) found that both satisfaction-driven and dissatisfaction-driven assessments influence overall satisfaction and revisit intentions, especially concerning commercialisation and environmental decline.

Literature explores satisfaction across various contexts, such as cultural journeys (Ross & Iso-Ahola, 1991), tour characteristics (Hsieh et al., 1994), and destination-specific studies (Chon & Olsen, 1991; Danaher & Arweiler, 1996; Joppe et al., 2001; Kozak & Rimmington, 2000). Yao's (2013) research emphasises the impact of motivation and emotional involvement in shaping satisfying heritage tourism. Tomas et al. (2002) found a positive link between service performance, visitor satisfaction, and revisit intentions at zoos. Arana and Leon (2012) addressed response bias in tourism satisfaction surveys using the anchoring vignette methodology to ensure more accurate cross-cultural satisfaction comparisons.

Studies Based on Importance Performance Analysis

Importance-Performance Analysis (IPA) is pivotal in comprehending tourist satisfaction by evaluating attribute importance and performance alignment. It aids in identifying satisfaction drivers and areas needing enhancement, guiding strategic decisions for better

tourist experiences. This method assesses key attributes, categorising strengths, improvement areas, and less impactful factors on a graph, aiding continual improvement and adaptation to evolving tourist needs. Studies employing IPA have covered diverse tourism issues, including hotel selection (Chu & Choi, 2000), tour guide performance (Zhang & Chow, 2004), destination competitiveness (Enright & Newton, 2004), and segment-specific strategies (Huana et al., 2002).

Yao (2013) explores heritage tourism by integrating tourist motivation, destination attributes, and emotional involvement. Enright and Newton (2004) constructed an instrument to gauge destination competitiveness, blending factors from attractions and the tourism industry. Deng (2007) analyses Taiwanese hot spring tourism, aligning quality, facilities, and cultural experiences to enhance overall visitor satisfaction. Quintela et al. (2011) link service quality in health and wellness tourism to attributes like employee accuracy, prompt assistance, personalised attention, and driving user satisfaction.

Several studies focused on assessing tourism destinations from various angles. Lee et al. (2009) investigated Taiwan's appeal as a hot springs destination, using factor analysis and logistic regression to predict visit frequency. Mihalič (2013) in Slovenia identified discrepancies between tourism supply and demand, particularly in managing environmental resources. Sörensson & Friedrichs (2013) evaluated Bologna's sustainability, highlighting differences in tourists' priorities between national and international visitors. Azzopardi and Nash (2013) evaluated the widespread use of Importance-Performance Analysis (IPA) in hospitality and tourism research. Johann (2014) emphasised the influence of destination attributes, both internal (like package holiday services) and external (other destination features), on tourist satisfaction. De Nisco et al. (2015) employed IPA to assess tourist satisfaction in Campania, Italy, aiming to identify areas for improvement in the region's tourism sector. Mustafa et al. (2020) used seven dimensions to assess the competitiveness of six Southeast Asian Island destinations.

Bagri and Kala (2015) used Importance-Performance Analysis (IPA) to assess satisfaction factors among domestic tourists at Trijuginarayan, an emerging spiritual and adventure destination in the Garhwal Himalayas. Spiritual, cultural, and activities contributed to satisfaction, but the lack of infrastructure impacted overall contentment. Strategies for destination enhancement were proposed based on these findings. Dwyer et al. (2016) applied IPA to gauge the importance of activities in Serbia's tourism development.

Junio et al. (2017) analysed competitiveness in medical tourism destinations (TDC), highlighting the influence of medical treatments, destination attributes, and tourism-related factors. Kim et al. (2018) examined medical tourism in Korea, identifying strengths in medical technology and specialised services while emphasising the need for pricing competitiveness improvement.

Bhalla and Bhattacharya (2021) employed IPA analysis in ecotourism, highlighting service providers' strengths in environmental conservation and visitor safety. However, areas needing attention include user facilities, nature guidance, signage, food quality, and accommodations. Lai and Hitchcock (2016) utilised a 3-D IPA approach to evaluate luxury hotels in Macau. Chen K.-Y. (2014) proposed a competitive ZOT service quality-based IPA model (CZIPA) for service quality assessment against competitors. Deng and Pierskalla (2018) challenged IPA assumptions by integrating low-importance attributes into a structural equation model, emphasising the significance of high-importance attributes in satisfaction. Xu (2013) modified the IPA method, incorporating partial correlation coefficients to enhance accuracy in assessing attribute importance and improving customer satisfaction analysis.

2.4.4 Revisit Intention of Health Tourists

Several factors influence medical travellers' decisions to return to a healthcare destination. Exceptional treatment and successful outcomes, overall satisfaction with facilities and services, trust in healthcare providers, and perceived value for money play crucial roles. The post-treatment experience, destination appeal, travel convenience, recommendations, and cultural aspects also impact their decision. Different health and wellness destinations attract tourists with unique motivations, such as Medical Tourism Hubs, Wellness Retreats, Cultural Health Tourism, Fitness Destinations, and Eco-friendly Wellness Spots. Studies examining revisit intentions offer insights into the motivations of health and wellness tourists.

Medical tourism

Numerous studies examined into medical tourists' revisit intentions. They analyse diverse aspects like travel motives, service quality, satisfaction, and destination brand equity. Warangkana and Supawat (2020) connect travel motives to service quality and satisfaction, affecting loyalty and revisit intentions. Heydari Fard et al. (2021) highlight authenticity's impact on medical centres' image and satisfaction, influencing revisit intentions and recommendations. Wang et al. (2020) stress factors like doctor expertise and healthcare quality on revisit intentions. Rahman et al. (2022) link destination brand equity to revisit

intentions through brand association and perceived trust. Han and Hyun (2015) emphasise the role of perceived quality, satisfaction, trust, and pricing in revisiting clinics. Peng et al. (2023) reveal happiness dimensions impacting traditional Chinese medicine tourism revisit intentions moderated by health consciousness. Yu et al. (2021) validates brand attributes influencing engagement and revisit intentions in Korean medical tourism. These studies collectively shed light on influencing factors in medical tourists' intentions to revisit.

Many studies looked into the dimensions of service quality, satisfaction and revisit intentions of health tourists. Warangkana and Supawat (2020) studied the connections among travel motives, service quality, satisfaction and revisit intentions in health and wellness tourism. They found strong, positive links between travel motives and perceived service quality and satisfaction. Furthermore, they established a positive relationship between perceived service quality, satisfaction, and tourist loyalty. Their study unveiled an indirect pathway from travel motives to revisit intentions, mediated by service quality and satisfaction. Fard et al. (2021) examined influences on medical tourists' intentions to revisit and recommend. They highlighted the significant impact of perceived authenticity on the image of medical centres, subsequently affecting perceived value and satisfaction. Additionally, they found that a satisfactory experience during the trip increased intentions to revisit, influencing word-of-mouth recommendations. Wang et al. (2020) outlined critical factors affecting medical tourists' intentions to revisit, emphasising aspects like the expertise of doctors, medication quality, and healthcare services. They diverged from previous studies by not finding a substantial positive link between tourism attraction and medical tourists' intentions to revisit.

Wellness Centres

Studies also explored the impact of various factors on tourists' intentions to revisit wellness destinations. Kaung-Hwa et al. (2022) highlight existential authenticity's role in spa hotel experiences on revisit intentions. Rungsimanop and Ashton (2021) link yoga destination components, satisfaction, and revisit intentions in Hua-Hin, Thailand. Abdul-Rahman et al. (2023) focus on clinical trust, well-being, expenses, and infrastructure affecting patients' intentions to revisit medical tourism institutions in Egypt. Gan et al. (2023) reveal health and wellness tourists' motivations by predicting their behavioural intentions. Tao et al. (2021) explore how tourists' motivations influence revisit intentions, with pull motivation positively impacting revisits while pushing motivation negatively moderates this relationship. Kim et al. (2017) analyse the influence of tourists' motives on engagement and loyalty in wellness tourism spots, emphasising their impact on heightened loyalty.

Collectively, these studies contribute insights into factors influencing tourists' intentions to revisit wellness destinations.

Various studies analysed factors influencing tourists' intentions to revisit wellness destinations. Sthapit et al. (2023) explore memorable experiences in wellness tourism, connecting them to well-being and revisit intentions. Chen et al. (2023) investigates how authenticity and memorability mediate wellness tourism experiencescape on revisit intentions. Dar and Kashyap (2022) focus on Rishikesh's appeal to wellness tourists during the COVID-19 crisis, highlighting rejuvenation offerings.

Yoon and Uysal (2005) link tourist satisfaction and travel motivation to destination loyalty. Nguyen Viet et al. (2020) show how destination image, cultural contact, and satisfaction impact tourists' intentions to revisit. Quintal and Polczynski (2010) reveal satisfaction's influence on university students' revisit intentions, emphasising attractiveness, quality, and value. Rajesh (2013) discusses tourist perception and satisfaction's direct effects on destination loyalty. Perovic et al. (2018) highlight how tangible and intangible elements impact tourist satisfaction and repeat visit intentions, with intangible aspects exerting a stronger influence. These studies collectively shed light on factors shaping tourists' intentions to revisit diverse destinations.

Several studies investigate factors influencing tourists' intentions to revisit various destinations. Bintarti & Kurniawan (2017) find that experiential satisfaction is influenced by both experiential quality and the tourism site's image but don't establish a direct effect of the site's image on revisit intentions. Choo et al. (2016) highlight satisfaction as the most influential factor for festival revisit intentions among present visitors, followed by social identity and subjective norms. Kanwel et al. (2019) demonstrate positive connections among destination image, electronic word of mouth, tourist satisfaction, loyalty, and the intention to visit Pakistan, emphasising the role of eWOM in boosting tourist satisfaction. Lin (2013) reveals that destination personality, cuisine experience, and psychological well-being significantly influence the likelihood of tourists intending to revisit a hot springs destination. Alegre and Cladera (2009) emphasise that both satisfaction and the frequency of past visits positively impact tourists' intentions to revisit a destination. These studies provide insights into the multifaceted elements influencing tourists' intentions to revisit diverse destinations.

Revisit Intention in other segments

Several studies explore factors impacting tourists' intentions to revisit destinations. Nguyen (2020) highlights reliability, tangibility, empathy, and assurance as influential factors that primarily affect revisit intentions through satisfaction. Additionally, aspects like destination image, self-congruity, and the influence of Hallyu contribute to revisit intentions through attitudes and tourist motivation. Aktaş et al. (2010) focus on accommodation services, incoming travel agency services, and destination facilities as critical areas influencing tourists' intentions to revisit and recommend within tourism contexts. Park and Chung (2016) emphasize that in culture-oriented markets like Traditional Markets, tourist satisfaction and cultural elements significantly impact intentions to revisit and word-of-mouth, fostering a sense of hometown affinity among tourists.

Many studies focus on different aspects influencing tourists' intentions to revisit specific destination. Jeong et al. (2022) emphasise the impact of motivations like 'nature-friendly' and 'novelty' on wellness tourists' intentions to revisit. Lisa et al. (2007) concentrates on tourists' revisit intentions, specifically concerning cultural and heritage sites. Suresh et al. (2011) explores how customer lifestyle factors influence loyalty to wellness centres, revealing that overworked individuals and those seeking work-life balance tend to be more loyal. Gabor and Oltean (2019) advocate for promoting babymoon tourism in Romania's wellness holiday market, citing positive perceptions and the potential to enhance brand identification and revisit intentions. Vetitnev et al. (2013) highlight factors like satisfaction, travel purpose, payment source, and holiday organization influencing destination loyalty among Russian domestic tourists, indicating satisfaction's crucial role in encouraging revisits.

2.5 Review of Studies Relating to Kerala Tourism

Studies on Kerala's tourism policies predominantly centred around economic facets, such as earnings from foreign exchange and their effects on local communities and the environment. These analyses underscore the crucial requirement for effective environmental management in natural tourist destinations and underscore how Kerala's ecological equilibrium significantly influences its competitiveness and continuity in tourism. The authors stress the significance of conserving the environment and adopting sustainable practices for enduring growth, offering strategies tailored to Kerala's tourism sector. Different studies focused on Responsible Tourism (RT) (Subramaniam & Lenka, 2020; George, 2019; Ranjith, 2021.;

Mathew, 2022), Community-Based Eco-Tourism (CBET) (Manoj, 2020; Mary, 2019; Udayakumar & Lenka, 2020), and Rural Tourism (Pradeepa, 2021; Dyneesh, 2020; Roy et al., 2020), identifying their potential, socioeconomic impacts, and the imperative need to protect the environment. They propose tactics that involve prioritising environmental cleanliness, enhancing infrastructure, and safeguarding indigenous culture to foster sustainable tourism expansion. Reports from organisations like the World Economic Forum (WEF, 2017) and the Indian Brand Equity Foundation (IBEF, 2015) outline the competitiveness and economic repercussions of tourism in India, particularly in Kerala, foreseeing substantial expansion and emphasising the criticality of environmental preservation for continuous progress. These studies yield insights and suggestions to encourage sustainable and conscientious tourism practices in Kerala.

Kerala competes with other Indian destinations like Goa, Delhi, Agra, and Rajasthan for tourism (Hannam & Diekmann, 2011), receiving approximately 12 per cent of India's international tourists. Tourism contributes 1 to 6 per cent of Kerala's state domestic product (Sreekumar & Parayil, 2002; Ministry of Tourism, Government of India). Despite this low percentage, tourism is seen as a key sector for the country's development due to its growth potential (Edward & George, 2008). Branded as 'God's own country,' Kerala has carved a unique image as a 'quality' or 'boutique' destination in foreign markets (Jean-François, 2011; Edward & George, 2008).

Several studies scrutinised Kerala's wellness tourism to explore its competitiveness, potential, challenges, and future. The blend of ancient healing methods, natural allure, and modern wellness approaches has garnered significant attention in Kerala's tourism sector. These investigations emphasised the rising significance of health and wellness tourism in Kerala's tourism landscape. Scholars examined economic impacts, market trends, traveller preferences, infrastructure improvements, and sustainability in this field. Kavyalekshmi and Mallick (2022) found a direct and lasting link between international tourism and Kerala's economic growth. Their study revealed that a 1per cent increase in Foreign Tourist Arrivals (FTA) corresponded to a 0.97per cent rise in Gross State Domestic Product (GSDP) in the long term.

Researchers have extensively investigated Kerala's ancient medical practices, particularly Ayurveda, a significant draw for global health tourism (Kariyil & Mathew, 2022). Studies

also explored specialised branches within Kerala Ayurveda, such as toxicology, ophthalmology, paediatrics, and orthopaedics (Ancheril et al., 2016). Studies also examined the role and views of Ashtavaidya Ayurveda practitioners in Kerala's healthcare system (Menon & Spudich, 2010). Matsuoka (2015) delved into the practices of a Vaidya, an unregulated traditional healer in Kerala, emphasising their reliance on Ayurveda principles while integrating other medical methodologies. Additionally, research on traditional Ayurvedic practices highlights the significance of Pitta in seasonal patterns and the need for adaptive seasonal routines based on regional contexts (Shubhashree et al., 2020).

Kerala's acclaimed status as a health tourism hub is intimately linked with Ayurveda, a resurgence in India's cultural legacy (Valiathan, 2009). The state is known for Panchakarma therapy, favourable geography, and agreeable climate, further strengthening its association with Ayurveda (Sheetal et al., 2022; Sax & Nair, 2014). Kerala's appeal as an Ayurveda health destination is underscored by its post-treatment relaxation, suitable climate, and reputation (Padmasani & Remya, 2015). Kerala's significant contributions to Ayurveda across historical, literary, and treatment spheres are recognised, along with the affordability and quality of its Ayurvedic treatments (Variar, 1985; Saranya & Mariswamy, 2016). Kerala's Ayurveda tourism showcases competitive advantages, drawing wellness seekers and earning visitor popularity (Harikrishnan, 2020; Anjaly Lal, 2020). Studies highlight Ayurveda's holistic approach, emphasising its role in holistic well-being and healing (Ameta et al., 2018). This has established Kerala as a leader in Ayurvedic tourism, establishing its position as a preferred wellness destination (BB Nair, 2020).

The literature on Ayurvedic and wellness tourism in Kerala explores diverse dimensions shaping its attraction. Edward and George (2008) highlighted Kerala's tourism elements via an importance-performance matrix, emphasising climate, backwaters, cuisine, relaxation spaces, and cultural experiences. Ramesh and Joseph (2011) detailed the rise of Wellness Tourism, emphasising collaboration among resorts, hospitals, practitioners, and the Government in promoting Ayurveda. John and Chelat (2013) surveyed small-medium enterprises and individual practitioners, showcasing their role in Ayurvedic medical tourism's inclusive growth. Jawahar and Muhammed (2022) revealed the significant impact of Kerala's Ayurveda and destination image on brand equity, influenced by hospital brand image and the overall experience.

Anish et al. (2016) highlighted the influence of service quality, patient satisfaction, hospital image, service value, and trust on medical tourists' intentions, impacting word-of-mouth and repurchase intentions. Kannan and Frenz (2019) discussed how marketing shapes Ayurveda's presentation to attract foreign clients in Kerala. Venugopal and Somasundaram (2021) emphasised the importance of international tourists' overall satisfaction with Ayurvedic services and highlighted growth factors and challenges, stressing the need for optimisation and increased investment.

Vijayakumar and Rao (2005) examined how Ayurveda tourism could transcend physical distances by embracing cyber services and merging ancient and modern practices. Romão et al. (2022) proposed a branding strategy positioning Kerala as a wellness tourism hub, emphasising natural resources, local culture, and Ayurveda. Subathra et al. (2019) delineated differences among Spiritual retreat, Beauty spa, and Health resort visitors based on demographics and travel behaviour. Cyranski (2017) highlighted the interaction among practitioners, management, guests, and institutions in implementing Ayurvedic practices at a tourist resort. Rashmi (2017) explored Ayurveda's role in international health tourism without focusing explicitly on Kerala's Ayurveda travel.

Ayurveda offers diverse benefits in managing chronic ailments like diabetes, arthritis, and digestive issues through herbal remedies, lifestyle changes, and Panchakarma therapies. It's also effective in pain management, detoxification, and enhancing overall health. Approximately 3.58 per cent of Kerala's foreign tourists opt for Ayurvedic wellness (Preji & Lenka, 2020). Integrating Ayurveda with conventional medicine enhances healthcare outcomes and complements cancer care by alleviating treatment side effects and improving life quality (Rathod et al., 2023). Ayurvedic therapies are explored for their potential in cancer prevention, managing thyroid disorders, and delaying ageing-related degenerative diseases (Kakkassery, 2019; Rastogi et al., 2019). Ayurveda interventions in cancer treatment may reduce costs, lower disease relapse, and minimise adverse events (Afzal et al., 2019). AYUSH, promoting health through preventive regimens, needs attention at primary healthcare levels (Khyati et al., 2021).

Ayurveda's holistic approach emphasises individualised wellness plans based on body constitution, incorporating lifestyle management and detoxification therapies (Sangeeta et al., 2020; Yadav et al., 2020). It addresses complete health encompassing physical, mental,

social, and spiritual well-being, focusing on diet, lifestyle balance, and health equilibrium (Nambi, 2013; Morandi et al., 2011). Ayurveda is portrayed as personalised medicine centered on preventing diseases and highlighting individual constitution's role in promoting health. Joseph et al. (2022) discuss the potential for developing astrotourism in Kerala based on identified spots, indicating potential but lacking professional integration.

2.6 Identification of Variables for the Study

The literature review identified the important attributes related to the study, namely the motivation, benefits, satisfaction, centre choice and revisit intentions of the Ayurveda health tourists. Twenty eight motivation related attributes are identified (**Table 2.1**), which includes Well-known destination for Ayurveda, 'To experience nature and scenic beauty', 'To explore new places in Kerala', 'I am health conscious', 'To get mental peace', 'To get immediate relief from health issue's, 'To benefit from Physical therapy', 'For a better quality of life', 'To increase my life span', 'To experience new life style', 'To overcome stress associated with my life', 'To make my body fit and trim', 'To rejuvenate myself', 'To improve my appearance', 'To reflect about oneself', 'To improve my overall health', 'Ayurveda is relatively affordable', 'Can combine Ayurveda with other tourism activities', 'Ayurveda is effortless to undergo', 'To experience meditation also', 'Engage multiple activities at the destination', 'To experience recreation', 'To feel relaxed', 'Due to the reputation of Ayurveda', 'Opportunity to learn Yoga', 'To learn more about Ayurveda', 'To escape from routine activities', and 'To get lasting solutions to health problems'. These attributes are related to destination, therapy-related, personal and other related tourism experiences.

To identify various benefits gained by Ayurveda health tourists, twenty-eight benefits-related variables are identified from the literature review and presented in **Table 2.2.** These variables include 'Cured health problems', 'Experienced reduction in discomfort', 'Relieved from pain', 'Overcame the problems completely', 'Body feeling fit and fine', 'Feeling Rejuvenated', 'Able to maintain body weight', 'Improvement in appearance', 'Received insights into Ayurveda treatments', 'Enjoyed the scenic beauty of Kerala', 'Feeling more confident about myself', 'Enhanced my outlook towards life', 'Helped me to become active', 'Helped to overcome mental worries/problems', 'Helped to focus on my life', 'Overcome unpleasant memories', 'Experienced calmness of mind', 'Learned about healthy food habits', 'Got new experiences' , 'Learnt to maintain proper body weight',

Table 2.1: Motivation-Related Attributes Identified from the Literature Review

No.	Motivation Attributes	Authors of the Study
1	Well-known destination for Ayurveda	*Ramesh & Joseph (2011), Sukumar and Balagopal, (2023)*
2	To experience nature and scenic beauty	*Chen et al. (2008) Carvache-Franco et al. (2021), Huang & Xu (2018) Bočkus et al. (2023); Meng, Tepanon, & Uysal, (2008) Uysal & Jurowski, 1994; You et al., (2000); Klenosky, (2002*
3	To explore new places in Kerala	*Smith, Brown and Lee (2018).*
4	I am health conscious	*Chen, Prebensen & Huan, (2008); Chen & Petrick, (2016); Mak & Wong (2007)*
5	To get mental peace	*Chen, Prebensen & Huan, (2008); YouAI, (2023); Liao et al., (2023); Gkinton et al., (2022)*
6	To get immediate relief from health issues	*Voigt, Brown, & Howat, (2011)*
7	To benefit from Physical therapy	*Chen, Prebensen & Huan, (2008); Liao et al., 2023, Gkinton et al., 2022; Ramesh & Kurian Joseph (2011)*
8	For a better quality of life	*Chen, Prebensen & Huan, (2008); Hun Kim & Batra (2009), Liao et al., 2023; Kim et al. (2015), Kou et al.(2017).*
9	To increase my life span	*Huang and Xu (2018)*
10	To experience new life style	*Damijanić et al. (2013), Goeldner & Ritchie, 2007, Yoo et al. (2015); Yoon & Uyssal (2005) Chon, (1989); Lam and Hsu, (2006); Uysal & Jurowski, (1999)*
11	To overcome stress associated with my life	*Lim, Kim & Lee, (2016); Voigt, Brown, & Howat, (2011) Smith and Puczkó (2009), Lehto, et al., (2015)*
12	To make my body fit and trim	*Voigt, Brown, & Howat, (2011)*
13	To rejuvenate myself	*Pols & Kroon (2007)*
14	To improve my appearance	*Smith and Puczko´, 2009*
15	To reflect about oneself	*Voigt, Brown, & Howat, (2011)*
16	To improve my overall health	*Konu & Laukkanen (2009); Voigt, Brown, & Howat, (2011); Uysal & Jurowski, 1994*
17	Ayurveda is relatively affordable	*George, (2022)*
18	Can combine Ayurveda with other tourism activities	*George, (2022)*
19	Ayurveda is effortless to undergo	*Designed by the Author*
20	To experience meditation also	*Chen, Prebensen & Huan, (2008); Voigt, Brown, & Howat, (2011)*
21	Engage multiple activities at the destination	*Chen, Prebensen & Huan, (2008)*
22	To experience recreation	*Chen, Prebensen & Huan, (2008) McGehee, et al. (1996)* *Uysal & Jurowski, (1994); You et al., (2000); Klenosky, (2002), Kim & Batra (2009),*
23	To feel relaxed	*Sangpikul, (2008), Azman (2013), Kim et al. (2016) Mak & Wong (2007) Clark & Cohen, 2017). Chen et al. (2008) Hun Kim & Batra (2009) Bočkus et al. (2023), Mannell, 1999; More & Averill, 2003, Voigt et al., 2011, Chen & Petrick, 2016, Crompton, 1979; Iso-Ahola, 1983; Pearce & Lee, 2005; Ryan & Glendon, 1998), Sheldon & Bushell, (2009), Lim, Kim & Lee, (2016), Chen, Prebensen & Huan, (2008); Voigt, Brown, & Howat, (2011).*
24	Due to the reputation of Ayurveda	*Lenka, (2017). Ramesh & Joseph (2010)*
25	Opportunity to learn Yoga	*Lehto et al., (2006); Smith and Puczkó (2009), Öznalbant & Alvarez, (2020); Kelly (2012); Hoyez (2007),*
26	To learn more about Ayurveda	*Designed by the Author*
27	To escape from routine activities	*Damijanić et al. (2013), Azman, (2013); Clark & Cohen, (2017). ISPA, (2004). Crompton, 1979; Iso-Ahola, 1983; Pearce & Lee, 2005; Ryan & Glendon, 1998). Correia et al., (2013) Lim, Kim & Lee, (2016); Voigt, Brown, & Howat, (2011); Uysal & Jurowski, 1994; Pesonen and Komppula (2010)*
28	To get lasting solutions to health problems	*Designed by the Author*

'Learnt about healthy lifestyle', 'Helped to detoxify my body', 'Felt refreshed and renewed', 'Received value for money spent on Ayurveda', 'No side effects from Ayurveda therapies', 'Learnt new culture', 'Learnt Yoga and meditation' and 'Got good sleep after Therapies'. These identified variables are related to the health dimensions of the body, mind, and soul of the Ayurveda health tourists and other tourism-related experiences they received at the centre.

Table 2.2: Benefit-Related Attributes Identified for the Study from the Literature Review

No.	Benefit Attributes	Authors of the Study
1	Cured health problems	*Muller and Kaufman (2001)*
2	Experienced reduction in discomfort	*Kumar, et al., (2017)*
3	Relieved from pain	*Kumar, et al., (2017)*
4	Overcame the problems completely	*Voigt, Brown, & Howat, (2011)*
5	Body feeling fit and fine	*Voigt, Brown, & Howat, (2011); Chon, (1989); Lam and Hsu, (2006); Uysal and Jurowski, (1994)*
6	Feeling Rejuvenated	*Variar, 1985; Smith and Puczko',(2009)*
7	Able to maintain body weight	*Konu & Laukkanen (2009); Voigt, Brown, & Howat, (2011); Lehto et al., (2015)*
8	Improvement in appearance	*Voigt, Brown, & Howat, (2011)*
9	Received insights into Ayurveda treatments	*Designed by the Researcher*
10	Enjoyed the scenic beauty of Kerala	*Uysal & Jurowski, (1994), Chen et al. (2008) Carvache-Franco et al. (2021), Huang & Xu (2018) Bočkus et al. (2023).*
11	Feeling more confident about myself	*Smith. & Jones (2019). Lee, Kim, and Park (2020).*
12	Enhanced my outlook towards life	*Designed by the Researcher*
13	Helped me to become active	*Liao et al., 2023, Gkinton et al., (2022)*
14	Helped to overcome mental worries/problems	*Voigt, Brown, & Howat, (2011); Youai, 2023, Liao Et Al., 2023, Gkinton Et Al., (2022); Lehto et al. (2022).*
15	Helped to focus on my life.	*Designed by the Researcher*
16	Overcome unpleasant memories	*Designed by the Researcher*
17	Experienced calmness of mind	*Palacio and McCool, 1997; Frochot and Morrison,2000; Weaver and Lawton, (2002)*
18	Learned about healthy food habits	*Banamali, (2014); Yoon & Uyssal (2005), Ramesh & Joseph (2011)*
19	Got new experiences	*Lim, Kim & Lee, (2016)*
20	Learnt to maintain proper body weight	*Voigt, Brown, & Howat, (2011)*
21	Learnt about healthy lifestyle	*Deshmukh et al., (2015).*
22	Helped to detoxify my body	*Vinjamury, et al., (2011).*
23	Felt refreshed and renewed	*Voigt, Brown, & Howat, (2011);*
24	Received value for money spent on Ayurveda	*Padmasani, D., & Remya, V. (2015*
25	No side effects from Ayurveda therapies	*Paranjpe, Patki, & Patwardhan, (1990)*
26	Learnt new culture	*Edward & George, 2008; Uysal & Jurowski, (1994); You et al., (2000); Klenosky, (2002), Damijanić et al. (2013), Damijanić (2020), Goeldner & Ritchie, (2007), Yoo et al. (2015) Goeldner & Ritchie, (2007) Huang & Xu (2018), Kangas & Tuohino, (2008); Konu et al., (2010), McGehee, et al. (1996); Kozak (2002); Jönsson and Devonish (2008)*
27	Learnt Yoga and meditation	*Lehto et al., (2006); Smith and Puczkó (2009), Öznalbant & Alvarez, (2020) Tuzunkan, (2018), Patterson & Balderas-Cejudo, (2022), Ramesh & Joseph (2011); Hoyez (2007),*
28	Got good sleep after Therapies	*Manjunath & Telles, (2005)*

Twenty-seven satisfaction-related variables are identified (**Table 2.3**) based on the literature review to identify the factors determining the satisfaction of Ayurveda health tourists. These variables are related to the destination, infrastructure, service quality and other recreational facilities at the centre. The variables identified from the literature that influence the satisfaction of the health tourists are 'Accessibility to the Ayurveda Centre', 'Location of the destination', 'Cultural Diversity of the place', 'Different types of festivals and events at the destination', 'Availability of tourism information', 'Different and unique Architecture/buildings', 'Quality of Accommodation', 'Service quality of doctors', 'Attitude of the support staffs', 'Services of language translators', 'Value for money spent for treatments', 'Follow up services after therapies', 'Image about the destination', 'Safety and security at the Centre', 'Authenticity of treatments', 'Suitability of the Ayurveda Package offered by the Centre', 'Transportation expenses', 'Quality of the environment at the destination', 'Cleanliness at the Centre', 'Rest and recreation facilities available at the Centre', 'Food and catering services', 'Personalised attention from the Centre, 'Train and Flight Services', 'Local transportation services', 'Telecommunication services', 'Facility of foreign exchange', 'Friendliness of local people, and 'Special performances depicting local culture and festival'.

Tourists' choice of the Ayurveda health centre includes multiple variables. A careful literature review identified 32 variables strongly influencing the centre choice. These variables are related to the location of the centre, the infrastructure present at the centre, the quality of medical personnel and therapies and the ancillary services at the centre. The identified attributes for the study include (**Table 2.4**) 'Convenient Location', 'Prompt responses to enquiries', 'Attractive destination', 'Best amenities', 'Good health facilities', 'Modern physical infrastructure', 'Expert doctors', 'Experienced staff members', 'Good quality food', 'Quality accommodation', 'Cleanliness and hygiene', 'Effective and authentic treatments', 'Personalised attention', 'Post-treatment services', 'Scenic beauty at the Centre', 'Privacy and confidentiality', 'Favourable climatic conditions', 'Friendliness of locals around the Centre', 'Safety and security at the Centre', 'Proper diagnosis of health disorders', 'Availability of appropriate therapies', 'No side effects', 'Permanent cure for health problems', 'Affordable cost of therapies', 'Travel expenses', 'To know diverse culture', 'Sight seeing facilities', 'Availability of language interpreters', 'Availability of adequate information in the web site', 'Ancillary facilities like wi-fi , foreign exchange,

cultural programmes', 'Well known Centre for Ayurveda', and 'Providing homely environment'.

Table 2.3: Satisfaction-Related Attributes Identified for the Study from the Literature Review

No.	Satisfaction Attributes	Authors of the Study
1	Accessibility to the Ayurveda Centre	Kim (2014), Lim, Kim & Lee (2016)
2	Location of the destination	Kelly (2012)
3	Cultural Diversity of the place	Pesonen, Laukkanen & Komppula (2011); Uysal & Jurowski, (1994), Sangpikul, (2008) McGehee, et al. (1996), Kozak (2002) and Jönsson and Devonish (2008)
4	Different types of festivals and events at the destination	Edward & George, (2008); Pesonen and Komppula (2010)
5	Availability of tourism information	Padmasani, D., & Remya, V. (2015).
6	Different and unique Architecture/buildings	Johann, M. (2014), McGehee, et al. (1996)
7	Quality of Accommodation	Yousaf, et al., (2018)
8	Service quality of doctors	Sangpikul (2004)
9	Attitude of the support staffs	Sangpikul (2004)
10	Services of language translators	Lertwannawit and Gulid,(2011)
11	Value for money spent for treatments	Chi & Qu, (2008); Johann, M. (2014)
12	Follow up services after therapies	Valorie A.Crooks et al.,(2011)
13	Image about the destination	Ramesh & Joseph (2011)
14	Safety and security at the Centre	Pesonen, Laukkanen & Komppula (2011); Johann, M. (2014), Yoon & Uyssal (2005)
15	Authenticity of treatments	Ramesh & Joseph (2011)
16	Suitability of the Ayurveda Package offered by the Centre	Islam, (2012).
16	Transportation expenses	Lim, Kim & Lee, (2016); Yousaf et al., (2018)
17	Quality of the environment at the destination	Pesonen, Laukkanen & Komppula (2011)
18	Cleanliness at the Centre	Johann, M. (2014), Correia, A., Kozak, M., & Ferradeira, J. (2013
19	Rest and recreation facilities available at the Centre	Lim, Kim, & Lee, (2016)
20	Food and catering services	Pesonen and Komppula (2010)
21	Personalised attention from the Centre	Sumantran & Tillu, (2013); Padmasani, D., & Remya, V. (2015).
22	Train and Flight Services	Yousaf et al., (2018)
23	Local transportation services	Yousaf et al. (2018)
24	Telecommunication services	Haseena (2015)
25	Facility of foreign exchange	Designed by the Author
26	Friendliness of local people	Chi & Qu, (2008), Johann, M. (2014)
27	Special performances depicting local culture and festival	Lim, Kim & Lee, (2016); Kim & Ritchie, (2014)

Table 2.4: Centre Choice related Attributes Identified for the Study from the Literature

No.	Attributes	Authors of the Study
1	Convenient Location	Victoor, Delnoij, Friele & Rademakers, (2012).
2	Prompt responses to enquiries	*Designed by the Author*
3	Attractive destination	*Ramesh & Joseph (2011); Ramesh & Joseph (2011)*
4	Best amenities	*Padmasani & Remya, (2015).*
5	Good health facilities	*Gill & Singh (2011)*
6	Modern physical infrastructure	*Kim (2014)*
7	Expert doctors	*Gill & Singh (2011)*
8	Experienced staff members	*Lee, Lee, & Choi, (2011). Crooks, et al. (2010).*
9	Good quality food	*Hurombo et al. (2014)*
10	Quality accommodation	*Lunt, et al. (2011), Ye, et al. (2008).*
11	Cleanliness and hygiene	*Correia, Kozak & Ferradeira, (2013)*
12	Effective and authentic treatments	*Ramesh & Joseph (2011)*
13	Personalised attention	*Sumantran & Tillu, (2013); Padmasani, D., & Remya, V. (2015).*
14	Post-treatment services	*Assefa (2011)*
15	Scenic beauty at the Centre	*Konu & Laukkanen (2009), Damijanić et al. (2013); Lim, Kim & Lee, (2016); Chen, Prebensen & Huan, (2008); Palacio and McCool, (1997); Frochot & Morrison, (2000); Chi & Qu, (2008)*
16	Privacy and confidentiality	*Designed by the Author*
17	Favourable climatic conditions	*Sheetal et al., 2022; Sax & Nair, 2014*
18	Friendliness of locals around the Centre	*Kim (2014);*
19	Safety and security at the Centre	*Pesonen, Laukkanen & Komppula (2011); Johann, M. (2014), Yoon & Uyssal (2005*
20	Proper diagnosis of health disorders	*Padmasani & Remya, (2015).*
21	Availability of appropriate therapies	*Designed by the Researcher*
22	No side effects	*Paranjpe, Patki, & Patwardhan, (1990)*
23	Permanent cure for health problems	*Designed by the Researcher*
24	Affordable cost of therapies	*Patwardhan, & Partwardhan, (2005).*
25	Travel expenses	*Syed., Gerber & Sharp, (2013).*
26	To know diverse culture	*Pesonen, Laukkanen & Komppula (2011)*
27	Sight seeing facilities	*Han and Hyun (2018, Smith and Puczkó, (2014)*
28	Availability of language interpreters	*Designed by the Author*
29	Availability of adequate information in the web site	*Padmasani & Remya (2015).*
30	Ancillary facilities like wi-fi , foreign exchange, cultural programmes	*Lertwannawit & Gulid,(2011)*
31	Well known Centre for Ayurveda	*Ramesh & Joseph (2011)*
32	Providing homely environment	*Yoon & Uysal (2005)*

In order to understand the revisit intention of the Ayurveda health tourists, five statements are asked to ascertain their intention to revisit the Ayurveda centres (**Table 2.5).**

Table 2.5: Statements on the Revisit Intentions of Ayurveda Health Tourists

	Revisit intention of Ayurveda Health Tourists	Authors
1	I will continue to choose Ayurveda health tourism centers in Kerala	*Chi, & Qu, (2008)* *Song, Su, & Li, (2013)* *Kim, Holland & Han, (2013)* *Mekhum & Sriupayo (2020*)
2	I consider myself to be loyal to Ayurveda health tourism centres in Kerala	
3	I would like to keep a close relationship with Ayurveda health tourism centres in Kerala	
4	I would like to avail of other services that the Ayurveda health tourism centres in Kerala provides	
5	I will say positive things about Ayurveda health tourism centres in Kerala	

2.7 Research Gap Identified in the Literature

Research focusing on tourist motivations, particularly in wellness and health tourism, has extensively studied various attributes driving travel decisions. However, a notable gap exists in understanding the motivations specific to Ayurveda health therapies within wellness tourism. Although prior studies recognise the influence of nationality on travel motives, there needs to be more exploration into how diverse cultural backgrounds shape the motivations for seeking Ayurveda health therapies. The identified gap is helpful in understanding the complex relationship between push factors, visitor expectations, and destination attractions such as Ayurveda as holistic, wholesome and unique with cultural values, beliefs, societal factors, and their impact on motivations. Examining and comparing motivations across the mentioned dimensions helps identify major factors driving Ayurveda health tourism in Kerala. Bridging this gap could aid in designing wellness products, services, and packages to offer efficiently to the targeted seekers who are coming both within the country and across the globe.

The research gap identified in wellness tourism about specific sought-after benefits directly correlates with Ayurveda health tourism. Ayurveda, a significant component of wellness and health tourism, offers numerous benefits spanning mental, physical, and social health improvements. However, there needs to be a more detailed understanding regarding the specific advantages desired by different segments of Ayurveda health tourists. Although broadly applicable, the benefit segmentation approach needs more empirical analysis regarding Ayurveda tourism. This gap inhibits the development of tailored experiences and

targeted marketing strategies within Ayurveda health tourism, restricting the industry's ability to effectively address the diverse needs and preferences of Ayurveda health tourists.

There is a need for comprehensive investigations into tourists' satisfaction levels regarding Ayurvedic treatments, spa facilities, cultural immersion, and service quality offered in Ayurveda wellness centres. Understanding the factors that contribute to overall satisfaction in Ayurveda wellness experiences. Application IPA within the context of Ayurveda wellness tourism could offer insights into the importance of various attributes related to Ayurvedic treatments, accommodation, cultural experiences, and customer service. This could contribute significantly to designing products and services to meet the needs and preferences of wellness tourists seeking Ayurvedic experiences in Kerala, contributing to the development and growth of this specific tourism segment.

The extensive literature on tourists' revisit intention to health and wellness destinations shows a need for a comprehensive study in Ayurveda health tourism. Current studies focus separately on service quality, satisfaction, destination image, authenticity, and motivations within specific segments like medical tourism, wellness centres, and varied destinations. However, comprehensive research is needed to explore how these factors interact and differ in influencing return intentions across different types of health tourism destinations, such as Kerala. Understanding the relative significance of these factors and the decision-making process among tourists for different destinations can help design marketing strategies, bridging the gap in understanding tourists' return intentions in health and wellness tourism.

2.8 Conclusions

The chapter systematically reviewed motivation, benefits, satisfaction and revisit intentions in health tourism. It covered varied motivations driving individuals, highlighted benefits like wellness and cultural enrichment, the satisfaction derived from the benefits gained from the visit and emphasised visitor satisfaction's role in shaping revisit intentions. Understanding these dynamics is crucial for sustaining and advancing the health tourism industry through empirical studies and practical applications.

CHAPTER – III

AYURVEDA HEALTH TOURISM IN KERALA

3.1 Introduction

The present study focuses on Ayurveda health tourism in Kerala from the perspective of health tourists. It examines how health tourists are motivated to visit the state, the various benefits derived from the visit, the satisfaction experienced and how the revisit intentions are formed. Understanding this interrelationship requires the emergence of health and wellness tourism in Kerala within the broader context of medical/wellness tourism as a niche tourism segment in India and the world. India has a rich cultural heritage, a diverse religious landscape, and a variety of rituals and traditions, and it is a major destination for yoga, health, and wellness. The state of Kerala is one of India's most popular tourist destinations because of its Ayurvedic practices, backwaters, and pristine natural beauty. This chapter provides an overview of the country's health and wellness infrastructure and specifically focuses on Kerala's emergence as an Ayurvedic wellness hub. This chapter has ten sections: the introduction provides an overview of the chapter, and the second part looks at tourism's importance in the global economy and the growth of health and wellness tourism in recent periods. The third section provides information about the growth of wellness tourism as a niche segment on the global stage and the rebound of this segment following COVID-19. The growth of tourism in India and the importance of the health and wellness tourism segment in Indian tourism are discussed in the fourth and fifth sections of the chapter. Kerala's tourism development from the perspective of tourism infrastructure, tourism earnings, Ayurveda health facilities, the uniqueness of Kerala Ayurveda, and Ayurveda centres and their certification is discussed in section six. The promotion of Ayurveda in Kerala and the characteristics of Ayurveda health centres in the study area, i.e. south Kerala, and the challenges faced by the Ayurveda health sector in Kerala are discussed in sections seven, eight and nine of the chapter.

3.2 International Tourism Scenario

Tourism is one of the important segments of the services sector, contributing to income, employment and economic growth for nations worldwide. It is one of the fastest-growing sectors with a strong linkage to trade, job creation, investment infrastructure development and social inclusion. Tourism is a highly labour-intensive activity and can potentially alleviate poverty in developing nations (Scheyvens, 2007; Medina-Muñoz et al., 2016; Folarin & Adeniyi, 2020). World Tourism and Travel Council (WTTC) said the Travel and tourism sector contributed 7.6 per cent to global GDP, creating 22 million jobs in 2022 and recovering strongly after the Covid-19 pandemic (WTTC, 2022).

Health and wellness tourism is an important segment of international tourism that has received significant traction in recent years due to growing global awareness and interest in maintaining a healthy lifestyle. This niche tourism segment encompasses activities and services that promote physical, mental, and spiritual well-being, often taking place in destinations known for their natural beauty, therapeutic resources, or holistic practices.

3.3 Wellness Tourism as a Niche Segment

Global Wellness Economy Monitor, 2014 defined the wellness economy as industries that enable consumers to incorporate wellness activities and lifestyles into their daily lives. It has eleven important sectors, and wellness tourism is one among them. The size of the global wellness economy in 2022 stands at 5.6 trillion US $ and is projected to grow by $ 8.47 trillion by the year 2027 with a projected annual growth rate of 8.6 per cent (Global Wellness Economy Monitor, 2023).

The size, composition and projected growth of the wellness economy are shown in **Table 3.1.** The three important wellness economy sectors with the highest market share are Personal Care and beauty, Healthy Eating, Nutrition and Weight Loss and Physical Activity. The wellness tourism sector, which had a market share of 720.4 billion US $, severely shrunk due to covid induced lockdowns across the world, recovered in the post covid period and reached 867.9 billion dollars in 2023 and is projected to grow and reach 1399.6 billion US$ in the year 2027 with a healthy growth rate of 16.6 per cent (Global Wellness Economy Monitor, 2023). It is revealed from Table 3.1 that sectors such as wellness tourism, wellness real estate, mental wellness and Thermal/Mineral springs are expected to grow at a higher rate and are going to be the major drivers of the growth of the wellness economy in the world in the immediate future.

The regional share of wellness tourism expenditure and the projected growth of this sector are depicted in **Table 3.2.** North America has the largest wellness market share (266.8 billion US$ in 2022), followed closely by Europe (250.7 billion US$), Asia-Pacific (85.1 billion US$) and Caribbean and Latin America (29.4 billion US$). The per capita wellness expenditure was markedly high in North America (716.87), followed by Europe (272.30). Uniformly, all regions of the world witnessed a sharp decline in wellness travel during the Covid period but recovered sharply in the post-COVID period.

Table 3.1: Wellness Economy Growth Projections by Sector, 2022-2027

Components of Wellness Economy	Market Size (US$ Billions)		Projected Market Size (US $ Billions)					Projected Average Annual Growth Rate (percent)
	2019	2022	2023	2024	2025	2026	2027	2022-2027
Healthy Eating, Nutrition & Weight Loss	911.3	1079.3	1,161.7	1,240.4	1,325.6	1,411.0	1,500.7	6.8
Personal Care & Beauty	1,066.3	1,088.7	1,183.2	1,246.5	1,310.7	1,373.0	1,437.7	5.7
Wellness Tourism	**720.4**	**650.7**	**867.9**	**1,029.5**	**1,152.6**	**1,275.1**	**1,399.6**	**16.6**
Physical Activity	875.9	976.3	1,058.5	1,126.3	1,202.3	1,275.7	1,352.4	6.7
Wellness Real Estate	225.2	397.7	472.7	566.6	667.0	770.1	887.5	17.4
Traditional & Complementary Medicine	486.6	518.6	569.5	615.1	662.1	713.1	768.2	8.2
Public Health, Prevention & Personalised Medicine	358.2	610.9	613.1	625.6	637.9	646.2	661.4	1.6
Mental Wellness	130.2	180.5	201.8	229.6	258.8	292.0	330.2	12.8
Spas	113.8	104.5	122.0	133.3	141.3	148.8	156.1	8.3
Thermal/Mineral Springs	65.7	46.3	57.9	66.6	74.5	82.4	90.5	14.3
Workplace Wellness	52.2	50.6	52.0	53.3	54.8	56.5	58.4	2.9
Wellness Economy	**4,931.7**	**5,611.6**	**6,262.6**	**6,818.1**	**7,356.3**	**7,893.9**	**8,470.6**	**8.6**

Note: Figures do not sum to the total due to overlap in segments.

Source: Global Wellness Economy Monitor, 2023

Wellness travellers made 936.4 million domestic and international wellness trips in the year 2019, which was 145 million more trips compared with 2017 (Global Wellness Economy Monitor, 2022). The largest number of wellness trips were made to Europe, Asia Pacific and North America. Compared to international trips, cheaper domestic trips make people travel more within the country. This is demonstrated in 2020; out of 601 million wellness trips, 89 per cent of wellness trips are domestic and international trips accounted for a minuscule share of 11 per cent (Global Wellness Economy Monitor, 2022).

Table 3.2: Wellness Tourism Expenditure by Region, 2019 – 2022

Geographical Regions	Wellness Tourism Expenditures					Average Annual Growth Rate (Percent)	
	(US $ Billions)				**Per Capita 2022 ($)**	**2019 - 2020**	**2020-2022**
	2019	**2020***	**2021**	**2022**			
North America	277.4	154.4	205.5	266.8	716.87	-44.3	31.4
Europe	248.2	124.9	175.8	250.7	272.30	-49.7	41.7
Asia Pacific	145.4	51.2	56.5	85.1	20.01	-64.8	29.0
Latin America - Caribbean	31.9	12.7	19.5	29.4	44.49	-60.1	52.0
Middle East – North Africa	12.1	5.2	6.9	13.6	25.57	-57.0	61.5
Sub Saharan Africa	5.5	2.1	2.6	5.0	4.15	-60.8	53.1
World	720.4	350.6	466.8	650.7	81.82	-51.3	36.2

Source: Global Wellness Economy Monitor, 2023

About individual countries as wellness destinations, the United States of America topped with the first rank with the largest wellness tourism expenditures and the largest number of wellness trips. Germany, France, Austria and Switzerland occupy the next four spots in 2022. India ranks as the 13th wellness destination with a wellness tourism expenditure of 11.0 billion and 95.3 wellness tourism visits for 2022.

Table 3.3: Wellness Tourism Trips by Region, 2019 - 2022

Geographical Regions	Number of Wellness Tourism Trips				Average Expenditures per trip ($)
	(Millions)				**2022**
	2019	**2020**	**2021**	**2022**	
North America	221.9	140.8	184.1	213.5	1250
Europe	333.5	175.9	232.2	300.6	834
Asia Pacific	309.9	133.7	148.1	242.4	351
Latin America - Caribbean	51.7	25.2	34.7	47.2	623
Middle East – North Africa	11.9	4.8	6.2	10.1	1354
Sub Saharan Africa	7.5	2.7	2.9	5.7	878
World	**936.4**	**483.0**	**608.2**	**819.4**	**794**

Source: Global Wellness Economy Monitor, 2023

Table 3.4: Wellness Tourism: Top Twenty Destination Markets in 2019-2022

Country	Wellness Tourism Expenditures (US $ Billions)					Average Annual Growth Rate (Percent)		No. of Trips (Millions)
	US $ Billions				**Rank in 2022**	**2019 - 2020**	**2020 - 2022**	**2022**
	2019	**2020***	**2021**	**2022**				
USA	263.5	147.3	198.7	255.9	1	-44.1	31.8	195.4
Germany	73.5	31.2	48.5	70.2	2	-57.5	49.9	61.6
France	34.7	22.1	28.9	35.5	3	-36.4	26.9	36.1
Austria	18.9	11.9	11.4	19.5	4	-36.8	27.9	16.7
Switzerland	15.5	9.4	11.0	17.7	5	-39.7	37.3	11.3
Japan	26.6	10.3	10.6	17.6	6	-61.4	31.1	34.5
Italy	14.5	7.5	10.9	15.7	7	-48.3	44.6	11.6
UK	15.1	4.9	11.4	15.6	8	-67.6	78.7	23.6
Australia	14.0	7.9	9.9	14.4	9	-43.9	35.4	11.9
Mexico	12.5	5.9	10.2	13.8	10	-53.3	53.3	17.5
Spain	10.8	3.5	6.1	11.4	11	-67.7	80.3	18.5
China	34.4	10.7	16.0	11.2	12	-68.9	2.3	40.4
India	**13.3**	**3.5**	**4.5**	**11.0**	**13**	**-73.6**	**76.8**	**95.3**
Canada	13.9	7.1	6.8	11.0	14	-48.8	24.2	18.1
Thailand	16.9	4.2	2.0	7.8	15	-75.1	35.7	10.4
Denmark	3.8	4.3	4.9	6.0	16	-12.6	18.4	6.3
South Korea	8.3	4.4	5.0	5.4	17	-47.2	11.3	20.0
UAE	2.8	2.1	2.9	5.4	18	-26.3	61.2	1.9
Portugal	4.4	3.0	4.1	5.3	19	-32.7	34.2	5.8
Turkey	5.7	1.5	3.2	4.8	20	-74.4	81.9	9.2

Source: Global Wellness Economy Monitor, 2023

3.4 Tourism Development in India

Tourism profoundly impacts India's economic development (Rout et al., 2016; Ohlan, 2017; Sharma & Punjab, 2018), employment (Prasad & Kulshrestha, 2015; Madhusmita & Padhi, 2012) and foreign exchange earnings (Rout et al., 2016). Tourism has a strong forward and backward linkage in the economy (Cai et al., 2006; Bhatt & Munjal, 2013) and has a multiplier effect on other sectors (Mir, 2017), especially hospitality, transportation, handicrafts, entertainment industry and others. Foreign tourists spend money on accommodation, transportation, food, shopping, and other services, resulting in an inflow of foreign exchange, which is scarce for developing countries. The major contribution of tourism is its potential to generate employment in India in the areas of hotel staff, tour guides, drivers, travel agents, and others (Pavaskar, 1982). It also creates work in related sectors such as agriculture, manufacturing and services. Tourism necessitates the creation of infrastructural facilities such as hotels, airports, roads, and other amenities, which are also beneficial to the local population. There is a possibility of cultural exchange through tourism as people from diverse backgrounds visit India, and foreign tourists get exposed to India's rich cultural heritage, traditions, art, music, and cuisine. India has a rich cultural heritage that attracts many tourists. The revenue earned from tourism supports the maintenance,

restoration, and preservation of these sites and their preservation for future generations. Tourists purchase traditional handicrafts, textiles, and artwork, contributing to the livelihood of local artisans and craftsmen in the country's rural economies (Kokkranikal & Morrison, 2011). The emerging tourism segments, such as homestays, community-based tourism, agro-tourism, and ecotourism, promote the people's livelihood in rural economies. India is known for its traditional systems of medicine, such as Ayurveda, yoga, and meditation (Kala, 2017). Health and wellness tourism attracts visitors seeking holistic well-being and alternative therapies.

India's travel and tourism industry is estimated to contribute US$ 199.3 billion in 2023 and is expected to grow to US$ 488 billion by 2029 (IBEF, 2023). Similarly, the tourism sector in India accounted for 35 million jobs in FY23, and it is expected to reach about 53 million jobs by 2023 (IBEF, 2023). India's Travel and tourism sector contributed 5.8 per cent to GDP, which was the sixth-highest after the US, China, Germany, Japan and Italy (WTTC, 2022). The sector's contribution to GDP is expected to record an annual growth rate of 7-9% between 2019 and 2030 (IBEF, 2030). In FY23, the tourism sector in India accounted for 35 million jobs, a growth of 8.3 per cent over the last year (2022). This employment potential in this sector is expected to grow further to 53 million jobs by 2029. India has been ranked 54th in the Travel and Tourism Development Index (TTDI) in 2021, published by the World Economic Forum (WEF, 2022). India offers geographical diversity, world heritage sites and niche tourism products like cruises, adventure, medical, ecotourism, etc. Indian medical tourism industry is estimated to be valued at US $ 7414 million in 2022, and it is projected to grow to US $ 42237 million in 2032 at a CAGR of 19 per cent (Future Market Insights, 2022).

Foreign Tourist Arrivals (FTAs), Foreign Exchange Earnings (FEEs) and Domestic Tourist visits to states/UTs are shown in **Table 3.5.** Foreign tourist arrivals increased steadily from 2011 to 2019, but the pandemic lockdown and travel restrictions reduced this substantially. This pattern is also visible in foreign exchange earnings from tourism and the domestic tourists travel to states and union territories. Foreign exchange earnings dropped from 30.72 billion to 8.79 billion from 2019 to 2020, and domestic tourist visits declined from 2.32 billion to 610 million.

As per the most recent data with the Ministry of Tourism, GoI, Foreign Tourist Arrivals (FTAs) in September 2023 were 6,48,213 with a positive growth rate of 17.5 % as compared

to 5,51,580 in September 2022 (Monthly Tourism Statistics, Sep 2023). Among the foreign tourist arrivals for the period Jan 2023 to April 2023, 49.9 % came for Leisure holidays and recreation, 23.7 % were Indian diaspora, 11.1 % for business and professionals, 6.0 % for medical purposes and 9.9 % for other reasons (IBEF, 2023)

Table 3.5: Foreign Tourists Arrival, Foreign Exchange Earnings and Domestic Tourists Visits in India during the period 2011-2022

Year	FTAs in India (In Million)	FEEs from Tourism in India (in US $ Million)	No. of Domestic Tourist visits (in Millions) to States/UTs
2011	6.31	17,707	864.53
2012	6.58	17,972	1045.05
2013	6.97	18,396	1142.53
2014	7.68	19,699	1282.80
2015	8.03	21,012	1431.97
2016	8.80	22,428	1615.39
2017	10.04	27,365	1657.55
2018	10.56	28,565	1853.78
2019	10.93	30,721	2321.98
2020	2.74	6,958	610.22
2021	1.52	8,797	677.63
2022	6.19	16,926	1731.01

Source: Compiled from India Tourism Statistics at a Glance-2023, GoI.

3.5 Health, Medical and Wellness Tourism in India

India has one of the oldest healthcare systems in the world, which have been recorded in ancient scriptures such as Vedas and Charak Samhita (IBEF, 2022). There is an alternate system of therapies followed in India, such as Ayurveda, Yoga, Unani, Siddha, Homeopathy and others. The Indian wellness industry—estimated at Rs. 49,000 crore (US$ 6.70 billion)—is gaining momentum on the back of the government's focus on building a healthy and fit India (IBEF, 2021). To tap this growing market and develop an alternate system of medicine, the government set up the Ministry of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy) in November 2014. The objectives of AYUSH include the following:

(i) Upgrading educational standards of the Indian Systems of Medicines & Homoeopathy colleges

(ii) Strengthening existing research institutions and facilitating time-bound research programmes

(iii) Outlining schemes for promotion, cultivation and regeneration of medicinal plants

(iv) Evolving Pharmacopoeial standards for the Indian Systems of Medicine and homoeopathy drugs

There has been a shift in focus in the AYUSH ministry in the recent past from the prevention of diseases to the promotion of Health and wellbeing (AYUSH Ministry, 2014). In this regard, the ministry has decided to establish 12,500 Health and Wellness Centers (HWCs) under Ayushman Bharat under Centrally Sponsored Scheme mode in the States and Union Territories (AYUSH Ministry, 2020). These Health and Wellness Centers (HWCs) empower the common public for "self-care" to reduce the disease burden and out-of-pocket expenditure and to provide informed choices to the needy public. The AYUSH dispensaries to be upgraded as AYUSH HWCS, and union territories and small states where there are fewer AYUSH dispensaries present if they desire the sub-health centres will be considered for upgradation by the ministry of AYUSH.

India is a major attractive destination for health and wellness therapies, and many foreign tourists arrive every year to avail of the diverse services available in the country (PIB, 2023). In the year 2021, 15.27 lakh foreign tourists arrived in the country, and the purpose of their visit is provided in Table 3.7. The largest share of Foreign Tourists arriving in India for 2021 is from North America, followed by South Asia and Western Europe (India Tourism Statistics, 2022).

Table 3.6: Target for Operationalisation of AYUSH Health and Wellness Centres (HWCs) in Five-Year

Year	2019-20	2020-21	2021-22	2022-23	2023-24	Total
No. of HWCs	1738	2700	3100	3700	1262	12,500
Financial Requirement (Rs.in Crore)						
Centre Share	82.21	234.75	420.70	640.43	831.50	2209.58
State Share	44.27	126.40	226.53	344.85	447.73	1189.77
Total	125.47	361.15	647.23	985.27	1279.23	3399.35

Source: Ministry of AYUSH, GoI.

Of the total Foreign Tourist Arrivals, 5.8 per cent came for Leisure holidays and Recreation, and 21.2 per cent came for medical tourism (India Tourism Statistics, 2022).

Table 3.7: Region-wise FTAs in India According to Purpose 2021 (Percentage)

Regions	Arrivals (in Nos.)	Percent Share						
		Business & Professional	Indian Diaspora	Leisure Holiday and	Medical	Students	Others	Average
North America	5,10,299	3.0	62.0	6.7	0.4	0.1	27.8	35
Central & South America	6,798	46.5	23.7	11.1	1.9	2.4	14.3	49
Western Europe	3,34,850	13.1	52.9	4.4	0.6	0.3	28.7	31
Eastern Europe	43114	45.8	9.7	16.7	17.9	1.5	8.4	25
Africa	68,914	13.7	13.2	2.1	40.0	16.1	14.9	41
West Asia	52,174	14.0	6.9	9.3	61.1	3.5	5.1	29
South Asia	3,98,722	14.0	6.7	4.4	68.4	3.4	3.0	25
East Asia	38,474	16.6	24.3	8.0	8.1	5.3	37.7	36
Astralasia	33,762	88.1	4.7	1.6	0.4	1.9	3.3	63
Total	38,865	3.1	64.6	8.3	0.9	0.1	22.9	49
Not Classified Elsewhere	7	100.0	0.0	0.0	0.0	0.0	0.0	4.0
Grand Total	**15,27,114**	**12.1**	**39.2**	**5.8**	**21.2**	**2.0**	**19.7**	**32.12**

Source: India Tourism Statistics, 2022

Among the tourists visiting for Leisure holidays and Recreation purposes, Eastern Europe, Central and Southern America and West Asia have a relatively larger share compared with other regions (India Tourism Statistics, 2022). It is inferred from **Table 3.7** that South Asia, West Asia, and Africa have a larger share of tourists visiting India for medical purposes in the year 2021. The average number of days stayed by tourists in India in 2021 is 32.12 days, and the highest duration of stay by Australasian tourists (63 days).

3.6 Tourism Development in Kerala

Kerala is a State blessed with natural beauty, cultural diversity and a diversity of tourist destinations (Edward & George, 2008). Tourism is a major driver of economic development in the State (Kavya Lekshmi & Mallick, 2022).

Table 3.8: National and State Foreign Tourist Arrivals and Annual Growth Rates 2012-2022.

Year	India (Nos)	% change	Kerala (Nos)	% Change Kerala share in India	Kerala's share (%) in Country's Tourism
2012	65,77,745	4.3	7,63,696	8.28	4.35
2013	69,67,601	5.9	8,58,143	8.12	4.3
2014	76,79,099	10.2	9,23,366	7.6	4.13
2015	80,27,133	4.5	9,77,479	5.86	4.19
2016	88,04,411	9.7	10,38,419	6.23	4.2
2017	1,00,35,803	14	10,91,870	5.15	4.06
2018	1,05,57,976	5.2	10,96,407	0.42	3.8
2019	1,09,30,355	3.5	11,89,771	8.52	3.79
2020	27,44,766	-74.9	3,40,755	-71.36	3.96
2021	15,27,114	-44.36	60,487	-82.25	5.74
2022	NA		1,05,960	564.62*	

Source: Economic Review Vol-2, Govt. of Kerala.

Table 3.9: State-wise Domestic Tourist Arrival to Kerala – Top 15 States

State	2020		2021		2022 (Till Aug 31st)	
	No. of Tourist	Percentage	No. of Tourist	Percentage	No. of Tourist	Percentage
Kerala	36,46,520	73.09	61,37,243	81.42	66,20,153	77.67
Tamil Nādu	3,79,421	7.61	4,51,473	5.99	7,57,964	7.2
Karnataka	2,99,216	6	2,90,096	3.85	4,86,587	4.88
Maharashtra	1,25,713	2.52	1,53,912	2.04	2,60,303	2.88
Andhra Pradesh	53,943	1.08	67,513	0.9	11,25,605	1.34
Delhi	68,088	1.36	57,943	0.77	88,316	0.9
Gujarat	39,686	0.8	39,112	0.52	71,003	0.63
Telangana	33,730	0.68	34,314	0.46	65,040	0.71
Uttar Pradesh	41,956	0.84	38,826	0.52	58,343	0.63
West Bengal	32,851	0.66	33,803	0.45	43,036	0.5
Lakshadweep	19,008	0.38	44,863	0.6	39231	0.47
Madhya Pradesh	14,284	0.29	16,133	0.21	24,123	0.26
Rajasthan	11,669	0.23	11,198	0.15	21,960	0.22
Assam	23,183	0.46	14,443	0.19	17,380	0.2
Haryana	14,168	0.28	9,674	0.13	16,521	0.16

Source: Economic Review Vol-2, GoK

Foreign tourists' arrival in the country increased from 65.77 lakhs to 1.09 crore, then witnessed a decline during the Covid years. Kerala also experienced a similar pattern during

the same period as the share of foreign tourists increased from 7.63 lakh to 11.89 lakh and then a drastic fall due to the COVID-19 pandemic period. Kerala state received a sizable share of foreign tourist arrivals, and the percentage hovered around 4.3 (Govt. of Kerala, 2022).

A substantial share of the domestic tourists visiting the destinations of the State are from other districts of Kerala. Tourists from the two border states of Kerala, namely Tamil Nādu and Karnataka, occupy the second and third positions with respect to domestic tourist visits. Other important states from which the tourists visit Kerala are Maharashtra, Andhra Pradesh and Delhi. It can be inferred from Table 3.9 that the top 14 states accounted for 23.19 per cent of the domestic tourist arrivals in Kerala in the year 2020, and this share has declined to 16.78 per cent during the pandemic period in the country. The share of inter-district travel within the state increased during this time.

Table 3.10: District-wise Domestic Tourists Arrivals into Kerala

District	2020		2021		2022 (up to 30th June)	
	Nos	Per cent	Nos	Per cent	Nos	Per cent
Thiruvananthapuram	8,61,130	17.26	12,35,570	16.39	14,27,565	16.05
Kollam	1,37,228	2.75	2,09,102	2.77	1,97,350	2.22
Pathanamthitta	48,960	0.98	95,840	1.27	1,54,215	1.73
Alappuzha	2,07,507	4.16	3,53,921	4.70	3,93,796	4.43
Kottayam	1,39,038	2.79	1,58,922	2.11	2,00,649	2.26
Idukki	5,03,938	10.10	9,49,574	12.60	12,16,632	13.68
Ernakulam	11,03,200	22.11	15,87,882	21.07	19,00,447	21.36
Thrissur	5,87,599	11.78	6,59,981	8.76	9,92,965	11.16
Palakkad	1,52,152	3.05	2,00,801	2.66	2,35,310	2.65
Malappuram	1,97,629	3.96	3,42,684	4.55	3,27,241	3.68
Kozhikode	3,80,559	7.63	5,67,374	7.53	5,88,905	6.62
Wayanad	3,47,625	6.97	7,03,871	9.34	70,19,952	78.91
Kannur	2,46,400	4.94	3,46,406	4.60	4,06,654	4.57
Kasargod	76,007	1.52	1,25,688	1.67	1,51,912	1.71
Total	49,88,972	100.00	75,37,617	100.00	88,95,593	100.00

Source: Economic Review Vol-2, GoK

Inter-district movement of people is also a component of domestic tourism. It can be noticed from **Table 3.10** that Ernakulam, Thiruvananthapuram, Idukki and Wayanad are the districts that are receiving high intra-state movement of tourists within the state.

Ernakulam, Thiruvananthapuram and Alappuzha are the three prominent districts attracting foreign tourists to the State (GoK, 2022). Ernakulam is located in central Kerala and is the State's commercial hub, whereas Thiruvananthapuram is the State's political capital. Alappuzha is well-known for its backwaters and beaches and its tourism diversity. Among the southern districts selected for the study, Thiruvananthapuram, Alappuzha, Kottayam, and Kollam are the prominent places foreign tourists visit in the State.

Table 3.11: District-wise Foreign Tourist Arrival

District	2020		2021		2022 (up to 30th June)	
	Nos	Per cent	Nos	Per cent	Nos	Per cent
Thiruvananthapuram	90,550	26.57	8,362	13.82	26,430	24.94
Kollam	5,141	1.51	77	0.13	140	0.13
Pathanamthitta	659	0.19	72	0.12	141	0.13
Alappuzha	46,629	13.68	777	1.28	2,064	1.95
Kottayam	20,072	5.89	365	0.60	1271	1.20
Idukki	20,163	5.92	591	0.98	3583	3.38
Ernakulam	1,34,952	39.60	46,821	77.41	64,863	61.21
Thrissur	3,416	1.00	463	0.77	1781	1.68
Palakkad	742	0.22	41	0.07	142	0.13
Malappuram	4,100	1.20	553	0.91	1,801	1.70
Kozhikode	5,262	1.54	2,074	3.43	2,893	2.73
Wayanad	4,131	1.21	164	0.27	404	0.38
Kannur	2,754	0.81	81	0.13	290	0.27
Kasargod	2,184	0.64	146	0.24	157	0.15
Total	3,40,755	100.00	60,487	100.00	105,960	100.00

Source: Economic Review Vol-2, Govt. of Kerala

The source country of foreign tourists visiting Kerala is given in **Table 3.12**. Tourists from UK, USA and France were the prominent visitors to the State in the year 2019, but this changed in the year 2021; Russians were the largest visitors during the pandemic period (Economic Review, Govt. of Kerala, 2022).

Concerning foreign exchange earnings from tourism to the State, there was a steady increase from 2012 to 2019, which sharply declined during the Covid period. Forex earnings were 4571.69 crores in 2012, increasing to 10, 271.06 crores in 2019, accounting for almost one-quarter of the total revenue generated from tourism in the state (Economic Review, GoK, 2022).

Table 3.12: Share of Major International Source Markets

Sl. No.	Country	2019		2020		2021		2022 (up to 30th June)	
		Nos	Percent	Nos	Percent	Nos	Percent	Nos	Percent
1	UK	1,86,085	15.64	71969	21.12	2,013	3.33	6,170	5.82
2	France	97,894	8.23	50581	14.84	2,066	3.42	3,136	2.96
3	USA	1,09,859	9.23	34933	10.25	5,773	9.54	13,859	13.08
4	Germany	67,425	5.67	27204	7.98	896	1.48	3,052	2.88
5	Saudi Arabia	58,422	4.91	5025	1.47	518	0.86	1,673	1.58
6	Russia	35,066	2.95	7339	2.15	14,135	23.37	18,221	17.20
7	Australia	42,089	3.54	16211	4.76	143	0.24	1,866	1.76
8	Canada	27,228	2.29	8457	2.48	491	0.81	1827	1.72
9	Malaysia	40,197	3.38	5287	1.55	118	0.20	1,094	1.03
10	Switzerland	15,658	1.32	4916	1.44	260	0.43	937	0.88
11	Others	5,09,848	42.85	108833	31.94	34,074	56.33	54,125	51.08
	Total	11,89,771	100.00	340755	100.00	60,487	100.00	1,05,960	100.00

Source: Economic Review Vol-2, GoK

Table 3.13: Earnings from Tourism

Year	Forex Earning (Cr)	Per cent	Earnings From Dom Tourists (Cr)	Per cent	Total Revenue Generated from Tourism (D &ID) Cr.
2012	4,571.69	22.38	10,883	53.27	20,430
2013	5,560.77	24.25	11,726.44	51.15	22,926.55
2014	6,398.93	25.71	12,981.91	52.17	24,885.44
2015	6,949.88	26.04	13,836.78	51.84	26,689.63
2016	7,749.51	26.13	15,348.64	51.75	29,658.56
2017	8,392.11	25.14	17,608.22	52.74	33,383.68
2018	8,764.46	24.17	19,474.62	53.71	36,258.01
2019	10,271.06	22.82	24,785.62	55.08	45,000.69
2020	2,799.85	24.70	6,025.68	53.16	11,335.96
2021	461.5	3.76	9,103.93	74.10	12,285.91

Source: Economic Review Vol-2, Govt. of Kerala

The alternative system of medicine, such as AYUSH, has a prominent place in the health care segment of the State. The State had 126 Ayurveda hospitals and 898 dispensaries with 16,639 registered practitioners and 4027 hospital beds. The State also has well-balanced Ayurveda Colleges at the undergraduate and postgraduate levels and 880 licensed pharmacies working across the State.

Table 3.14: AYUSH Infrastructure present in Kerala

System of Medicine	Hospitals	Beds	Dispensaries	Registered Practitioners	UG Colleges		PG Colleges		Licensed Pharmacies
Ayurveda	126	4037	898	16639	16	800	4	82	880
Unani			12	70					1
Siddha	2	170	5	1401	1	50			4
Yoga									
Naturopathy	2	40							
Homeopathy	32	1105	526	10235	5	200	2	36	20
Sowa-Rigpa									
Total	162	5352	1441	28345	22	1050	6	118	905

Source: AYUSH. https://ayush.gov.in/ Accessed on 20-07-2023

Tourism has contributed significantly to the economy of Kerala for decades, with revenue of ₹12,285.91 crore to the sector in 2021 (Economic Review, GoK, 2022). Tourism is a critical activity and the central driver of the post-pandemic economic recovery of the state. Tourism activities are also crucial for community enterprises, job opportunities, cultural exchanges, and infrastructure development in the state. The linkages and interconnections of tourism with other sectors and departments like agriculture, fishing, transport, education and infrastructure are significant for the state's economic revival.

The distinct topography of Kerala presents beautiful Hills, Backwaters, Beaches, Wildlife, and waterfalls that attract many tourists to the state. It helped the state develop different tourism segments, including village tourism, heritage tourism, festival tourism, adventure tourism, Ayurveda tourism, and others. The tourist attractions of Kerala include beaches, backwaters, wildlife sanctuaries, and forests (George, 2019), ecotourism (Rajasenan, 2012; George, 2019; Ranjith, 2020), natural and cultural attractions (Edward, 2008) and backwater tourism (Varughese, 2013; Jose, 2020; Joseph, 2021; Devaraj, 2022).

3.6.1 Ayurveda Tourism in Kerala

Ayurveda is a traditional Indian system of medicine that has been practised for over 5,000 years. It is based on the principles of balancing the body, mind, and spirit through a combination of diet, lifestyle, and herbal remedies (John Hopkins Health). Kerala, a state in southwestern India, is particularly renowned for its *Ashtavaidya* tradition of Ayurveda (Menon & Spudich, 2010).

The origin of Ayurveda in Kerala can be traced back to ancient times. Kerala, with its rich medicinal plant resources, has a long history of folk medicine traditions practised by healers

from all walks of life. The term Kerala was first epigraphically recorded as Cheras (Keralaputra) in a 3rd-century BCE rock inscription by the Mauryan emperor Ashoka of Magadha (Encyclopedia Britannica, 2011).

Ayurveda became an integral part of Kerala's culture and lifestyle, with the region's tropical climate, abundant vegetation, and natural resources providing the perfect environment for the growth and practice of this ancient health tradition. Kerala's Ayurveda system is unique in its emphasis on rejuvenation therapies, which focus on revitalising and restoring the body's natural balance (Variar, 1985).

The written records of Ayurveda in Kerala can be traced back to the 8th century, with the publication of the Charaka Samhita, one of the foundational texts of Ayurveda (Valiathan, 2003). The Charaka Samhita was written by the physician Charaka, who is believed to have lived in the ancient city of Takshashila, now in modern-day Pakistan. Another important Ayurvedic text, the Susruta Samhita, was also written during this period. This text, written by the physician Susruta, is a comprehensive guide to surgery and is still used as a reference by modern-day surgeons.

Over time, Ayurveda in Kerala evolved and became more sophisticated, with new texts and ideas being added to the tradition. The Ashtanga Hridaya literally translates to "the essence of eight sections" that were written by the Sage Vagbhata after the publication of the Charaka Samhita and the Susruta Samhita (Kerala Tourism). Sanskrit-literate upper-class doctors in Kerala used Astangahrdayam sutra as a source of information while relying on the region's folk remedies and physical practices from many different sources (Menon & Spudich, 2010).

Today, Kerala is home to many Ayurvedic clinics and wellness centres that offer a range of treatments and therapies, from massages and detoxification programs to specialised treatments for chronic illnesses. Conducive factors such as a wide range of medicinal plants as well as geographic specialities like good climatic conditions, fertile soil and rivers have a significant influence on the growth of medicinal plants that results in the availability of various ingredients necessary for the preparation of Ayurveda medicines (Yabesh et al., 2014). The tradition has evolved over time, and today, Kerala is a hub of Ayurvedic wellness and treatments (George, 2022).

Table 3.15: AYUSH Infrastructure in Government Sector, Kerala, 2020-21 in Numbers

Sl. No.	System of Medicine	Institutions	Beds	Patients Treated	
				In Patient	Out Patient
1	Ayurveda (ISM)	948	3154	88,643	1,54,83,601
2	Ayurveda (DAME)	3	1361	3987	2,34,089
3	Homeopathy	708	985	4391	72,39,074
4	Homeopathy Education	2	218	1991	2.08338
Total	1661	5718	99012	99,012	2,31,65,102

Source: Economic Review, Govt. of Kerala, 2021

There were 1661 institutions under the AYUSH department of the Kerala government with 5718 beds in 2020-21. Out of these institutions, 57.25 % were under the Indian System of Medicine, and the remaining 42.75 were with the Homoeopathy departments. Apart from this, there were 59 sub-centres, and medical services are also provided through cooperative and private sectors.

3.6.2 Common Types of Ayurveda Health Therapies

Ayurveda offers a wide range of therapies that are designed to promote holistic well-being by balancing the doshas (Vata, Pitta, and Kapha) and addressing specific health concerns. Here are some common types of Ayurveda therapies (Vasant, 1994).

Abhyanga (Ayurvedic Massage): This involves a full-body massage using warm herbal oils. It helps to improve circulation, relieve muscle tension, and promote overall relaxation.

Shirodhara: In this therapy, a continuous stream of warm herbal oil is poured onto the forehead in a rhythmic manner. It is known to calm the nervous system, alleviate stress, and promote mental clarity.

Panchakarma: Panchakarma is a set of five therapeutic procedures designed to detoxify the body. It includes:

(i) Vamana (Emesis): Therapeutic vomiting to eliminate excess Kapha.

(ii) Virechana (Purgation): The use of herbal laxatives to eliminate excess Pitta.

(iii) Basti (Enema): Medicated enemas to balance Vata.

(iv) Nasya (Nasal Administration): Administration of herbal oils or powders through the nose to treat disorders of the head.

(v) Rakta Mokshana (Bloodletting): Blood purification to treat disorders related to impure blood.

Udvartana: This involves a massage with herbal powders or pastes. It is particularly beneficial for weight management, improving skin texture, and reducing cellulite.

Netra Tarpana: In this therapy, a pool of warm medicated ghee is retained over the eyes. It helps to alleviate eye strain, improve vision, and nourish the eye tissues.

Kati Basti: A treatment for lower back pain, Kati Basti involves creating a dam-like structure on the lower back using herbal dough and filling it with warm medicated oil.

Janu Basti: Similar to Kati Basti, this therapy is focused on the knee joints. A dam is created around the knee, and warm oil is poured into it.

Pizhichil (Sarvangadhara): This involves pouring warm herbal oils over the entire body while simultaneously massaging. It is beneficial for conditions like arthritis, paralysis, and nervous system disorders.

Njavarakizhi: This therapy involves a massage with small linen bags filled with cooked Navara rice, which is dipped in a mixture of milk and herbal decoctions. It helps strengthen muscles and nourish the body.

Svedana (Steam Therapy): Steam therapy is commonly used in Ayurveda to induce sweating and eliminate toxins from the body. It can be administered as part of various treatments.

Lepam (Herbal Poultice): A herbal paste is applied to the body, which helps in reducing inflammation, pain, and stiffness.

Dhara: This involves a continuous flow of herbal liquids, such as medicated milk or decoctions, over the body or a specific part. It is used for various therapeutic purposes.

3.6.3 Uniqueness of Kerala Ayurveda

Kerala is widely recognised as a global Ayurveda destination, drawing people worldwide seeking authentic Ayurvedic treatments and wellness experiences. Here are several reasons why Kerala has earned this reputation:

Kerala has a deep-rooted tradition in Ayurveda that spans centuries. The state has preserved and passed down the ancient knowledge of Ayurveda through generations, making it an authentic hub for traditional healing practices. Kerala's Ayurveda tradition follows the classical principles outlined in foundational texts such as the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridayam*. These texts provide the theoretical framework for understanding health, disease, and treatment modalities. Ayurvedic knowledge has been passed down through generations in Kerala through the guru-shishya parampara, a traditional teacher-student relationship. This ensures the continuity and authenticity of Ayurvedic practices (George, 2022).

The tropical climate and diverse geography of Kerala provide an ideal environment for the growth of a vast array of medicinal plants and herbs used in Ayurvedic formulations (Variar, 1985). The abundance of these resources contributes to the authenticity and effectiveness of Ayurvedic treatments. Here are some notable medicinal plants found in Kerala are Neem, Tulsi, Amla, Ashwagandha, Brahmi, Turmeric, Kutki, Cardamom, Shatavari, Ginger, Haritaki, Vasaka, Amruthu.

Kerala is home to prestigious Ayurvedic colleges, universities, and research institutions. These institutions play a crucial role in educating and training Ayurvedic practitioners, ensuring a high standard of expertise in the state. These institutions have contributed significantly to the development of Ayurvedic practices and the training of practitioners. Some of the well-known Ayurvedic institutions in Kerala are Government Ayurveda College, Thiruvananthapuram, Vaidyaratnam P.S. Varier's Ayurveda College, Kottakkal, Vishnu Ayurveda College, Shornur, Vaidyaratnam Ayurveda Foundation, Thrissur, Santhigiri Siddha Medical College, Thiruvananthapuram, Sree Narayana Institute of Ayurvedic Studies and Research, Kollam, Sree Sankara College of Ayurveda, Ernakulam. These institutions contribute significantly to the academic, research, training and healthcare aspects of Ayurveda in Kerala.

Kerala is particularly known for its expertise in Panchakarma, a set of detoxification and rejuvenation therapies in Ayurveda. Many visitors come to Kerala specifically for authentic Panchakarma treatments offered in specialised centres.
Kerala boasts a plethora of Ayurvedic resorts, wellness centres, and spas that offer a range of Ayurvedic treatments. These facilities often provide a serene and natural setting, enhancing the overall experience for visitors.

Kerala is home to skilled Ayurvedic practitioners, known as Vaidyas, who have inherited the knowledge and skills of Ayurveda through family traditions. These practitioners contribute to the authenticity of Ayurvedic treatments in the state.Ayurveda is deeply integrated into Kerala's cultural fabric (Girija, 2021). The state's festivals, rituals, and daily life often incorporate Ayurvedic principles, creating an immersive experience for those seeking holistic well-being.

The government of Kerala actively supports and promotes Ayurveda as part of its tourism initiatives. This support includes infrastructure development, financial incentives, and efforts to enhance the credibility of Ayurvedic practices. Kerala has developed specialised Ayurveda tourism packages that cater to the needs of health-conscious travelers. These packages often include personalised consultations, customised treatment plans, and immersive experiences in Ayurvedic practices.
Kerala's reputation as an Ayurveda destination has reached international audiences. The state has received recognition and accolades for its commitment to preserving and promoting Ayurveda (Ayurveda Magazine, 2022).

Kerala's status as an Ayurveda destination is a result of its rich cultural heritage, abundant natural resources, well-established educational institutions, skilled practitioners, and the active support of the government. The state continues to attract wellness seekers from around the globe, offering them an opportunity to experience the holistic benefits of authentic Ayurveda.

3.6.4 Quality Certifications for Ayurveda Centres

To sustain Ayurveda in its original form and ensure the survival of the unique tourism product, Kerala Tourism has brought out a classification scheme for Ayurveda centres, whether established in hotels, resorts or hospitals in the State (Kerala Tourism website). The quality, safety and service standards of the Ayurvedic centres would be evaluated in terms of the authenticity of the treatment provided, the training of the staff, the conveniences and amenities, and the furniture quality.

Ayurvedic entities seeking classification must apply online to the Ministry of Tourism by paying an application fee of Rs. 5000 for each Ayurveda centre along with the application form. The inspection committee will inspect the facilities based on the checklist available on the website, and based on the council's recommendation, the ranking will be determined. Certification is done on ten dimensions: General conditions, Register and records, Display, Public Area, Quality of doctors, Treatment Room, Medicine, Other Facilities, Safety and Security and Responsible Tourism (Kerala Tourism,). Components under each dimension are specified under two categories, either Necessary or desirable, and the certifications are given in Ayur Silver, Ayur Gold and Ayur Diamond categories (Kerala Tourism website).

Ayurveda units fulfilling all the Necessary conditions prescribed by the Department of Tourism and meeting the required criteria in the checklist of facilities will be given Ayur Diamond status, the second category will be awarded Ayur Gold House, and the lower category will be awarded Ayur Silver status instead of existing Green leaf and Olive leaf categories (Kerala Tourism website).

Table 3.16: District-wise Centres as per the tourism dept website on 6/7/2023

District	New Certification					
	Ayur Diamond	Ayur Gold	Ayur Silver	Green Leaf	Olive Leaf	Total
Thiruvananthapuram	2	1	-	1	-	4
Kollam	-	-	-	-	-	0
Alapuzha	-	1	-	1	-	2
Pathanamthitta	-	-	-	-	-	0
Kottayam	-	-	-	-	-	0
Idukki	-	-	-	-	-	0
Ernakulam	3	-	-	3	-	6
Trichur	3	2	-	4	-	9
Palakkad	_	-	-	-	-	0
Malappuram	-	-	-	-	-	0
Kozhikode	1	1	-	1	-	3
Waynad	-	-	1	1	-	2
Kannur	-	-	1	-	-	1
Kasarkode	-	-	-	-	-	0
Total	**9**	**5**	**2**	**11**	**0**	**27**

Source: Authors compilation from www.keralatourism.org

All units classified under the new scheme will have to include the term “Kerala Tourism Ayurvedic Centre” in their unit’s name positively in all promotional materials, signage and related information. The classification is valid for three years from the date of issuance of the order, and the units must maintain the required standards at all times. The Tourism Department officials have the right to inspect the listed Ayurvedic Centre at any time without prior notice. The approval will be revoked in case of violation of the classification conditions by the centres and noticed after the inspection (Kerala Tourism website).

3.6.5 Emergence of Modern Ayurveda Health Centres in Kerala

Kerala has earned a global reputation as a hub for Ayurveda, attracting visitors worldwide seeking traditional Ayurvedic treatments and wellness experiences. The state's Ayurveda centres typically blend ancient healing practices with modern amenities, creating a holistic

approach to healthcare. Here are some key features that many Ayurveda centres in Kerala offer:

These centres provide a wide range of Ayurvedic therapies and treatments, including *Panchakarma* (detoxification), *Abhyanga* (oil massage), *Shirodhara* (oil pouring on the forehead), and various herbal treatments tailored to individual health needs. Visitors often consult with experienced Ayurvedic doctors who assess their health conditions and prescribe personalised treatment plans. Qualified therapists then administer the treatments. Ayurveda centres in Kerala often dispense traditional herbal medicines as part of the treatment plans. These medicines are prepared from natural herbs with healing properties. Ayurveda emphasises the importance of diet in maintaining health. Ayurvedic centres in Kerala often provide dietary recommendations based on individual body types (doshas) to support the healing process. Many Ayurveda centres incorporate yoga and meditation into their wellness programs. These practices complement Ayurvedic treatments and contribute to overall mental and physical well-being. Kerala's natural beauty adds to the therapeutic experience. Many Ayurveda centres are situated in tranquil settings, such as by the beach, in lush greenery, or amidst the serene backwaters, creating a peaceful atmosphere for healing. Visitors can often stay at the Ayurveda centres, which offer comfortable accommodation. Some centres also provide amenities like swimming pools, yoga pavilions, and Ayurvedic gardens.

Some Ayurveda centres in Kerala organise workshops, seminars, and training programs to educate visitors about Ayurveda, its principles, and how to incorporate Ayurvedic practices into daily life. Many people visit Kerala not only for the therapeutic benefits but also to experience the state's rich cultural and natural heritage. Ayurveda centres arrange cultural programmes and performances by local artists to provide experiences to health tourists.

Ayurvedic centres in Kerala can be grouped into two broad categories, namely traditional Ayurveda Practitioners and modern Ayurveda centres. Both types of centres provide Ayurvedic treatment, but their approach is different in terms of the facilities offered and integration with modern amenities. Traditional Ayurvedic centres often operate in buildings of historical or cultural significance, maintaining a connection to the origins of Ayurveda. These centres have experienced Ayurvedic doctors and therapists who closely follow traditional Ayurvedic practices and diagnostic methods and come from the '*Vaidya*' tradition.

These centres insist on classic Ayurvedic treatments and procedures, including Panchakarma treatments, traditional massages, and herbal therapies. Some traditional centres grow their own herb gardens and medicinal plants used in Ayurvedic preparations. Traditional centres use original, fresh, and locally sourced ingredients for preparations and integrate cultural elements, rituals and local customs into the overall experience, providing visitors with a rich Ayurvedic journey. While the traditional centres give priority to authenticity, they may have fewer modern amenities and recreational facilities than modern Ayurvedic centres.

Modern Ayurveda centres often use contemporary designs and architecture, providing a blend of comfort and functionality to the tourists. These centres offer a holistic approach to well-being, combining traditional Ayurvedic treatments with modern wellness practices, such as fitness routines, spa facilities, and integrative healthcare. Modern Ayurveda centres also employ qualified Ayurveda doctors and therapists, but they might also integrate other healthcare professionals to offer a more comprehensive approach. Modern centres often design wellness programs that cater to specific health goals, combining Ayurvedic treatments with fitness activities, dietary plans, and stress management techniques. These centres often have advanced medical facilities, diagnostic tools, and technology to enhance the precision and effectiveness of treatments. Premium accommodation and entertainment amenities are usually used to provide guests with a more luxurious and comfortable experience. Some peripheral activities include the provision of educational elements and hosting seminars, workshops, and wellness classes to educate clients about Ayurveda and holistic health.

The choice between traditional and modern Ayurveda centres depends on individual preferences, health goals, and the desired overall experience. Some people prefer the authentic and cultural immersion provided by traditional centres, while others may opt for the convenience and additional amenities offered by modern Ayurveda centres.

3.6.6 Ayurveda Health Infrastructures in Kerala

Ayurveda health infrastructure refers to the facilities, establishments, and systems in place to support the practice, promotion, and delivery of Ayurvedic healthcare. This infrastructure encompasses a wide range of entities, from traditional clinics and hospitals to modern wellness resorts and research institutes. Ayurveda health infrastructure aims to provide comprehensive healthcare services based on Ayurvedic principles, incorporating traditional

wisdom with modern facilities. The following are some of the components of Ayurveda's health infrastructure for the delivery of Ayurveda services in the state.

Ayurvedic Clinics:

These are small-scale facilities where Ayurvedic practitioners provide consultations and treatments for various health conditions. They offer diagnosis, personalised treatment plans, herbal remedies, and traditional therapies.

Ayurvedic Hospitals:

This is a larger healthcare institution specialising in Ayurvedic treatments. They may have inpatient facilities for more intensive therapies. Higher-order treatments like inpatient and outpatient care, specialised treatments, Panchakarma therapies, surgery (in some cases), and diagnostic services are carried out in Ayurvedic Hospitals.

Ayurvedic Wellness Centers:

Preventive and wellness aspects of Ayurveda are offered through these centres. Wellness centres provide personalised care to individuals seeking rejuvenation and relaxation. The services rendered by these centres include wellness programs, rejuvenation therapies, yoga, meditation, and lifestyle counselling.

Ayurvedic Resorts:

Ayurvedic resorts are luxury establishments that integrate Ayurvedic treatments with modern amenities. Typically located in scenic and tranquil environments, which are major attractions to visit, they provide Ayurvedic treatments, spa services, yoga and meditation, leisure facilities, and personalised wellness programs.

Ayurvedic Spas:

Ayurvedic Spas offers Ayurvedic treatments alongside spa services, combining traditional therapies with modern relaxation techniques. They offer services such as massages, beauty treatments, Ayurvedic therapies, and relaxation programs.

Ayurvedic Research Institutes:

These are institutions established to enhance research in the domain of Ayurveda, promote Ayurveda education, and develop new treatments and medicines in Ayurveda. They conduct research activities, training programs, and educational courses for Ayurvedic practitioners.

Ayurvedic Pharmacies:

Ayurveda pharmacies cater to the requirements of consumers and sell Ayurvedic medicines, herbal formulations, and health supplements across the state. They also guide the users on how to use Ayurveda products.

Ayurvedic Colleges and Universities:

These educational institutions offer academic programs in Ayurveda, training future Ayurvedic practitioners and researchers. They create human resources required for the sustenance and propagation of Ayurveda in the state.

Ayurvedic Manufacturing Units:

These commercial establishments produce Ayurvedic medicines, herbal formulations, and healthcare products. These are manufactured under strict quality control and established standards.

Community Health Centers:

Community health centres, often run by government agencies, provide local communities basic healthcare, preventive measures, and traditional Ayurvedic treatments.

3.7 Promotion of Kerala as Ayurveda Health Tourism Destination

Kerala's focus on Ayurveda is not just a tourism promotion strategy but also aims to promote health and wellness among locals and tourists. The Kerala government has taken several initiatives to promote Ayurveda as a health destination. One such initiative is the establishment of the Ayurvedic Medical Association of India (AMAI), which is responsible for regulating and standardising the practice of Ayurveda in the State. The government has also set up an Ayurvedic Tourism Promotion Council to promote Ayurvedic tourism in the State.

Kerala has also been organising Ayurveda festivals and conferences to showcase its expertise in Ayurvedic treatments and therapies. The State's annual Ayurveda festival, the "International Ayurveda Congress and Expo," attracts experts and practitioners from around the world. The event provides a platform for the exchange of ideas and knowledge on Ayurveda and its benefits. Global Ayurveda Festival – GAF 2023, is being organised from 1st to 5th December 2023 at Greenfield International Stadium, Kariavattom, Thiruvananthapuram, Kerala, with the focal theme: "Emerging Challenges in Healthcare & a Resurgent Ayurveda.". During this festival, an exclusive gathering, 'The Ayurveda Wellness and Medical Tourism B2B Meet, ' is arranged to bring buyers and sellers in the Ayurveda and wellness domains together. This festival presents an opportunity for representatives across various sectors, including Ayurveda Hospitals, Treatment Centers, Tour Operators, Physicians, Regulatory Consultants, Research Institutes, Practitioners, Healers, Academics, Industry Experts, Ayurveda Product Manufacturers and Traders to interact and formulate strategies for the development of Ayurveda and Ayurveda wellness tourism in the state (GAF, 2023).

Kerala established the first functional Ayurvedic cluster in the country at KINFRA Small Industries Park, Koratty. This Ayurveda cluster has laudable objectives of promotion of exports of Ayurveda products, upgrading Ayurvedic drugs and cosmetic manufacturers, and establishing a Kerala brand of Ayurvedic Products. The cluster has facilities such as R & D Centre, branding of Kerala Ayurvedic Products, marketing infrastructure, G.M.P. Training & Technology Transfer, Common Facility Production & Packaging and common raw material sourcing centre (CARe, Keralam,).

The Kerala government, under the State Planning Board, appointed various working groups for the preparation of the Fourteenth Five-Year Plan (2022-2027). The working group report on AYUSH submitted its report for the comprehensive development of AYUSH sector with specific recommendations for Ayurveda in the state. Some of the recommendations made by the working group include Restructuring Ayurveda institutions to cater to public health needs, Upgradation of existing institutes to Centres of Excellence (CE), Awareness campaigns/programs, Enhancement of Ayurvedic Educational Infrastructure, International Ayurveda Research Institute, Kannur, Kerala Ayurveda Development Authority, Building the Kerala Ayurveda Brand in India and abroad, Revamping the ASU drug control

department, Project for utilising the vacant land for medicinal plant cultivation among others (Planning Board, 2021).

In conclusion, Kerala has been promoting itself as an Ayurveda Health Destination and has made significant progress in this regard. The government is in the process of developing many institutions, promoting infrastructure, developing treatment protocols and facilitating Ayurveda tourism in the state.

3.8 Challenges to Ayurveda Health Tourism in Kerala

There are many challenges Ayurveda as a healthcare system is facing, and this also affects Ayurveda health tourism in the state. Documentation of product, process, and quality control are very important in the health care and wellness therapy sector. Wellness tourists from foreign countries are very particular about the validation and certification of medical processes and products by competent authorities. In the Ayurveda system of medicine, there is a lack of documented validation of Products, a lack of documented quality control procedures and a lack of documented process validation. This often leads to batch-to-batch variation in the product. Also, the toxicity profile of the formulations is to be explained to improve the trust element of the users. The efficacy of Ayurveda medicines and formulations is not scientifically proven and documented like that of other modern systems like allopathy. Quality assurance protocols in the manufacture of Ayurveda medicines are not properly designed. National Accreditation Board for Hospitals & Healthcare Providers (NABH) gives accreditation to AYUSH hospitals and healthcare providers, and many Ayurveda centres in the state are not accredited under NABH.

There is a shortage of medicinal plants, which is essential for preparing Ayurveda formulations in the state. Many agricultural products are also used in Ayurveda. There is a need for good pre- and post-harvesting practices and good storage practices of agricultural products. Sourcing ingredients/raw materials from different places is a challenging task, and there is a need to create single-point sourcing of raw materials used in Ayurveda. Minor forest products like honey are critical in Ayurveda, and sustainable harvesting of minor forest products needs to be developed in the state.

However, Kerala Ayurveda has also faced different challenges in recent times. Ayurveda therapeutic/rejuvenating massages/packs, etc., are mushrooming in different parts of the

world, such as Sri Lanka, Europe and the USA. Also, there is competition from other states of India, particularly in metro cities, offering these services as authentic Kerala Ayurveda. In this situation, Kerala has to strongly position its Ayurveda tourism services by distinguishing itself as pure, authentic, and distinctively different from other destinations.

There is an increased commercialisation of Ayurveda therapies happening in India. All hotels and restaurants are offering short-duration Ayurveda treatments, particularly massages, to attract customers. These quick-fix treatments, often by unqualified people, do not provide lasting solutions to the problems and raise questions about the very reliability of Ayurveda for treatments. Also, the sustenance of Ayurveda tourism depends on the revisit of the visitors and the arrival of tourists from hearing from those who have already undergone therapy. Modern Ayurveda massage centres tarnish the image of the tourism segment and pose a huge threat to authentic, genuine Centers.

3.9 Conclusions

Tourism is an important sector that is strongly linked to the economic prosperity of countries in the world. Health and wellness tourism are important components of tourism and drive the growth of the wellness economy in the world. India is an important health and wellness tourism destination, with many foreign and domestic tourists seeking these services. Ayurveda health and wellness are significant components of wellness tourism in India, and the state of Kerala emerged as an attractive destination for Ayurveda tourism in India. Central and State governments are taking many initiatives to brand Inda as a wellness destination of the world. Ayurveda health infrastructure in Kerala is developed and health and wellness centres provide different types of therapies to the tourists along with other rejuvenation activities such as yoga, meditation and other physical activities. Government-initiated accreditation of Ayurveda health and wellness centres to maintain quality standards and enhance visitor experiences. There are challenges faced by the Ayurveda health and wellness segments in Kerala, and the state government is taking policy measures for the sustainable development of this important sector.

CHAPTER – IV

VISIT MOTIVATION OF THE AYURVEDA HEALTH TOURISTS

4.1 Introduction

The chapter looked into the motivational factors that stimulated Ayurveda health tourists to visit Kerala to experience the health and wellness therapies provided by Ayurveda health centres in the state. The socio-demographic profile of tourists visiting Ayurveda health centres is discussed to understand the nature of tourists visiting Ayurveda health centres in Kerala. These include information about tourists' personal details, health status, current visit motivation and characteristics such as age profile, Gender, Nationality and marital status of the respondents. This chapter is divided into four sections. The first part provided the socio-demographic status of the Ayurveda health tourists and their health and visit profiles. The second part provided an Exploratory Factor Analysis (EFA) to extract motivational factors responsible for undertaking the visits from the observed variables collected through the instrument of the study. The third part provided the relative importance of the factors influencing the Ayurveda health visit through the ranking method. The last section discusses how the identified motivational factors change across the socio-demographic variables.

The chapter's core is to identify the motivational factors for Ayurveda health tourism and the factors responsible for that. The literature review showed that few studies have been conducted to study motivation comprehensively. The dimensions of visit motivation, such as push and pull factors and psychological well-being, on the motivational aspects of Ayurveda therapies are missing in the literature. This gap in the literature led to the formulation of the research questions of who the Ayurveda Health Tourists (AHT) are, their assessment of health status, and what factors influence Ayurveda Health Tourists that motivate them to undertake health tourism. In order to answer the research questions raised in the study, the objective is formulated as follows: "To identify various motivational factors for seeking Ayurveda health therapies by tourists visiting South Kerala".

In order to answer the research questions of who are Ayurveda health tourists, frequency tables and percentages are used on the health and visit status of Ayurveda health tourists are undertaken. Variables such as age, Gender, marital status, Nationality, duration of the visit, and visit companion were used to understand the personal profile of the respondents. The health status of the respondents is evaluated through health conditions, primary visit motivation, and the type of Ayurveda therapy sought. In order to study the main objective of what motivates Ayurveda health tourists to undertake health tourism, Exploratory Factors Analysis and hypotheses tests are employed.

Twenty-eight motivational attributes of the health tourists were identified based on the literature review (**Table 2.1, page no. 63**) and collected on a five-point Likert scale. Exploratory Factors Analysis (EFA) is used to identify factors responsible for visit motivation for Ayurveda Health/wellness. To understand the relationship between factors identified and the demographic profile of the respondents, statistical tools such as mean and standard deviation, along with inferential analysis techniques such as the one-sample t-test, independent t-test, and one-way ANOVA with Tukey's HSD post hoc analysis are employed in the study.

4.2 Socio-demographic profile of the respondents

The socio-demographic characteristics of Ayurveda health tourists are very important to get more insights into the factors influencing tourists' motivations and travel behaviours (Yoo et al., 2015; Kara et al., 2020). It is pertinent to know the personal and demographic background of the tourists who are attracted to Ayurveda therapies and prefer Kerala as their destination for undergoing the therapies. The socio-demographic profile gives insights into whether Ayurveda health tourists visit the centres for the first time and whether they are accompanied by companions or travelling alone. **Table 4.1** compiled the socio-demographic profile of Ayurveda health tourists to understand the attributes of the respondents.

Table 4.1: Socio-demographic profile of the respondents

Attributes		Frequency	Per cent	Attributes		Frequency	Per cent
Gender	Male	204	40.8	Marital Status	Single	148	29.6
	Female	296	59.2		Married	352	70.4
Age	20-30	65	13.0	Nationality	Foreign	305	61.0
	31-40	105	21.0		Domestic	195	39.0
	41-50	90	18.0	Visit Type	First Time	232	46.4
	51-60	120	24.0		Repeat Visitor	268	53.6
	Above 60	120	24.0				
Education	School	70	14.0	Visit Companion	Alone	129	25.8
	Undergraduate	127	25.4				
	Postgraduate	138	27.6		Spouse	142	28.4
	Diploma	103	20.6		Friends	151	30.2
	Professional	51	10.2		Relatives	74	14.8
	Others	11	2.2		Others	4	0.8

Source: Primary Data

The gender composition of the health tourists showed that females' share (59.2 per cent) is higher than males' share (40.8 per cent) in seeking Ayurveda therapies (**Table 4.1**). It is also observed from the field survey that female health tourists enthusiastically prefer Ayurveda

and undergo many therapies at the centres. The age composition of the health tourists showed that older tourists generally prefer Ayurveda therapies more, and the age categories 51 to 60 and above 60 years (24 per cent each) actively seek Ayurveda health therapies. Most of these tourists are married (70.4 per cent), and a significant share of them travel with companions: 30.2 per cent with friends and 28.4 per cent with a spouse. Compared to this, 25.8 per cent of Ayurveda health tourists visited the centres without any companions, 14.8 per cent visited along with their relatives, and a minuscule 0.8 per cent visited with others. It is curious to know whether the health tourists' educational levels affect the choice of Ayurveda therapies. The primary data collected for the study showed that most of them are educated with postgraduate degrees (27.6 per cent), undergraduate degrees (25.4 per cent), diploma holders (20.6 per cent), and professional degrees (10.2 per cent). A smaller number of health tourists are with school and skill education, 14 per cent and 2.2 per cent respectively. This shows that education plays an important role in improving awareness about the health benefits of Ayurveda therapies, and Kerala as the preferred destination for Ayurveda therapies. Primary data collected for the study revealed that foreign tourists (61 per cent) actively prefer therapies at the centres compared with domestic visitors (39 per cent). Kerala, as an attractive destination for Ayurveda therapies, is revealed by the frequency of tourists' visits. The study revealed that 46.4 per cent of the health tourists were first-time visitors, compared with 53.6 per cent of them being repeat visitors. This shows Kerala as one of the preferred destinations for Ayurveda therapies for health tourists.

The status of health as perceived by the tourists plays an important role in the motivation for undertaking health therapies and the choice of health tourism destination. The health status of Ayurveda health tourists who visited Ayurveda centres in Kerala are presented in **Table 4.2.** A significant share of health tourists visiting Kerala for Ayurveda therapies is experiencing some form of health or wellness disorders (71 per cent). These health/wellness disorders are serious as they are treated with other health care systems (68.4 per cent) as they experience health consequences or discomfort. Failure to get the ailments completely cured, with the popularity of Ayurveda as a holistic system, or through word of mouth from friends and relatives who experienced the therapies motivate them to undertake a visit to Ayurveda health tourism visit to Kerala. An overwhelming number of the health tourists who visited the Ayurveda centres in Kerela are happy with the therapies (97.8 per cent). Some of these health tourists combine other tourism activities with health visits (46 per cent), while

a more significant number (54 per cent) visit the state with the primary motive of undergoing health therapies at the centres.

Table 4.2: Health Status of the Ayurveda Health Tourists

Attribute		Frequency	Per cent
Health/Wellness disorder	Yes	355	71.0
	No	145	29.0
Treated in other systems	Yes	342	68.4
	No	158	31.6
Happy with therapy	Yes	489	97.8
	No	11	2.2
Combined with other tourism activities	Yes	230	46.0
	No	270	54.0

Source: Primary Data

The principal motivation for Ayurveda health tourism, the health disorders faced by the tourists and the types of therapies undergone at the Ayurveda centres are presented in **Table 4.3.**

Table 4.3: Motivation and Health Seeking Behaviour of Ayurveda Health Tourists

Health Disorder	**Frequency**	**Per cent**
Healthy	6	1.2
Physical Health	224	44.8
Stress Related	108	21.6
Depressed	14	2.8
Lifestyle Disorder	53	10.6
Others	95	19.0
Total	500	100.0
Main Motivation of the Current Visit		
Treating Illness	179	35.8
Rejuvenation	155	31.0
Yoga	44	8.8
Beauty Therapy	13	2.6
Relaxation	99	19.8
Others	10	2.0
Total	500	100.0
Type of therapy		
Physical Therapy	180	36.0
Wellness Therapy	123	24.6
Beauty Therapy	3	0.6
Stress Related	48	9.6
Panchakarma	142	28.4
Others	4	0.8
Total	500	100.0

Source: Primary Data

The principal motivation for visiting the Ayurveda health centres is to take care of illness (35.8 per cent), followed by undergoing rejuvenation therapies (31 per cent). Many of these tourists want to relax (19.8 per cent) at the Ayurveda centres, and some want to explore Yoga (8.8 per cent) at the centre. This shows that tourists seek diverse services and perceive Ayurveda centres as providing holistic services to avail wholesome experiences.

Health tourists were asked to reveal the specific health disorders they are facing. Physical health issues related to the body is the major prevalent ailment faced by the tourists (44.8 per cent), followed by stress-related issues (21.6 per cent), other health issues (19.0 per cent), lifestyle disorders (19.0 per cent) and depression (2.8 per cent) (**Table 4.3**). This shows that the curative therapies of Ayurveda play an important role and are widely sought by Ayurveda health tourists.

Ayurveda centres offer different therapies based on the nature of ailments or as sought by tourists. While rejuvenation therapies are offered to all, curative therapies are based on the nature of health problems as well as the body composition of the tourists. The most demanded Ayurveda therapies by the health tourists from the centres include Physical therapy (36 per cent), Panchakarma (28.4 per cent), Wellness therapy (24.6 per cent), stress-related (9.6 per cent), beauty therapy (0.6 per cent) and others (0.8 per cent).

4.3 Exploratory Factor Analysis (EFA) for Visit Motivation Dimensions

In health tourism, Exploratory Factor Analysis (EFA) plays an important role in understanding the complex motivations behind individuals seeking medical treatments or wellness services abroad. The motivations for health tourism, which range from seeking specific care to cost considerations or combining treatment with leisure, create a multifaceted landscape. EFA delineates these complexities, revealing the latent factors such as the uniqueness of Ayurveda therapies and cultural immersions in a renowned destination. EFA ensures an impartial exploration of the factors responsible for undertaking health tourism by health-conscious individuals. These factors form the basis for framing the hypothesis to understand the interrelationship between demographic variables and the motivational factors extracted from EFA**.**

The Kaiser-Meyer-Olkin measure of sampling adequacy examines whether the strength of the relationships between variables is large enough to proceed with factor analysis. The estimate obtained is 0.866, which is quite acceptable. The Bartlett test was found to be significant ($p < 0.01$). An exploratory factor analysis was performed on 28 attributes, but

only 19 attributes were loaded under four motivational factors, and the remaining nine attributes were eliminated due to cross-loadings and insufficient Cronbach's alpha. This analysis helps to understand the extent of variance caused by these factors that decide the tourists' motivation to visit Ayurveda health centres. The four motivational factors for Ayurveda health tourists accounted for 59.5% of the total variance. These factors were labelled based on the common

Table 4.4: Factor Loadings on Tourist Motivation

Measure Items	**Alpha**	**Initial eigenvalue**	**Variance Explained %**	**Factor Loading**
F1: **Holistic Development**	**0.903**	6.095	32.081	
Opportunity to learn Yoga				.839
To escape from routine activities				.788
To experience meditation also				.786
Engage multiple activities at the destination				.750
Can combine Ayurveda with other tourism activities				.734
To reflect about oneself				.578
F2: **Wholesome Experience**	**0.852**	2.707	14.246	
To make my body fit and trim				.749
To improve my appearance				.733
To rejuvenate myself				.695
To increase my life span				.647
To experience new life style				.566
F3: **Swasthavritta**	**0.786**	1.304	6.861	
To get lasting solutions to health problems				.780
To benefit from Physical therapy				.710
To get immediate relief from health issues				.678
To improve my overall health				.664
Due to the reputation of Ayurveda				.625
F4:**Renowned Destination**	**0.515**	1.193	6.281	
Well known destination for Ayurveda				.758
Ayurveda is effortless to undergo				.541
Ayurveda is relatively affordable				.531
KMO Sample Adequacy			.866	
Chi-Square			3880.396	
Df			171	
Bartlett’s Test of Sphericity			.000	

Source: Primary Data

characteristics derived from the variables loaded under the factor. The following are the motivational factors derived from the study. The factor loading of motivational factors derived from the EFA is presented in **(Table 4.4).**

F1: Holistic Development (HOD) comprises six variables (Table 4.3) related to the physical and mental well-being of the tourists. Ayurveda health therapies are in high demand to improve tourists by adjusting lifestyle, diet and daily routine. In addition, familiarising tourists with Yoga and meditation can ultimately lead to their holistic development**. F2: Wholesome Experience (WSE)** The Ayurveda experience is a harmonious combination of traditional therapies, Yoga and meditation that leads to rejuvenation, optimal health and vitality**. F3: Swasthavritta (SWA)** focuses on preventive health care and healthy living. Thus, health tourists look for the goodness of Ayurveda to promote physical health and mental and spiritual balance. **F4: Renowned Destination (RND)** indicates the popularity of Kerala Ayurveda among tourists visiting these Ayurveda health centres from different parts of the world**.** Even though this factor has a poor alpha value (George & Mallery, 1999), it is considered for further statistical analysis, considering its potential impact on the research outcome. The analysis shows that Ayurveda health tourists are primarily attracted to Kerala for holistic development, seeking various Ayurveda therapies to improve their overall health. Tourist motivation extends beyond mere treatment since they look for an overall change in their lifestyle. So Ayurveda health tourists are motivated to experience Ayurveda at a distinguished Ayurveda tourism destination.

4.4 Extent of Motivation to visit Ayurveda health Tourism Centres

The four motivational factors identified through EFA that stimulate Ayurveda tourists to engage in health tourism are tested to understand the relative importance of these factors on the motivation of health tourism. The following hypotheses were set to rank the factors regarding their effect on visit motivation and the results are provided in **Table 4.5.**

H_0.1a: Motivation of the tourists to visit Ayurveda health tourism centres in Kerala is at average level

Table 4.5 One sample t-test measuring tourist Motivation

SI No	Factors of visit motivation	Mean	Standard Deviation	Mean difference	T value	P Value	Rank based on mean
1	Holistic development	3.47	0.95	0.47	11.00	0.001*	**IV**
2	Wholesome experience	4.02	0.65	1.02	35.11	0.001*	**II**
3	Swasthavritta	4.25	0.62	1.25	44.70	0.001*	**I**
4	Renowned destination	3.76	0.66	0.76	25.73	0.001*	**III**

*Note: * denotes significance at 5% level*

Given that the P value is below 0.05, it can be determined that the null hypothesis is rejected at a significance level of 5%. This rejection applies to all factors driving tourists' motivation to visit Ayurveda, a health tourism establishment in Kerala. This suggests that the level of motivation among tourists to visit Ayurveda health centres in Kerala is above average, with all mean scores above the average value of 3. The data indicates that the level of motivation among tourists to visit Ayurveda health tourism centres in Kerala is higher than average. The analysis of mean scores pertaining to motivational factors indicates that Swasthavritta (4.25) holds the highest rank as the primary motivating factor for Ayurveda health tourists visiting Ayurveda health tourism centres in Kerala. This is followed by Wholesome experience (4.02), Renowned destination (3.76) and Holistic development (3.47).

4.5 Visit motivation across the socio-demographic profile of the tourists

The four motivational factors identified through EFA that drive Ayurveda tourists to undertake health tourism are tested against socio-demographic variables to see how the identified factors change as these variables change. The t-test is used to compare the mean values of the factors and the socio-demographic variables. The four socio-demographic variables of health tourists that are tested against the motivation factors are: 1. Gender 2. Marital status 3. Nationality and 4. Educational Qualification. These comparisons are important to see how the identified factors change across demographic profiles and also to understand the diversity of visit motivation and helpful for the centres to plan the service to the health tourists. The results are given in the following sub-sections.

4.5.1 Visit motivation of the tourists across the Gender

To test whether visit motivation changes across gender, the following null hypothesis is formulated for testing.

H_0.1b(i): There is no significant difference between the motivational factors and Gender

The null hypothesis is rejected at a significance level of 5% for the dimensions of motivation factors influencing tourists' visits to Ayurveda health tourism Centers in Kerala, such as Holistic Development and Swasthavritta. This indicates a significant difference between male and female tourists in terms of motivation dimensions. Based on the mean score, it is possible to conclude that female visitors are more motivated to visit the destination due to the location's holistic development and Swasthavritta than male tourists are. On the other hand, the null hypothesis is accepted, as the p-value is higher than 0.05, suggesting no significant difference between male and female tourists in terms of motivation dimensions. Results of the t-test between Motivational Factors and Gender are given in **Table 4.6.**

Holistic Development and Swasthavritta as the factors influencing Ayurveda visit motivation changes between the gender categories of the respondents. On the other hand, there are no significant differences between male and female respondents with respect to the factors of Wholesome Experience and Renowned Destination. This means Ayurveda is a holistic system of medicine, and all health tourists, irrespective of Gender, prefer this therapy. Also, Kerala is an attractive Ayurveda wellness destination providing authentic and unique therapies within the country. Also, Kerala provides diverse and rich tourism experiences in terms of backwater, cultural and ecotourism and has made a mark as an attractive tourist destination and biological hotspot in the world.

Table 4.6: Results of t-test between Motivational Factors and Gender

Factors	Motivation factors of the tourists	Gender of the tourists				T	P
		Male		Female			
		Mean	SD	Mean	SD	value	value
F1	Holistic development	3.31	0.93	3.57	0.97	-2.98	0.003*
F2	Wholesome experience	3.96	0.67	4.05	0.63	-1.54	0.124
F3	Swasthavritta	4.14	0.65	4.32	0.59	-3.05	0.002*
F4	Renowned destination	3.78	0.63	3.74	0.68	0.69	0.515

*Note: * denotes significance at 5% level*

4.5.2 Visit motivation of the tourists across the marital status

The following hypothesis is set to test the relationship between motivational factors and the marital status of Ayurveda health tourists. Results of the t-test between Motivational Factors and Marital Status are presented in **Table 4.7.**

H_0.1b(ii): There is no significant difference between the motivational factors and Marital Status

Table 4.7: Results of t-test between Motivational Factors and Marital Status

Motivational factors	Marital status				T value	P value
	Single		Married			
	Mean	SD	Mean	SD		
Holistic development	3.63	.82	3.41	1.02	2.347	0.000*
Wholesome Experience	3.99	.63	4.03	.66	-.511	0.917
Swasthavritta	4.12	.61	4.30	.63	-3.001	0.971
Renowned Destination	3.86	.62	3.72	.68	2.245	0.015*

Note: * denotes 5% level of significance.

Since the p-value is less than 0.05, motivational factors, namely holistic development and renowned destination, exhibit a statistically significant difference between married and unmarried tourists visiting Kerala for Ayurveda health therapies. At the same time, motivational factors such as Wholesome experience and Swasthavritta are not significantly different for married and unmarried tourists.

The null hypothesis is rejected at a significance level of 5% for the motivational factors, namely holistic development and renowned destination. This indicates a significant difference between single and married tourists with regard to these motivational factors.

Married tourists generally prefer therapies related to age, stress and occupational problems; the younger tourists prefer spa, massage and other rejuvenation therapies. The results from the test showed that factors of Holistic Development and Renowned Destination as the motivational factors driving Ayurveda health visits differ between married and unmarried tourists. The health tourists who are married prefer curative therapies, whereas unmarried generally prefer rejuvenation therapies. Wholesome Experience and Swasthavritta do not differ based on marital status as they are the core attractions of Ayurveda health tourism.

4.5.3 Visit Motivation of the Tourists Across the Nationality

H_0.1b(iii): There is no significant difference between the motivational factors and Nationality

Table 4.8: Results of t-test between Motivational Factors and Nationality

Tourists Motivational Factors	Nationality				T value	P value
	Foreign		Domestic			
	Mean	SD	Mean	SD		
Holistic development	3.89	.59	2.82	1.06	14.431	0.000*
Wholesome experience	4.10	.63	3.90	.67	3.275	0.785
Swasthavritta	4.22	.64	4.30	.61	-1.505	0.804
Renowned destination	3.80	.64	3.71	.69	1.392	0.039*

Note: * denotes 5% Significance level.

Since the p-value is less than 0.05, motivational factors, namely holistic development and renowned destination, exhibit a statistically significant difference between foreign and domestic tourists visiting Kerala for Ayurveda health therapies. At the same time, motivational factors such as Wholesome experience and Swasthavritta are not significantly different for domestic and foreign tourists. The results of the t-test between Motivational Factors and Nationality are presented in **Table 4.8.**

The null hypothesis is rejected at a significance level of 5% for the motivational factors, namely holistic development and renowned destination factor; there is a significant difference between foreign and domestic tourists. Also, there is no significant difference between foreign and domestic tourists with respect to the motivational factors of wholesome experience and Swasthavritta.

Health tourists from major nations visit Kerala for Ayurveda therapies. It is important to know whether motivational factors identified in the study change among health tourists of different nationalities. The t-test results showed that the factors 'Holistic Development' and 'Renowned Destination' as motivation factors change between health tourists of different nations. 'Wholesome Experience' and 'Swasthavritta' as motivational factors remain the same based on the Nationality of tourists. This is because Wholesome Experience' and 'Swasthavritta' are more closely related to Ayurveda therapies for which health tourists visit the state.

4.5.4 Visit motivation of the tourists across the educational qualifications

H_0.1b(iv): There is no significant difference between the motivational factors and education

Table 4.9 compares whether the motivational factors of the health tourists change with their educational levels. For this purpose, the four motivational factors identified, namely Holistic Development, Wholesome Experience, Swasthavritta and Renowned destination, are compared with the six categories of educational level, namely School, Undergraduate, Post Graduate, Diploma, Professional and Others. The null hypotheses are rejected at a 5 per cent significance level for the three motivational factors, Holistic Development, Wholesome Experience and Swasthavritta, as the P value is less than 0.05.

It denotes that the motivational factors of health tourists change as the educational level of the tourists changes. In other words, motivational factors driving health tourism change with the change in the educational backgrounds of the tourists. For the factor 'Renowned Destination', the test failed to reject the null hypothesis as the factor does not change with the change in the educational status of the health tourists. The null hypothesis is accepted as the P value is greater than 0.05.

Table 4.9: Results of the t-test between Motivational Factors and Education

Motivational Factors	Education						F value	P value
	School	Under-Graduate	Post Graduate	Diploma	Professional	Others		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Holistic Development	2.58 (1.10)	3.57 (0.94)	3.77 (0.73)	3.55 (0.66)	3.43 (1.04)	3.45 (1.32)	17.95	0.00*
Wholesome Experience	3.76 (0.79)	4.15 (0.55)	4.12 (0.63)	4.01 (0.62)	3.79 (0.67)	3.98 (0.22)	5.51	0.00*
Swasthavritta	4.08 (0.58)	4.35 (0.61)	4.33 (0.57)	4.17 (0.65)	4.11 (0.73)	4.36 (0.32)	3.12	0.00*
Renowned destination	3.65 (0.58)	3.82 (0.73)	3.82 (0.71)	3.69 (0.56)	3.75 (0.64)	3.60 (0.46)	1.10	0.35

Note: 1. * denotes significance at the 5% level.
2. Standard Deviation given in brackets.

Tukey HSD post hoc test is conducted to understand how the motivational factors change across different educational categories, and the results are given in **Table 4.10.**

Post-hoc test of ANOVA

Education has five categories, namely School, Undergraduate, postgraduate, Diploma, and professional and how education categories change between motivational factors and within the groups for each motivational factor; Analysis of Variance (ANOVA) is used and a post hoc ANOVA test is employed. There are significant differences in factors such as Holistic

Table 4.10: Post Hoc Test for Visit Motivation and Education

Motivational factors	Education (I)	Education(J)	Mean difference (I-J)	Std. error	P value
Holistic development	School	Under Graduate	-0.99	0.13	0.00*
		Post Graduate	-1.19	0.13	0.00*
		Diploma	-0.97	0.13	0.00*
		Professional	-0.85	0.16	0.00*
		Others	-0.87	0.28	0.030*
	Under Graduate	Post Graduate	-0.19	0.10	0.47
		Diploma	0.01	0.11	1.00
		Professional	0.14	0.14	0.92
		Others	0.12	0.27	0.99
	Post Graduate	Diploma	0.21	0.11	0.43
		Professional	0.33	0.14	0.18
		Others	0.31	0.27	0.86
	Diploma	Professional	0.12	0.15	0.96
		Others	0.10	0.28	0.99
	Professional	Others	-0.01	0.29	1.000
Wholesome Experience	School	Under Graduate	-0.39	0.09	0.00*
		Post Graduate	-0.36	0.09	0.00*
		Diploma	-0.25	0.09	0.096
		Professional	-0.03	0.11	1.000
		Others	-0.22	0.20	0.89
	Under Graduate	Post Graduate	0.03	0.07	0.99
		Diploma	0.13	0.08	0.57
		Professional	0.36	0.10	0.00*
		Others	0.17	0.19	0.95
	Post Graduate	Diploma	0.10	0.08	0.80
		Professional	0.32	0.10	0.02*
		Others	0.13	0.19	0.98
	Diploma	Professional	0.22	0.10	0.30
		Others	0.03	0.20	1.000
	Professional	Others	-0.18	0.21	0.94
Swasthavritta	School	Under Graduate	-0.27	0.09	0.03*
		Post Graduate	-0.25	0.09	0.06
		Diploma	-0.09	0.09	0.92
		Professional	-0.03	0.11	1.00
		Others	-0.28	0.20	0.72
	Under Graduate	Post Graduate	0.01	0.07	1.00
		Diploma	0.17	0.08	0.25
		Professional	0.24	0.10	0.17
		Others	-0.009	0.19	1.00
	Post Graduate	Diploma	0.15	0.08	0.36
		Professional	0.22	0.10	0.24
		Others	-0.02	0.19	1.00
	Diploma	Professional	0.06	0.10	0.99
		Others	-0.18	0.19	0.93
	Professional	Others	-0.24	0.20	0.82

Note: * denotes 5% level of significance.

Development, Wholesome Experience, and Swasthavritta changes with educational categories. A post-hoc ANOVA is used to understand the effect of each educational category on the motivational factors.

Even while the test results indicate a significant difference between the groups, this does not necessarily imply that every group is considerably distinct from the other groups. A 'Post Hoc' test utilising the 'Tukey HSD' method is performed to determine which groups are significantly distinct from one another. For the factor 'Holistic development', the comparison of primary education with all other categories showed that the motivational factor is significantly different. The null hypothesis of no significant difference between tourists with school education and other education categories (under graduation, post-graduation, diploma professional and others) gets rejected as the p-value is less than 0.05. The null hypothesis between undergraduate and other categories, postgraduate and other categories, professional and other categories, diploma and other categories (all except School) fail to reject showing holistic development motivation does not change among tourists with graduate, postgraduate, diploma, professional and other educational qualification.

With regard to 'Wholesome Experience', there is no significant difference between health tourists with a school education and undergraduates and postgraduates, but this motivation factor significantly differs between school-educated and diploma professionals and tourists with other educational qualifications. Holistic development motivational factor does not change between undergraduates and professionals, postgraduates and professionals, as the test fails to reject the null hypotheses as the p-value is less than 0.05.

The third motivational factor, Swasthavritta, is not significantly different from School educated and undergraduates as the test fails to reject the null hypothesis with the p-value of 0.03. In all other categories, the null hypotheses failed to get rejected as they showed that this motivation factor varies among health tourists with different levels of education. It can be observed from the post hoc analysis that the motivational factors vary among the health tourists between school-educated and higher educated as the more educated tourists may have convergence in their motivation for health tourism.

4.6 Conclusions

This chapter examined the factors that motivate tourists to visit Ayurveda health tourism centres in Kerala. The study identified four main factors driving Ayurveda health tourists: 'Holistic development', 'Wholesome experience', 'Swasthavritta' and 'Renowned Destination' (Table 4.4). The ranking of factors based on the mean analysis showed that 'Swasthavritta' is the primary motivating factor in Ayurveda health tourism (**Table 4.5, page no.105**). The factors such as 'Holistic Development' (HOD), 'Wholesome Experience' (WSE), and 'Renowned Destination' (RND) identified in the present study are consistent with previous empirical studies conducted in the area (**refer to page nos.170 - 172)**. The factor 'Swasthavritta' (SWA), which is related to the attributes of Ayurveda, is uniquely identified in this study and not explicitly identified in the previous studies.

The degree of association with motivational factors and demographic factors showed that motivational factors change with the demographic attributes (**Table 4.6 to Table 4.9, page no. 107, 108 and 110)**. This means there is a diverse requirement for Ayurveda therapies demanded by different health tourist segments. Ayurveda health centres need to develop each segment and position them as unique destinations through branding and promotional measures.

The research highlights that tourists seeking Ayurveda prioritise holistic development, focusing on physical, mental, and spiritual well-being. Furthermore, Kerala's reputation as an Ayurveda destination significantly attracts these tourists, reflecting their pursuit of comprehensive lifestyle changes beyond mere treatment.

CHAPTER – V

BENEFITS AND SATISFACTION OF AYURVEDA HEALTH TOURISTS

5.1 Introduction

This chapter examines the benefits and satisfaction experienced by the tourists from Ayurveda health centres in Kerala and explores whether the expectations of and experiences about satisfaction are met. There is a strong and direct relationship between benefits and satisfaction in health tourism. Health tourists experience quality therapies at low cost, which enhances the perceived value of the visit, leading to increased satisfaction of the health tourists. This higher satisfaction, along with tourism experiences, increased access, leisure activities and cultural immersion, increases the tourists' overall satisfaction. The positive experiences from the benefits gained from health tourism create a positive image of the destination, which leads to loyalty and revisit intention to the destination. To sustain the positive image of the destination, the stakeholders must improve the quality of service to the personalised needs of the tourists at an affordable price, along with other memorable tourism experiences.

The chapter explores one of the objectives of the study and answers one of the research questions raised, namely, the benefits gained by Ayurveda Health Tourists from health tourism. Twenty-eight attributes related to the benefits of Ayurveda health tourists are identified from the literature survey (**Table 2.2, page no.64**), and exploratory factor analysis is used to identify the benefit factors of Ayurveda health tourists. Statistical tests such as one sample t-test, independent t-test, and one-way ANOVA with Tukey's HSD post hoc analysis are used for inferential analysis. A chi-square test is used to understand the association of benefit factors identified in the study with the demographic profile of health tourists.

The chapter also studied the attributes of Ayurveda health therapies the tourists are satisfied with and identified the attributes that need improvements. Exploratory factor analysis is used to identify the factors determining the health tourists' satisfaction. The attributes loaded to the factors are evaluated on the Importance – Performance framework of tourism expectation and experience. Identifying these attributes is critical for formulating policies for sustainable Ayurveda health tourism in Kerala.

The chapter is divided into six sections., The introduction section provides an overview of the chapter. The second section discussed the Exploratory factor analysis and identified factors that determine the benefits of Ayurveda health tourism. The third section compared the levels of benefit among the benefit factors to see whether they are changing between levels. The benefit factors are compared against the demographic factors to see the variability is discussed in the fourth section. Exploratory Factor Analysis of visit Satisfaction

and the factors of tourist satisfaction are discussed in the fifth section of the thesis. Expectations and experience of tourist satisfaction and the gap analysis are presented in the sixth section. The Importance - Performance Analysis and the IPA plots are discussed in the seventh section. This is followed by the conclusions of the study.

5.2 Exploratory Factor Analysis (EFA) for Benefits Dimensions

Ayurveda health tourists gain different benefits from visiting the centres related to the body, mind and soul of the tourists. In addition, they are also experiencing related and allied activities such as yoga, meditation, local culture and cuisine that enriches their experiences. Part D of the interview schedule collected 28 attributes related to benefits gained by the Ayurveda health tourists using a five-point Likert scale. The scales used in this part are 1= Never; 2=Rarely; 3=Some times; 4= Often; and 5= Always. An Exploratory Factor Analysis (EFA) is used to identify the factors determining the benefits of Ayurveda health tourism in this study. The benefit factor analysis was deemed appropriate as indicated by a KMO test score of 0.892 and the significance of Bartlett's test. Principal component analysis with Varimax rotation was utilised in Exploratory Factor Analysis (EFA) to identify dimensions of benefits. Elimination of two items ensued due to low factor loadings (< .45), high cross-loadings (> .45), and insufficient Cronbach's alpha (< .50). Ultimately, 26 items out of the initial 28 items were retained for extracting the benefits factors elucidating 64.13% of the total variance. The important factors identified in explaining the benefits of Ayurveda health tourism are: 1. Health Outcome (HTO) 2. Uniqueness (UNQ) 3. Novelty (NOV) 4. Mental Wellbeing (MWB) 5. Physical Appearance (PHA). The Factor loadings of Benefits of Ayurveda Health Therapies are presented in **Table 5.1**.

The results of EFA encompassing factor loading, eigenvalues, percentage of variance explained, and reliability alpha in the context of benefits are outlined in Table 5.1. Six attributes are loading for the first factor, “Health Outcome”, seven attributes for the second factor, "Uniqueness", four attributes for the third factor “Novelty”, six attributes for the fourth factor “Mental Wellbeing” and three attributes for the fifth factor “Physical Appearance”.

Table 5.1: Factor Analysis of Benefits of Ayurveda Health Therapies

Measure Items	Alpha	Initial eigenvalue	Variance Explained per cent	Factor Loading
F1: Health outcome	0.91	9.471	36.426	
Experienced reduction in discomfort				.868
Relieved from pain				.832
Overcome health problems completely				.809
Cured health problems				.785
Body feeling fit and fine				.722
Feeling Rejuvenated				.628
F2: **Uniqueness**	0.91	2.293	8.820	
Helped to detoxify my body				.756
No side effects from Ayurveda therapies				.721
Got good sleep after Therapies				.668
Felt refreshed and renewed				.645
Learnt about healthy life style				.617
Learned about healthy food habits				.603
Received value for money spent on Ayurveda				.536
F3: **Novelty**	0.84	2.272	8.737	
Learnt new culture				.756
Learnt Yoga and meditation				.721
Enjoyed the scenic beauty of Kerala				.668
Got new experiences				.645
F4: Mental wellbeing	0.87	1.375	5.290	
Helped to overcome mental worries/problems				.730
Overcome unpleasant memories				.665
Experienced calmness of mind				.597
Feeling more confident about myself				.590
Enhanced my outlook towards life				.562
Helped me to become active				.541
F5: Physical appearance	0.83	1.261	4.849	
Able to maintain body weight				.788
Learnt to maintain proper body weight				.786
Improvement in appearance				.593
KMO Sample Adequacy			.892	
Chi-Square			7487.804	
Df			325	
Bartlett's Test of Sphericity			.000	

Extraction Method: Principal Component Analysis

The results from the factor analysis showed that health-related outcomes from the therapies undertaken, the novelty features provided by Kerala Ayurveda and tourism, the mental tranquility experienced by the wellness tourists at the centres and the physical appearance of the tourists are the main benefits gained by the tourists. These benefits cover the physical, mental, and uniqueness dimensions of tourism and improve their well-being through the goodness of Kerala Ayurveda.

5.3 Comparison of Levels of Benefit Factors

This section discusses how the benefit outcomes change across the identified health benefits such as Health outcome, Uniqueness, Novelty, Mental well-being and Physical Appearance. A chi-square test is used to ascertain whether levels of benefit outcomes change with the factors. The following null hypothesis is formulated to test the association.

H_0.2a: There is no significant difference in the levels of benefits and

(i) Health outcome

(ii) Uniqueness

(iii)Novelty

(iv)Mental Wellbeing and

(v)Physical Appearance

Table 5.2: Comparison of Levels of Benefit Factors of Ayurveda Health Therapies

Attribute	Low level	Moderate level	High level	Total	Chi-Square value	P value
Level of health outcome of the tourists	121 (24.2)	240 (48)	139 (27.8)	500 (100)	49.37	0.001*
Uniqueness	130 (26)	234 (46.8)	136 (27.2)	500 (100)	40.91	0.001*
Novelty	126 (25.2)	244 (48.8)	130 (26)	500 (100)	53.87	0.001*
Mental wellbeing	91 (18.2)	268 (53.6)	141 (28.2)	500 (100)	99.91	0.001*
Level of physical appearance	104 (20.8)	266 (53.2)	130 (26)	500 (100)	90.83	0.001*

*Note: * denotes a 5% significant level; Parenthesis gives percentage*

Since the P value is less than 0.05, the null hypothesis is rejected at a 5% significance level. There is a significant difference among the tourists in the levels of health outcome, novelty, uniqueness, mental well-being and physical appearance after receiving Ayurveda health care services at health centres in Kerala.

Table 5.2 shows that 24.2 per cent of tourists experienced a low health outcome, 48 per cent had a moderate health outcome, and 27.8 per cent experienced a high health outcome after visiting Kerala Ayurveda health centres. At the same time, 26 per cent of tourists had a low level of uniqueness, 46.8 per cent had a moderate level of uniqueness, and 27.2 per cent of visitors reported a high level of uniqueness. 25.2 per cent of health tourists reported a low level of novelty in their treatments compared to 48.8 per cent, who stated a moderate level, and 26 per cent reported a high level of novelty in treatments. A low level of mental wellbeing is reported by 18.2 per cent of health tourists, 53.6 per cent of tourists reported a moderate level, and 28.2 per cent experienced a high level of mental wellbeing after receiving Ayurveda treatments. 20.8 per cent of health tourists felt a low level of physical appearance, 53.2 per cent of tourists reported a moderate level, and 26 per cent experienced a high level of physical appearance after receiving Ayurveda treatments.

Thus, it can be inferred that tourists visiting Kerala Ayurveda health centres experienced different dimensions of benefit factors extracted from the study. In terms of health outcomes, a substantial proportion experienced moderate outcomes, with a notable percentage reporting both low and high levels. Similarly, perceptions of uniqueness and novelty in treatments also range, with moderate levels being predominant. Mental well-being after treatments showed a majority reporting a moderate level, indicating a positive impact on this aspect for a significant portion of the tourists. Tourists had diverse experiences and responses in relation to health outcomes, uniqueness, novelty, mental well-being and physical appearance after their visit. Thus, tourists' experiences can vary, and the long-term benefits may depend on factors such as adherence to Ayurveda principles, the severity of health conditions, and overall lifestyle choices.

5.4 Association of Benefit Outcomes with Demographic Profile

In order to understand whether the health outcomes change across demographic variables, the chi-square test is used to test the degree of association between benefit factors and the demographic variables. The demographic variables considered are gender, age groups, marital status and nationality. Cross-tabulation of these variables against the benefit factors

is constructed to test the association. The following null hypotheses were set to test the association between benefit factors and the respondents' gender.

H_0.2b: There is no significant association between gender and

(i) Health outcome *(ii)Uniqueness*

(iii)Novelty *(iv)Mental Wellbeing and*

(v)Physical Appearance

Table 5.3: Association of Benefit Outcomes with Gender

Benefit Factors	Levels	Gender				
		Male (N=204)	Female (N=296)	Total	Chi-square	P value
F1: HTO	L	60 (29.4)	61 (20.6)	121 (24.2)	7.28	0.026*
	M	98 (48)	142 (48)	240 (48)		
	H	46 (22.5)	93 (31.4)	139 (27.8)		
F2: UNQ	L	79 (38.7)	51 (17.2)	130 (26.0)	31.39	0.001*
	M	72 (35.3)	162 (54.7)	234 (46.8)		
	H	53 (26.0)	83 (28.0)	136 (27.2)		
F3: NOV	L	56 (27.5)	70 (23.6)	126 (25.2)	1.50	0.471
	M	100 (49.0)	144 (48.6)	244 (48.8)		
	H	48 (23.5)	82 (27.7)	130 (26.0)		
F4: MWB	L	38 (18.6)	53 (17.9)	91 (18.2)	0.11	0.947
	M	110 (53.9)	158 (53.4)	268 (53.6)		
	H	56 (27.5)	85 (28.7)	141 (53.6)		
F5: PHA	L	40 (19.6)	64 (21.6)	104 (20.8)	1.40	0.495
	M	115 (56.4)	151 (51.0)	266 (53.2)		
	H	49 (24.0)	81 (27.4)	130 (26.0)		

*Note: * denotes a 5% significant level; Parenthesis gives %*

F1: Health Outcome (HTO) F2: Uniqueness (UNQ) F3: Novelty (NOV)
F4: Mental Wellbeing (MWB) F5: Physical Appearance (PHA).

The results of Association of Benefit Outcomes with Gender in shown in **Table 5.3.** The P value is less than 0.05, so the null hypothesis is rejected at a 5% significance level. Therefore, it can be concluded that there is a significant association between gender and the level of health outcome that the tourists experience after receiving treatment at Kerala's health tourism centres. The majority of male tourists experience moderate (48 per cent) to high level (22.5 per cent) health outcomes as compared to the majority of female tourists' health outcomes reported a moderate level (48 per cent) experience a moderate level and high level (31.4 per cent) health outcome. From the above discussion, it can be concluded that female tourists experience better health outcomes than male tourists. It can be due to various reasons like strict adherence to lifestyle modifications to get better health outcomes as an approach to Ayurveda by female tourists.

The null hypothesis is rejected at a 5 per cent significance level since the P value is less than 0.05 for cross-tabulation of gender and levels of uniqueness experienced by the health tourists. Thus, there is a statistically significant association between gender and uniqueness experienced by Ayurveda health tourists. Male tourists reported a moderate level (35.3 per cent) of uniqueness and a high level (26 per cent) of uniqueness as compared to female tourists, who reported a moderate level (54.7 per cent) and a high level (28 per cent). Thus, it was found that female tourists experienced more uniqueness from Ayurveda health tourism than male tourists. It can be due to differences in perception, health status and type of services received from the Ayurveda health centres.

The test of hypotheses showed that the null hypotheses between health outcomes and demographic variables showed that the benefit levels in the category of Novelty, Mental Wellbeing and Physical Appearance remain the same across both gender categories, i.e. Male and female tourists as the null hypothesis is accepted and the p values are more than 0.05.

The association between benefit factors and the age groups of the tourists are examined, and the following null hypotheses are set for the statistical testing. The results of the hypotheses tests between benefit factors and age categories are presented in **Table 5.4.**

H_0.2c: There is no significant association between age and

(i)Health outcome

(ii)Uniqueness (iii)Novelty

(iv)Mental Wellbeing and

(v)Physical Appearance

Table 5.4: Association of Benefit Outcomes with Age

Benefit Factors	Age Categories (Years)						Total (N=500)	Chi-square	P – Value
	Levels	20 – 30 (N=65)	31-40 (N=105)	41-50 (N=90)	51-60 (N=120)	Above 60 (N=120)			
F1: HTO	L	22 (33.8)	29 (27.6)	15 (16.7)	28 (23.3)	27 (22.5)	**121 (24.2)**	23.86	0.002*
	M	26 (40.0)	60 (57.1)	44 (48.9)	46 (38.3)	64 (53.3)	**240 (48.0)**		
	H	17 (26.2)	16 (15.2)	31 (34.4)	46 (38.3)	29 (24.2)	**139 (27.8)**		
F2: UNQ	L	21 (32.3)	44 (41.9)	10 (11.1)	22 (18.3)	33 (27.5)	**130 (26.0)**	51.05	0.001*
	M	25 (38.5)	53 (50.5)	56 (62.2)	56 (46.7)	44 (36.7)	**234 (46.8)**		
	H	19 (29.2)	8 (7.6)	24 (26.7)	42 (35.0)	43 (35.8)	**136 (27.2)**		
F3: NOV	L	19 (29.2)	20 (19.0)	18 (20.0)	41 (34.2)	28 (23.3)	**126 (25.2)**	27.01	0.001*
	M	22 (33.8)	68 (64.8)	48 (53.3)	44 (36.7)	62 (51.7)	**244 (48.8)**		
	H	24 (36.9)	17 (16.2)	24 (26.7)	35 (29.2)	30 (25.0)	**130 (26.0)**		
F4: MWB	L	21 (32.3)	21 (20.0)	12 (13.3)	20 (16.7)	17 (14.2)	**91 (18.2)**	29.49	0.001*
	M	22 (33.8)	66 (62.9)	59 (65.6)	57 (47.5)	64 (53.3)	**268 (53.6)**		
	H	22 (33.8)	18 (17.1)	19 (21.1)	43 (35.8)	39 (32.5)	**141 (28.2)**		
F5: PHA	L	22 (33.8)	31 (29.5)	6 (6.7)	27 (22.5)	18 (15.0)	**104 (20.8)**	33.71	0.001*
	M	31 (47.7)	59 (56.2)	57 (63.3)	56 (46.7)	63 (52.5)	**266 (53.2)**		
	H	12 (18.5)	15 (14.3)	27 (30.0)	37 (30.8)	39 (32.5)	**130 (26.0)**		

*Note: * denotes 5% significant level*

Parenthesis gives %

F1: Health Outcome (HTO) F2: Uniqueness (UNQ) F3: Novelty (NOV)

F4: Mental Wellbeing (MWB) F5: Physical Appearance (PHA).

The P value of age and the levels of health outcome is less than 0.05, thus rejecting the null hypothesis and finding a statistically significant association between age and the levels of health outcome at a 5 per cent significant level.

It is found from the above table that tourists in the age group of 20-30 years experienced a low level of health outcome (33.8 per cent), a moderate level (40 per cent) and a high level (26.2 per cent of health outcome. In the age group of 31 to 40 years, a low health outcome is reported by 27.6 per cent, a moderate health outcome (57.1 per cent) and a high level of health outcome by 15.2 per cent of tourists. However, in the age group of 41 to 50 years, a low level of health outcome is reported by 16.7 per cent of tourists, a moderate level by (48.9 per cent) and a high level of health outcome by 34.4 per cent of tourists who received treatment from Ayurveda health centres in Kerala.

Considering tourists with the age category of 51 to 60 years, 23.3 per cent of tourists received a low level of health outcome, 38.3 per cent of tourists received a moderate level, and a high level of health outcome was reported by 38.3 per cent of tourists. In the case of tourists in the age group above 60 years, 22.5 per cent experienced a low level of health outcome, 53.3 per cent enjoyed a moderate level, whereas 24.2 per cent enjoyed a high level of health outcome. Tourists aged 51 and 60 can benefit from better health than other age categories due to their treatment at Ayurveda health centres in Kerala.

Knowing whether the benefit factors change across single and married Ayurveda health tourists is inquisitive. The following hypotheses were set to test this association,

H_0.2d: There is no significant association between marital status and

(i)Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Wellbeing and

(v)Physical Appearance

The null hypothesis is rejected at a 5% significance level since the P value is less than 0.05. Therefore, there is a significant association between marital status and levels of health outcomes experienced by tourists after receiving treatments from Ayurvedic health centres in Kerala.

Table 5.5: Association of Benefit Outcomes with Marital Status

Benefit Factors	Levels	Marital Status				
		Single (N=148)	Married (N=352)	Total	Chi-square	P value
F1: HTO	**L**	44 (29.7)	77 (21.9)	121 (24.2)	8.06	0.018*
	M	75 (50.7)	165 (46.9)	240 (48.0)		
	H	29 (19.6)	110 (31.3)	139 (27.8)		
F2: UNQ	**L**	65 (43.9)	65 (18.5)	130 (26.0)	36.21	0.001*
	M	57 (38.5)	177 (50.3)	234 (46.8)		
	H	26 (17.6)	110 (31.3)	136 (27.2)		
F3: NOV	**L**	32 (21.6)	94 (26.7)	126 (25.2)	2.05	0.358
	M	79 (53.4)	165 (46.9)	244 (48.8)		
	H	37 (25.0)	93 (26.4)	130 (26.0)		
F4: MWB	**L**	32 (21.6)	59 (16.8)	91 (18.2)	11.81	0.003*
	M	90 (60.8)	178 (50.6)	268 (53.6)		
	H	26 (17.6)	115 (32.7)	141 (28.2)		
F5: PHA	**L**	55 (37.2)	49 (13.9)	104 (20.8)	35.84	0.001*
	M	68 (45.9)	198 (56.3)	266 (53.2)		
	H	25 (16.9)	105 (29.8)	130 (26.0)		

*Note: * denotes 5% significant level*

Parenthesis gives %

F1: Health Outcome (HTO) F2: Uniqueness (UNQ) F3: Novelty (NOV)

F4: Mental Wellbeing (MWB) F5: Physical Appearance (PHA).

From **Table 5.5**, it is found that tourists who are not married reported a low level (29.7 per cent) of health outcomes, whereas a moderate level (50.7 per cent) is reported while a high level of health outcome is reported by 19.6 per cent of unmarried tourists. In the case of married tourists, 21.9 per cent experienced a low level of health outcomes, 46.9 per cent of tourists marked a moderate level of health outcome, and 28 per cent of health tourists enjoyed a high level of health outcome.

From the analysis, it can be inferred that a low level of health outcome is more prominent among single tourists, and a high level of health outcome is more common among married tourists. It can be concluded that married tourists accessing Kerala's Ayurveda health tourism enjoy much better health outcomes than single tourists.

Since the P value is less than 0.05, the null hypothesis is rejected at a 5% significance level. Therefore, there is a significant association between marital status and levels of uniqueness experienced by tourists after receiving treatments from Ayurveda health centres in Kerala.

The analysis found that single tourists experienced a low level of uniqueness (43.9 per cent), 38.5 per cent of tourists claimed a moderate level of uniqueness, and 17.6 per cent of visitors reported a high level of uniqueness. However, in the case of married tourists, 18.5 per cent reported a low level of uniqueness, 50.3 per cent observed a moderate level, and 31.3 per cent noted a high level of uniqueness from ayurvedic health centres in Kerala.

From the results, it can be concluded that married tourists are more likely to have high levels of uniqueness and that single tourists are more likely to have low levels of uniqueness. That is, married tourists enjoyed a more unique experience in Kerala Ayurveda health services.

Since the P value is more than 0.05, the null hypothesis is accepted and it can be inferred that there is no significant association between marital status and levels of novelty, mental wellbeing and physical appearance after receiving treatments from Ayurveda health centers in Kerala.

From the analysis, it is found that single tourists, after obtaining treatment from Ayurveda health centres, reported a low level (21.6 per cent) of mental well-being, 17.6 per cent of single tourists reported experiencing a high level of mental well-being, and 60.8 per cent of them reported a moderate level of mental wellbeing. In the case of married tourists, 16.8 per cent of tourists reported having a low level of mental wellbeing, a moderate level (50.6 per cent) reported, and 32.7 per cent of married tourists marked a high level of mental wellbeing after they visited Kerala for Ayurveda health tourism.

The findings revealed that married tourists are more likely to report high levels of mental well-being in comparison with single tourists, who are more likely to report low levels of mental well-being after receiving Ayurveda treatments from health centres.

The null hypothesis is rejected since the P value at a 5% significance level is less than 0.01. As a result, there is a significant association between marital status and the level of physical

appearance reported by Ayurveda health tourists. From the analysis, it is found that single tourists experienced a low level of physical appearance (37.2 per cent), a moderate level of physical appearance reported by 45.9 per cent of tourists, and 16.9 per cent of visitors reported a high level of physical appearance. However, in the case of married tourists, 13.9 per cent reported a low level of physical appearance, 56.3 per cent observed a moderate level, and 29.8 per cent noted a high level of improvement in physical appearance after their visit to Ayurveda health centres in Kerala. Thus, married tourists experienced higher levels of physical appearance than single tourists visiting Ayurveda health centres in Kerala.

Both domestic and foreign health tourists visit Ayurveda health centres in Kerala. Domestic tourists are familiar with Ayurveda as there is a strong tradition in Kerala, and they visit centres based on familiarity or previous experience. Foreign tourists are mainly attracted due to the popularity of Ayurveda or through word-of-mouth promotion from known visitors. In this context, it is pertinent to see the health benefits significantly change between domestic and foreign tourists. The following hypotheses were set to see the association.

H_0.2e: There is no significant association between nationality and

(i)Health outcome

(ii)Uniqueness

(iii)Novelty

(iv)Mental Wellbeing and

(v)Physical Appearance

Hence, the null hypothesis is accepted if the P value is greater than 0.05. It can be indicated that there is no significant association between nationality and levels of health outcome and uniqueness experienced by the health tourists after receiving treatments from Ayurveda health centres in Kerala.

The null hypothesis is rejected at a 5% significance level since the p-value is less than 0.05. As a result, there is a significant association between nationality and the level of novelty experienced by Ayurveda health tourists.

Table 5.6: Association of Benefit Outcomes with Nationality

Benefit Factors	Nationality					
		Foreign (N=305)	Domestic (N=195)	Total (N=500)	Chi-square	P value
F1: HTO	**L**	68 (22.3)	53 (27.2)	**121 (24.2)**	5.34	0.069
	M	159 (52.1)	81 (41.5)	**240 (48.0)**		
	H	78 (25.6)	61 (31.3)	**195 (100.0)**		
F2: UNQ	**L**	81 (26.6)	49 (25.1)	**130 (26.0)**	2.99	0.223
	M	134 (43.9)	100 (51.3)	**234 (46.8)**		
	H	90 (29.5)	46 (23.6)	**136 (27.2)**		
F3: NOV	**L**	30 (9.8)	96 (49.2)	**126 (25.2)**	97.94	0.001*
	M	179 (58.7)	65 (33.3)	**244 (48.8)**		
	H	96 (31.5)	34 (17.4)	**130 (26.0)**		
F4: MWB	**L**	175 (57.4)	46 (23.6)	**221 (44.2)**	7.21	0.027*
	M	45 (14.8)	93 (47.7)	**138 (27.6)**		
	H	85 (27.9)	56 (28.7)	**141 (28.2)**		
F5: PHA	**L**	60 19.7	44 22.6	**104 20.8**	.922	.631
	M	162 (53.1)	104 (53.3)	**266 (53.2)**		
	H	83 (27.2)	47 (24.1)	**130 (26.0)**		

Note: *denotes 5% level of significance

Parenthesis gives %

F1: Health Outcome (HTO) F2: Uniqueness (UNQ) F3: Novelty (NOV)

F4: Mental Wellbeing (MWB) F5: Physical Appearance (PHA).

Table 5.6 provides the results of the Association of Benefit Outcomes with Nationality. It is revealed from the table that 9.8 per cent of foreign tourists claimed to have a low level of novelty, 58.7 per cent of them reported a moderate level of novelty, and 31.5 per cent of visitors claimed they enjoyed a high level of novelty. In the case of domestic tourists, 49.2 per cent said they felt a low level of novelty following treatment at Ayurveda health centres.

In comparison, 33.3 per cent felt moderate novelty, and 17.4 per cent said they felt a high level of novelty.

The analysis found that foreign tourists reported high levels of novelty, whereas domestic tourists reported low levels of novelty. This can be due to the familiarity with Ayurveda practices in Kerala, thus leading to more novelty for foreign tourists than domestic tourists and the null hypothesis is rejected since the P value is less than 0.05. As a result, there is a significant association between nationality and the level of mental well-being experienced by health tourists after receiving treatment in Ayurvedic health centres in Kerala.

From the table, it is found that 57.3 per cent of foreign nationals reported a low level of mental wellbeing, 14.8 per cent of them reported having a moderate level of mental well-being, and 27.9 per cent of tourists reported a high level of mental wellbeing. In the case of domestic tourists, 23.6 per cent of tourists said they felt a low-level mental well-being following treatment at Ayurveda health centres. In comparison, 47.7 per cent felt moderate mental wellbeing, and 28.7 per cent said they felt a high level of mental wellbeing.

There is no significant difference between foreign and domestic tourists with regard to physical appearance, as the null hypothesis is accepted at a 5 % significance level. The findings indicate that domestic tourists are more likely to claim high levels of mental wellness after receiving Ayurveda treatments from health centres, but foreign tourists are more likely to report low levels of mental well-being. Clearly, domestic tourists enjoyed more mental well-being following treatment at Kerala's Ayurveda health centres than foreign tourists.

5.5: Exploratory Factor Analysis for Satisfaction Experienced by Health Tourists

This section of the chapter explored the satisfaction experienced by Ayurveda health tourists by looking at their expectations and the experience of the tourists. Twenty-eight attributes identified from the literature that are relevant to Kerala Ayurveda are captured on the dimension of satisfaction expectations and experiences of the Ayurveda health tourists.

Exploratory Factor Analysis (EFA) is used to identify the factors. The factor analysis identified the factors leading to satisfaction and the attributes loading for these factors. An Importance Performance Analysis (IPA) framework is used to identify attributes that attained satisfaction and those that need improvement. Importance-performance analysis (IPA) is a valuable tool for examining customer satisfaction and management strategies. This

technique can help tourism stakeholders diagnose underlying deficiencies and set priorities in tourism development (Sever, 2015). The application of IPA extends to a wide range of fields, including health service provision (e.g. Tang et al., 2020) and tourism (Uysal et al., 1991; Zhang & Chow, 2004).

The IPA (Importance-Performance Analysis) measured the mean values of visit expectation and experience, and the gap between these two is statistically tested through a paired t-test. If the experiences of the health tourists after the visit to the Ayurveda centre exceed their pre-visit expectations, then the tourists experience higher satisfaction from the visit. On the contrary, if the visit experiences are lower than the expectation, they are dissatisfied with the visit and averse to further visiting the destination. The priority areas that require urgent action and the attributes falling under the category are discussed.

Tourist satisfaction was assessed through Exploratory Factor Analysis, deemed appropriate with a KMO test score of 0.920 and a significant result in Bartlett's test. Principal component analysis with Varimax rotation was applied in EFA to discern the satisfaction dimensions. Removal of two items occurred due to low factor loadings (< .45), substantial cross-loadings (> .45), and inadequate Cronbach's alpha (< .50). Ultimately, 26 out of 28 items contributed to the development of Ayurveda health tourists' satisfaction dimensions, explaining 70.47% of the overall variance.

Table 5.7 illustrates the outcomes of the EFA for satisfaction, encompassing factor loading, eigenvalues, percentage of explained variance and reliability alpha. The identified factors were designated as Centre Service Quality, Distinctiveness, Ambience and Connectivity.

The first factor, Centre Service Quality, encompassed variables associated with attributes related to service quality. The second factor, Distinctiveness, includes all differentiating attributes of the destination; the third factor, Ambience, includes attributes of the surroundings; and the fourth satisfaction factor, Connectivity, reflects the means of transport and communication.

Table 5.7: Factors Identified for the Satisfaction of Ayurveda Health Tourists

Measure Items	Alpha	Initial eigenvalue	Variance Explained per cent	Factor Loading
F1: Centres service quality	0.92	11.881	51.656	
Attitude of the support staffs				.845
Service quality of doctors				.833
Safety and security at the Centres				.756
Authenticity of treatments				.749
Value for money spent for treatments				.697
Image about the destination				.640
Follow up services after therapies				.635
Food and catering services Services of language translators				.610 .586
Personalised attention from the Centres				.561
F2: Distinctiveness	0.92	2.168	9.428	
Different types of festivals and events at the destination				.763
Availability of tourism information				.739
Facillity of foreign exchange				.695
Friendliness of local people				.691
Different and unique Architecture/buildings				.689
Cultural Diversity of the place				.619
Special performances depicting local culture and festival				.560
F3: Ambience	0.89	1.080	4.695	
Location of the destination				.749
Accessibility to the Ayurveda Centres				.674
Cleanliness at the Centres				.663
Quality of the environment at the destination				.661
Rest and recreation facilities available at the Centres				.593
Quality of Accommodation				.498
F4: Connectivity	0.89	1.08	4.69	
Telecommunication services				.750
Local transportation services				.707
Flight and Train Services				.673
KMO Sample Adequacy			0.920	
Chi Square			9361.643	
Df			253	
Bartlett's Test of Sphericity			0.000	

Source: Computed from Primary Data

From **Table 5.7**, it is found that the first factor centres' service quality (Alpha =0.92), explained 51.65 % of the variance is loaded with ten attributes such as Attitude of the support staff, Service quality of doctors, Safety and security at the centres, Authenticity of treatments, Value for money spent for treatments, image about the destination, Follow up services after therapies, Food and catering services, Services of language translators, Personalised attention from the centres. The second factor, Distinctiveness (Alpha= 0.92), explains that 9.42 % variance is loaded with seven attributes such as Different types of festivals and events at the destination, Availability of tourism information, Facility of foreign exchange, Friendliness of local people, Different and unique Architecture/buildings, Cultural Diversity of the place, Special performances depicting local culture and festival. The third factor, Ambience (Alpha=0.89), accounted for 4.69 % variance and is loaded with six attributes: Location of the destination, Accessibility to the Ayurveda centres, Cleanliness at the centres, Quality of the environment at the destination, Rest and recreation facilities available at the centres, Quality of Accommodation. The fourth factor, Connectivity (Alpha=0.89), explained by 4.69 variance, is loaded with three attributes: Telecommunication services, Local transportation services, and Flight and Train Services.

Four factors are identified through factor analysis, and the gap analysis of expectation-experience of the attributes is carried out along the factors of visitor satisfaction. The grand mean expectation based on all 26 attributes is calculated as 3.97, and the grand mean average of experience is 4.21. The grand mean value is compared with factor mean values to understand whether the factor performance of experience and expectations are above the grand mean or not. The mean expectation and experience of factor-1 (Centre Service Quality) is higher than the grand means. This is because Ayurveda tourists are attracted to health centres, and they choose centres that offer the best services to them. For the second factor, Distinctiveness, the expectations are slightly higher than the grand mean, but the experience is lower than the grand mean value. This shows that Distinctiveness is not strongly identified as one of the memorable experiences by health tourists.

About the third factor, Ambience, the factor means are almost the same as the grand mean values. For the fourth factor, Connectivity, the factor mean values are lower than the grand mean values. This is because Connectivity is not the core of Ayurveda health tourism, as the health tourists are mainly confined to the centre during therapies and rejuvenation.

Table 5.8: Importance Performance Analysis of Ayurveda Health Tourists' Satisfaction

Variables	Loading	Expectation (Importance)	Experience (Performance)	Gap (P)–(I)	Paired t-value	p-Value	Quadrant	α
F1: Centre Service Quality : Eigen Value 11.881 , % of Variance Explained 51.65 %								
1. Attitude of the support staffs	.845	4.03	4.41	0.38	-13.178	.000	II	0.92
2. Service quality of doctors	.833	4.05	4.42	0.37	-13.468	.000	II	
3. Safety and security at the Centres	.756	4.04	4.37	0.33	-13.325	.000	II	
4. Authenticity of treatments	.749	4.04	4.37	0.33	-13.302	.000	II	
5. Value for money spent for treatments	.697	3.99	4.24	0.25	-8.270	.000	II	
6. Image about the destination	.640	4.00	4.26	0.26	-10.389	.000	II	
7. Follow-up services after therapies	.635	3.96	4.27	0.31	-11.833	.000	IV	
8. Food and catering services	.610	3.98	4.26	0.28	-9.940	.000	II	
9. Services of language translators	.586	3.94	4.17	0.23	-8.350	.000	III	
10. Personalised attention from the Centres	.561	4.01	4.28	0.27	-8.730	.000	II	
Factor Mean		**4.00**	**4.31**	**0.31**				
F2: Distinctiveness: Eigen Value 2.168, % of Variance Explained 9.43 %								
11. Different types of festivals and events at the destination	.763	3.88	4.05	3.12	-5.966	.000	III	0.92
12. Availability of tourism information	.739	3.88	4.06	3.14	-6.492	.000	III	
13. Facility of foreign exchange	.695	3.92	4.10	3.23	-6.643	.000	III	
14. Friendliness of local people	.691	3.99	4.21	3.30	-8.829	.000	II	
15. Different and unique Architecture/buildings	.689	3.92	4.07	3.23	-6.231	.000	III	
16. Cultural Diversity of the place	.619	3.98	4.19	3.36	-7.897	.000	I	
17. Special performances depicting local culture and festival	.560	3.95	4.10	3.39	-4.876	.000	III	
Factor Mean		**3.99**	**4.11**	**0.12**				
F3: Ambience: Eigen Value 1.08, % of Variance Explained 4.70 %								
18. Quality of the environment at the destination	.749	4.02	4.24	3.27	-8.620	.000	II	0.89
19. Accessibility to the Ayurveda Centres	.674	3.98	4.16	3.31	-6.588	.000	I	
20. Cleanliness at the Centres	.663	3.99	4.20	3.33	-8.448	.000	I	
21. Quality of the environment at the destination	.661	4.00	4.16	3.34	-6.415	.000	I	
22. Rest and recreation facilities available at the Centres	.593	3.94	4.20	3.35	-10.199	.000	III	
23. Quality of Accommodation	.498	3.96	4.23	3.46	-10.274	.000	IV	
Factor Mean		**3.98**	**4.20**	**0.22**				
F4: Connectivity: Eigen Value 1.08, % of Variance Explained 4.69 %								
24. Telecommunication services	.750	3.94	4.12	3.19	-7.579	.000	III	0.89
25. Local transportation services	.707	3.92	4.11	3.21	-7.112	.000	III	
26. Flight and Train Services	.673	3.91	4.09	3.24	-6.854	.000	III	
Factor Mean		**3.92**	**4.11**	**0.19**				
KMO. 0.92 Bartlett's test of sphericity 9361.643 p < 0.05								

Source: Computed from Primary Data

H_0.3a: There is no significant difference in the Expected and Experienced satisfaction at the destination by the Ayurveda Health Tourists.

In order to understand whether there is a significant difference in the expected and experienced satisfaction of Ayurveda health tourists at the destination, a paired t-test is used and the results are shown in **Table 5.8.** The test results showed that all p values are less than 0.05 and the null hypotheses are rejected showing there is a significant difference between Expectation and Experience of various satisfaction attributes of Ayurveda health tourism. The mean values of Experience are higher than the mean values of Expectation across all satisfaction attributes showing that Ayurveda health tourists visited Kerala experienced higher satisfaction and the results are significant at 5 per cent level.

5.6 IPA Quadrants and Data Plots

All the attributes are compared based on visit expectations and experiences and plotted in an Importance-Performance Analysis graph (**Figure 5.1**). IPA graph measures the Experiences on the x-axis and the Expectations on the Y-axis, and the axis passes through the mean values, providing four Quadrants. The visit attributes are plotted against the expectation experience axis, showing their position in the Importance Performance plane.

Quadrant I contain those items with high importance scores and low satisfaction scores for attributes. It is labelled *Concentrate here* because the attributes that fall into this quadrant should receive the highest priority. Immediate action should be taken to address the challenges raised by these attributes because the respondents are not satisfied with them yet perceive them as highly important. The attributes falling under this category are Cultural Diversity of the place, Accessibility to the Ayurveda Centres, Cleanliness at the Centres, Quality of the environment at the destination.

Quadrant II corresponds to high importance scores and high satisfaction scores for attributes. It is labelled as *Keep up the good work* because the attributes in this quadrant are well served by the organisation, and practitioners are encouraged to maintain current strategies for these attributes. The attributes identified under this quadrant are Attitude of the support staffs, Service quality of doctors, Safety and security at the Centres, Authenticity of treatments, Value for money spent for treatments, Image about the destination, Food and catering services, Personalised attention from the Centres, Friendliness of local people, Quality of the environment at the destination.

Quadrant III corresponds to low importance scores and low satisfaction scores for attributes. It is labelled as a *Lower priority* because the attributes in this quadrant are not crucial to the organisation and can be discontinued or de-emphasised from an organisation's agenda. The attributes falling under this quadrant are Services of language translators, Different types of festivals and events at the destination, Availability of tourism information, Facility of foreign exchange, Different and unique Architecture/buildings, Special performances depicting local culture and festivals, Rest and recreation facilities available at the Centres, Telecommunication services, Local transportation services, Flight and Train Services. Ayurveda health tourists gave less importance to allied services as they were more focused on the treatment/therapies offered at the centres.

Table 5.9: Factor-wise Expectation – Experience of Satisfaction Attributes

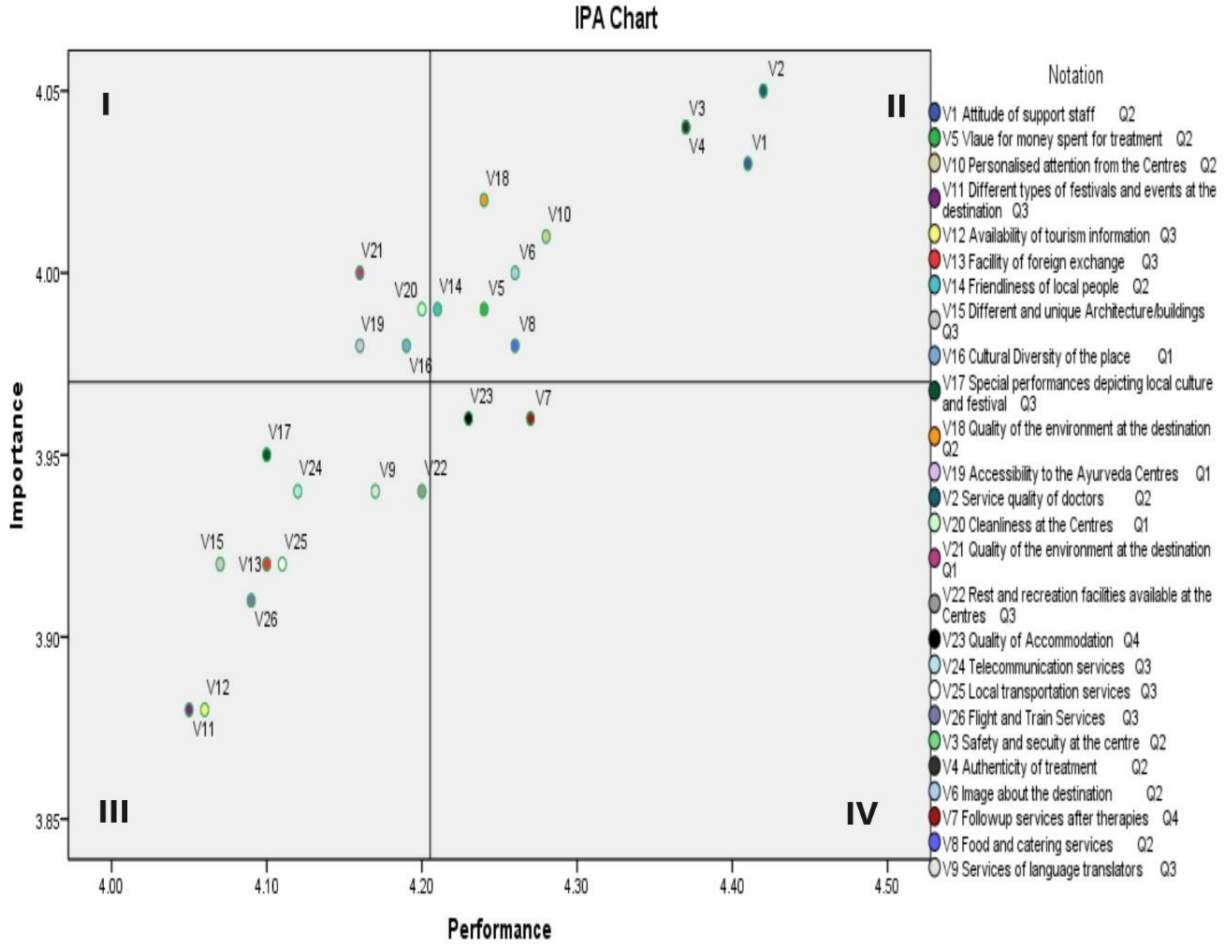
F1: Centre Service Quality	**Q1: Concentrate Here**	**Q2: Keep Up the Good Work**
		Attitude of the support staffs, Service quality of doctors, Safety and security at the Centres, Authenticity of treatments, Value for money spent for treatments, Image about the destination, Food and catering services, Personalised attention from the Centres
	Q3: Lower Priority	**Q4: Possible Overkill**
	Services of language translators	Follow-up services after therapies
F2: Distinctiveness	**Q1: Concentrate Here**	**Q2: Keep Up the Good Work**
	Cultural Diversity of the place	Friendliness of local people
	Q3: Lower Priority	**Q4: Possible Overkill**
	Different types of festivals and events at the destination Availability of tourism information Facility of foreign exchange Different and unique Architecture / buildings Special performances depicting local culture and festival.	
F3: Ambience	**Q1: Concentrate Here**	**Q2: Keep Up the Good Work**
	Accessibility to the Ayurveda Centres, Cleanliness at the Centres, Quality of the environment at the destination	Quality of the environment at the destination
	Q3: Lower Priority	**Q4: Possible Overkill**
	Rest and recreation facilities available at the Centres	Quality of Accommodation
F4: Connectivity	**Q1: Concentrate Here**	**Q2: Keep Up the Good Work**
	Q3: Lower Priority	**Q4: Possible Overkill**
	Telecommunication services Local transportation services Flight and Train Services	

Source: Compiled from IPA based on Primary data

Quadrant IV contains items with low importance scores and high satisfaction scores. It is labelled as *Possible overkill* because this quadrant represents the attributes from which time and resources can be diverted because they represent an unnecessary use of organisational resources. Respondents are satisfied with these items, but they are not important. The identified attributes under this Quadrant are Follow-up services after therapies, Quality of Accommodation.

Figure 5.1 mapped the satisfaction attributes in a four-quadrant plane based on the four factors identified. For the first factor, Centre Service Quality, most attributes are located in quadrant 2. This means these attributes are important, and they are doing well.

Figure 5.1: IPA Quadrants and Data Plots



Source: Primary data

Centre service quality is the aspect that needs improvement as it is important to enhance the Centre Service quality. The cultural diversity of Kerala needs to be enhanced to improve the Distinctiveness of Ayurveda health centres. People are friendly towards Ayurveda health

tourists and do not require further improvement. The centres need to concentrate on accessibility and environmental quality to improve the Ambience at the health centre. The Ayurveda centres are often located in picturesque remote places, which are, in a way, alienated from the city centres. Also, tourists who seek health and wellness therapies are highly sensitive to cleanliness, garbage, noise, and other pollution at the destination and prefer a clean and serene ambience during their stay. Regarding Connectivity, which is not the core of Ayurveda health therapy, Kerala is doing better.

Discussion of results: It is found from the analysis that Ayurveda Centres should concentrate more on attributes such as Cleanliness at the Centres, Quality of the environment at the destination, Image about the destination and Ayurveda package as the tourists consider them very important in deciding their level of satisfaction. At the same time, tourists are highly satisfied with the service quality that is related to the Ayurveda therapies, which makes them feel very positive about the value for money they spent on their visit to Kerala. It was also found that visitors are giving more priority to the Ayurveda rather than the architecture or special performances at the centres. In short, their overall expectations about Kerala Ayurveda are high as they benefit through their unique experiences from the various Ayurveda therapies offered at the Centres depending on their health requirement.

5.7 Conclusions

The chapter extensively investigates the satisfaction of Ayurveda health tourists in Kerala, examining their expectations and experiences. It begins by identifying 28 pertinent attributes crucial to Kerala's Ayurveda, capturing tourists' satisfaction perspectives. Employing Exploratory Factor Analysis (EFA), it delineates four factors influencing satisfaction, namely: Centre Service Quality, Distinctiveness, Ambience, and Connectivity which are consistent with previous studies but unique to Ayurveda **(refer page nos. 177-179)**. By applying Importance-Performance Analysis (IPA), the chapter discerns attributes requiring enhancement and those meeting satisfaction benchmarks, effectively outlining priority areas for action. The Gap Analysis compares expectation and experience values across factors, offering insight into satisfaction levels. Additionally, the Importance-Performance Analysis Graph categorises attributes into quadrants, guiding targeted efforts for improvement or maintenance. The analysis provides an understanding of tourists' satisfaction, highlighting areas necessitating immediate attention and underscoring the pivotal role of service quality, distinctiveness, ambience, and Connectivity in shaping tourists' experiences.

CHAPTER – VI

CHOICE OF HEALTH CENTRES BY AYURVEDA HEALTH TOURISTS

6.1 Introduction

The chapter analyses the factors responsible for the Ayurveda health tourists' selection of Ayurveda health centres. The health tourists' decision to visit the particular Centre is based on multiple factors. The choice of the health centre is generally influenced by the quality of health and wellness care, outcomes of the health therapies, cost of therapies, quality of staff and post-treatment experiences. Non-health-related factors like destination appeal, convenience, recommendations, and cultural aspects also impact their health centre visits. Health and wellness-seeking tourists have multiple motivations and identify those destinations that provide quality services at an affordable cost with memorable tourism experiences. Wellness tourists choose health centres based on tailored health programs, practitioner expertise, location preference, cost, recommendations, and amenities, aiming to align with their wellness goals. Identifying the factors influencing the choice of health centre is important for destination planning and formulation of customised service offerings and marketing strategies.

Exploratory factor analysis is used to identify the factors determining centre choice. Thirty-two centre-related attributes (**Table 2.4, page no. 67**) that influence the selection of Ayurveda health centres are identified based on literature review. Twenty-four attributes were loaded under four motivational factors, and the remaining eight attributes were eliminated due to cross-loadings and insufficient Cronbach's alpha. This chapter examines the underlying factors that drive tourists to Ayurveda health tourism centres in Kerala, as well as the socio-demographic variances among these tourists with respect to these aspects. The factors influencing tourists to visit Ayurveda health tourism centres in Kerala encompass multiple factors such as Destination attractiveness (DSA), Service quality (SEQ), Perceived value (PEV) and Affordability (AFF). The variables included for data analysis comprise socio-demographic aspects such as Gender, age, marital status, and Nationality. Statistical tools such as t-tests, ANOVA, and post hoc tests are used for this purpose. The research utilised descriptive statistics, encompassing measurements such as the mean and standard deviation. Furthermore, inferential analysis techniques were employed, including the one-sample t-test, independent t-test, and one-way ANOVA with Tukey's HSD post hoc analysis. The present study employed various methodologies to examine the underlying factors for their choice of Ayurveda health tourism centres in Kerala, as well as the socio-demographic disparities among these tourists with respect to these determinants.

6.2 Exploratory Factor Analysis (EFA) on Selection of Ayurveda Health Centres

A factor analysis is performed to identify factors behind Ayurveda health tourists' choice of health Centres. The factors identified are given in **Table 6.1.**

Table 6.1 Factor Loadings on Selection of Ayurveda Health Centres

Measure Items	**Alpha**	**Initial eigenvalue**	**Variance Explained (per cent)**	**Factor Loading**
F1: **Destination attractiveness**	**0.955**	10.279	42.829	
Availability of adequate information in the website				.920
Ancillary facilities like wi-fi, foreign exchange, cultural programmes				.906
Sightseeing facilities				.886
Availability of language interpreters				.880
To know diverse culture				.837
Attractive destination				.794
Scenic beauty at the Centres				.679
Friendliness of locals around the Centres				.610
Favourable climatic conditions				.606
F2: **Service Quality**	**0.955**	4.580	19.085	
Cleanliness and hygiene				.862
Experienced staff members				.784
Quality accommodation				.774
Personalised attention				.744
Expert doctors				.694
Good quality food				.652
Permanent cure for health problems				.560
Post-treatment services				.550
F3: **Perceived value**	**0.933**	1.039	4.328	
Prompt responses to enquiries				.739
Safety and security at the Centres				.720
Proper diagnosis of health disorders				.678
Good health facilities				.596
No side effects				.535
F4: **Affordability**	**0.868**	1.008	4.199	
Affordable cost of therapies				.732
Travel expenses				.731
KMO Sample Adequacy				.914
Bartlett's Test of Sphericity Approx. Chi-Square			8013.707	
df =190			Sig 0.000	

Source: Computed from the Primary Data

In order to assess the factors that decide the choice of Ayurveda health centre, Exploratory Factor Analysis was deemed appropriate with a KMO test score of 0.914 and a significant result in Bartlett's test. To discern the centre choice dimensions, principal component analysis with Varimax rotation was applied in EFA. 24 items were loaded under four factors, explaining 62.24% of the overall variance. The remaining eight attributes are eliminated due to cross-loadings and insufficient Cronbach's alpha.

Table 6.1 illustrates the outcomes of the EFA for centre choice, encompassing factor loading, per cent of explained variance and reliability alpha. The identified factors were designated as Destination attractiveness (DSA), Service quality (SEQ), Perceived value (PEV) and Affordability (AFF). The first factor, Destination attractiveness, is loaded with nine items that explain 42.82% variance. The second factor, Service quality, is loaded with eight items that explain a 19.08% variance. The third factor, Perceived value, has five items that explain 4.32% variance, and in the fourth factor, Affordability, two items are loaded that explain 4.19% of the variance.

6.3 Extent of Centre Choice on the Socio-demographic Characteristics of the Health Tourists

6.3.1 Relationship between Centre Choice and Gender

In order to understand whether the factors of the Centre's choice vary between genders, a t-test is conducted, and the results are given in **Table 6.2**.

H_0.4a: There is no significant difference between the factors of Centre Choice

(i). Gender.

(ii). Marital Status.

(iii). Nationality.

The null hypothesis is rejected at a 5% significance level for the factors influencing tourists' choice of Ayurveda health Centers in Kerala, such as service quality, perceived value and Affordability. This indicates a significant difference between male and female tourists in terms of these factors in choosing their Ayurveda Health Centres. Also, the null hypothesis is rejected at a 5 per cent level, as the p-value is less than 0.05, suggesting a significant difference between male and female tourists in terms of destination attraction in their choice of Center.

Table 6.2 Relationship between Demographic Characteristics and Factors of Centre Choice of Ayurveda Health Tourists

			Centre Choice Factors				T Value	P Value
			Destination Attractiveness	Service Quality	Perceived Value	Affordability		
Gender	Male	Mean	3.78	4.45	4.37	1.66	-.932	0.025*
		SD	1.01	0.62	0.68	0.30	-4.390	0.001*
	Female	Mean	3.86	4.66	4.59	1.71	-4.385	0.001*
		SD	0.88	0.40	0.42	0.22	-2.336	0.006*
Marital Status	Single	Mean	3.98	4.48	4.46	1.67	2.37	0.000*
		SD	0.72	0.51	0.49	0.29	-2.57	0.589
	Married	Mean	3.76	4.61	4..52	1.70	-1.23	0.675
		SD	1.00	0.50	0.57	0.24	-1.12	0.002
Nationality	Foreign	Mean	4.25	4.53	4.51	1.72	15.44	0.000*
		SD	0.52	0.52	0.50	0.25	-2.427	0.000*
	Domestic	Mean	3.16	4.64	4.49	1.66	0.340	0.891
		SD	1.04	0.49	0.62	0.26	2.54	0.115

*Note: * denotes significance at 5%*

Based on the mean score, it is possible to conclude that female visitors have a more favourable attitude/opinion towards all Centre's choice factors, such as destination attractiveness, service quality, perceived value and Affordability.

6.3.2 Relationship between Centre Choice and Marital Status of Health Tourists

To know the factors determining Centre choice varies between the married and unmarried health tourists, a t-test is conducted, and the results are given in **Table 6.2.** The null hypothesis for the t-test is formulated as follows,

H_{0}.4b: There is no significant difference between married and unmarried tourists in the factors influencing their choice of Ayurveda health Centres in Kerala

From **Table 6.2**, to check whether there is a significant difference between married and unmarried tourists with respect to various factors of their choice of Ayurveda Centres, it is found that there is a significant difference with regard to Destination attractiveness and Affordability as the factors influencing their choice of Ayurveda health Centres. At the same time, there is no significant difference with regard to Service Quality and Perceived Value between married and unmarried tourists.

On the basis of the mean score, it is possible to conclude that married tourists consider service quality and perceived value as the major factors for their Centre's choice compared to Destination Attractiveness and Affordability.

6.3.3 Relationship between Centre Choice and Nationality of the Health Tourists

To ascertain whether the choice of Ayurveda Health Centres varies between different nationalities, a t-test is conducted on the data and the results are provided in **Table 6.2.**

H_0.4c: There is no significant difference between foreign and domestic tourists in the factors influencing their choice of Ayurveda health Centres in Kerala

The results of the relationship, which tests whether there is a significant difference between domestic and foreign health tourists with regard to the factors that decide the choice of Ayurveda health Centres, are depicted in Table 6.2. With regard to 'Destination Attractiveness' and 'Service Quality' factors, there is a significant difference between domestic and foreign tourists with regard to Centre choice as the p-value is less than 0.05, and the null hypothesis is rejected. For the other two factors, namely 'Perceived Value' and 'Affordability', there is no significant difference between domestic and foreign tourists as a factor deciding the Centre choice as the null hypothesis is accepted. A comparison of the mean score of the factors responsible for Centre choice between domestic and foreign tourists revealed that it is higher for foreign tourists for ‘Destination Attractiveness’ and ‘Perceived Value’ compared with domestic tourists.

Health tourists of different age groups visit Ayurveda health Centres for therapies. An Analysis of Variance test (ANOVA) was carried out to determine whether the Centre choice varies between different age groups, and the results are presented in Table 6.3. The null hypothesis for the test is formulated as under

H_0.4d: There is no significant difference between Centre choice and Age categories.

As the P value is less than 0.05, the null hypothesis is rejected at a 5 per cent level with respect to factors of the centre choice, namely service quality and perceived value. It denotes that there is a significant difference between age groups of Ayurveda health tourists with respect to various factors of their Ayurveda health Centres choice. It denotes that tourists of

different age groups have different perceptions regarding the factors of Centre choice, such as Service Quality and Perceived Value.

Table 6.3 Results of ANOVA between factors behind the Choice of Ayurveda health Centres and Age Groups of Ayurveda health tourists.

Choice of the Ayurveda Health Centre	Age group of tourists					F value	P value
	20-30 years	31-40 years	41- 50 years	51-60 years	Above 60 years		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Destination Attractiveness	3.76 (0.66)	3.85 (0.84)	3.92 (1.02)	3.76 (1.00)	3.83 (1.01)	0.47	0.756
Service Quality	4.40 (0.55)	4.4702 (0.56)	4.70 (0.41)	4.5604 (0.56)	4.69 (0.41)	6.09	0.001*
Perceived Value	4.35 (0.56)	4.48 (0.44)	4.61 (0.42)	4.46 (0.75)	4.58 (0.46)	3.01	0.010*
Affordability	1.6277 (0.26)	1.7295 (0.26)	1.74 (0.22)	1.6833 (0.29)	1.6883 (0.24)	2.33	0.055

Note: 1. * denotes significance at a 5 per cent level.
2. SD in brackets.

Since the P value is greater than 0.05, the null hypothesis is accepted with regard to the factors of the centre choice, such as destination attractiveness and Affordability. As a result, it is inferred that there is no significant difference between the age group of tourists with regard to these factors.

Based on the Tukey HSD post hoc test, the following significant differences were found among the age groups of 20-30 years and 41-50 years as well as above 60 years for the factor service quality in their choice of Ayurveda health Centres in Kerala. Tourists in the age group of 31 to 40 significantly differ from those in the age groups of 41 to 50 and above 60 regarding Service quality. In the case of perceived value, a significant difference was found in the age group 20-30 years from 41-50 and above 50 years.

Based on the mean score, it can be inferred that compared with the 20-30 and 31 to 40 years age group of tourists, 41 to 50 and above 60 age groups of tourists feel more about service quality from Ayurveda health tourism Centres in Kerala.

Table 6.4 Post-hoc test of ANOVA

Centres Choice	Age (I)	Age (J)	Mean difference (I-J)	Std. error	P value
Service Quality	20-30	31-40	-0.06	0.079	0.927
		41-50	-0.29	0.081	0.003*
		51-60	-0.15	.0775	0.269
		Above 60	-0.2859	.0775	0.002*
	31-40	41-50	-0.2339	.0723	0.011*
		51-60	-0.0902	.0672	0.665
		Above 60	-0.2214	.0672	0.009*
	41-50	51-60	0.1438	.0701	0.244
		Above 60	0.0125	0.0701	1.000
	51-60	Above 60	-0.1313	.0649	0.257
Perceived Value	20-30	31-40	-0.1292	.0868	0.570
		41-50	-0.2603	.0895	0.031*
		51-60	-0.1109	.0847	0.685
		Above 60	-0.2359	.0847	0.044*
	31-40	41-50	-0.1311	.079	0.460
		51-60	0.0183	.0735	0.999
		Above 60	-0.1067	.0735	0.594
	41-50	51-60	0.1494	.0767	0.293
		Above 60	0.0244	.0767	0.998
	51-60	Above 60	-0.1250	.071	0.398

Note: * denotes significance at the 5 per cent level.

Compared with the 20-30 year age group of tourists, 41- 50 and above 60 age groups of tourists perceive more value from Ayurveda health tourism centres in Kerala.

6.3.4 Relationship Between Centre Choice and Educational Status

The Table looks into the factors responsible for Centre choice changes with the educational status of the Ayurveda health tourists visiting south Kerala. The null hypothesis is formulated as

$H_{0.4e}$: There is no significant difference between Centre Choice and levels of education

The one-way ANOVA results showed **(Table 6.5)** that the null hypotheses are rejected at a 1 per cent significance level for three Centre Choice factors: Destination Attractiveness, Perceived Value and Affordability. However, the null hypothesis failed to get rejected for the service quality factor. This means Destination Attractiveness, Perceived Value and

Affordability are factors responsible for centre choices that change with the educational levels of Ayurveda Health tourists, whereas Service Quality as the factor for centre choice does not change with education level.

Table 6.5 Results of ANOVA between Centre Choice and Education

Choice of Ayurveda Health Centre	**Education**						**F value**	**P value**
	School	UG	PG	Diploma	Professional	Others		
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)		
Destination Attractiveness	2.95 (1.00)	3.80 (0.97)	4.14 (0.67)	4.11 (0.75)	3.62 (0.92)	3.84 (1.07)	21.23	0.00**
Service Quality	4.50 (0.38)	4.57 (0.50)	4.63 (0.49)	4.56 (0.54)	4.53 (0.65)	4.60 (0.48)	0.73	0.59
Perceived Value	4.40 (0.38)	4.51 (0.51)	4.64 (0.44)	4.46 (0.74)	4.37 (0.64)	4.43 (0.45)	3.02	0.01*
Affordability	1.62 (0.22)	1.74 (0.21)	1.72 (0.23)	1.67 (0.32)	1.63 (0.29)	1.72 (0.22)	2.72	0.01*

Note: 1. * denotes significance at the 5 per cent level.
2. SD in brackets.

Tukey HSD post hoc test is conducted to understand how the factors influencing Centres Choice change across health tourists with different educational categories. The results are given in **Table 6.6.**

For the factor' Destination Attractiveness, the comparison of health tourists with primary education with all other categories showed that the centre choice factor is significantly different. The null hypothesis of no significant difference between tourists with school education and other education categories (under graduation, post-graduation, diploma professional) gets rejected as the p-value is less than 0.05, and the null hypothesis is rejected at a 5 per cent significance level for 'others'. Also, there is a significant difference between postgraduates and professionals in the Destination Attractiveness factor of Centres Choice.

Table 6.6 Post-hoc test of ANOVA Between Centre Choice and Education

Factors of Centre Choice	Education (I)	Education (J)	Mean difference (I-J)	Std. error	P value
Destination Attractiveness	School	Under Graduate	-0.84	0.12	.000*
		Post Graduate	-1.18	0.12	.000*
		Diploma	-1.16	0.13	.000*
		Professional	-0.66	0.15	.000*
		Others	-0.89	0.27	.018*
	Under Graduate	Post Graduate	-0.33	0.10	.017*
		Diploma	-0.31	0.11	0.06
		Professional	0.18	0.14	0.79
		Others	-0.04	0.26	1.00
	Post Graduate	Diploma	0.02	0.11	1.00
		Professional	0.52	0.14	.003*
		Others	0.29	0.26	0.87
	Diploma	Professional	0.49	0.14	.010*
		Others	0.27	0.27	0.91
	Professional	Others	-0.22	0.28	0.97
Perceived Value	School	Under Graduate	-0.11	0.08	0.72
		Post Graduate	-0.24	0.08	0.027*
		Diploma	-0.07	0.08	0.96
		Professional	0.02	0.10	1.00
		Others	-0.03	0.17	1.00
	Under Graduate	Post Graduate	-0.13	0.06	0.35
		Diploma	0.04	0.07	0.99
		Professional	0.13	0.09	0.67
		Others	0.07	0.17	0.99
	Post Graduate	Diploma	0.17	0.07	0.13
		Professional	0.26*	0.08	0.035*
		Others	0.20	0.17	0.83
	Diploma	Professional	0.09	0.09	0.92
		Others	0.03	0.17	1.00
	Professional	Others	-0.05	0.18	0.99
Affordability	School	Under Graduate	-0.11	0.03	0.043*
		Post Graduate	-0.09	0.03	0.10
		Diploma	-0.04	0.03	0.82
		Professional	-0.01	0.04	1.00
		Others	-0.09	0.08	0.84
	Under Graduate	Post Graduate	0.01	0.03	0.99
		Diploma	0.06	0.03	0.44
		Professional	0.10	0.04	0.17
		Others	0.01	0.08	1.00
	Post Graduate	Diploma	0.04	.033	0.69
		Professional	.08687	0.04	0.30
		Others	-0.001	0.08	1.00
	Diploma	Professional	0.03	0.04	0.95
		Others	-0.04	0.08	0.99
	Professional	Others	-0.08	0.08	0.90

Note: * denotes significance at a 5 per cent level.

In all other categories, the null hypotheses failed to get rejected, showing there is no significant difference with respect to the destination attractiveness factor of Centres Choice with the different categories of education. With regard to the Perceived Value dimension of Centre Choice, the null hypothesis between school-educated and postgraduate and postgraduate and professional was rejected, showing Perceived Value factor changes between these educational categories. For all other educational categories of Ayurveda health tourists, there are no significant differences with regard to the Perceived Value of Centre choice.

In the affordability dimension of Centres Choice, the null hypothesis of school and undergraduate is rejected at a 5 per cent level of significance. For all other education categories, the null hypothesis failed to be rejected, showing there is no significant difference among Ayurveda health tourists with different education levels with the affordability dimension of Ayurveda Health Centres.

6.4 Conclusions

The chapter analyses the factors influencing health tourists' selection of Ayurveda health centres. Exploratory Factor Analysis (EFA) identified four factors behind the centre choice: Destination Attractiveness, Service Quality, Perceived Value, and Affordability as crucial determinants. These factors are similar to studies conducted on medical and wellness centres but unique to Ayurveda **(refer page nos. 180 – 182).** The chapter looks into the socio-demographic variations among tourists in relation to these factors. Results indicate significant differences in factors influencing health centre choice based on Gender, Marital Status, Nationality, Age groups, and Educational Background. Gender differences exist regarding service quality, destination attractiveness, and Affordability. Similarly, marital status influences destination attractiveness and affordability perceptions, while Nationality impacts destination appeal and service quality preferences. Age groups exhibit disparities in service quality and perceived value perceptions, while education levels affect destination attractiveness, perceived value, and Affordability as factors influencing health centre choices.

CHAPTER – VII

BENEFITS AND REVISIT INTENTION OF AYURVEDA HEALTH TOURISTS – MEDIATING ROLE OF TOURISTS' SATISFACTION

7.1 Introduction

This chapter addresses the fifth objective of the study, which examines the mediating role of tourist satisfaction in the relationship between benefits and revisit intention of the tourists to the Ayurveda health tourism centres in Kerala. The mediation model was developed using the IBM SPSS AMOS Graphics 21 software package. The bootstrapping method was employed to assess the mediation effect inside the model. The model used parallel mediation analysis to examine the influence of the various mediation approaches.

7.2 Mediation Analysis - An overview

A mediation model in statistics attempts to identify and explain the mechanism or process that underpins an observed relationship between an independent variable and a dependent variable by including a third hypothetical variable known as a mediator variable. A mediation model posits that the independent variable influences the mediator variable, which in turn affects the dependent variable rather than a direct causal relationship between the independent variable and the dependent variable. As a result, the mediator variable clarifies the nature of the interaction between independent and dependent variables. Mediation analyses are used to investigate the underlying mechanism or process by which one variable influences another variable via a mediator variable to understand a known relationship better.

In this study, the independent variable is benefits, the dependent variable is revisit intention, and the mediating variable is tourist satisfaction. The bootstrapping method was used to test the mediation effect (indirect effect) in the model.

7.3 Hypotheses formulation

Benefits received from health tourism influence the revisit intentions of health tourists. Many empirical studies in the literature demonstrate this relationship. Relaxation and escape benefits directly increased revisit intentions for spa-goers in Hong Kong (Mak et al. (2009); Perceived benefits of relaxation, escape, and spiritual growth were directly linked to revisit plans among yoga retreat participants (Lehto et al. (2006); Meaningful experiences and personal growth benefits directly increased intentions to revisit wellness retreats (Voigt et al. (2011), Health benefits directly predicted intentions to re-patronize hot spring

accommodations (Chen et al. (2013) and Better health was a key benefit directly linked to revisiting thermal springs (Alen et al. (2017).

Benefits gained from health tourism and the resultant satisfaction experienced by the health tourists have a positive relationship. This direct relationship was established through many empirical studies. Relaxation and escape benefits directly increased satisfaction for spa visitors in Hong Kong (Mak et al. (2009); Spiritual and physical benefits positively influenced satisfaction of yoga tourists (Lehto et al. (2006); Health benefits like stress relief directly impacted satisfaction levels at hot spring resorts (Heung & Kucukusta, 2013); Finding health benefits directly increased satisfaction for health care tourists. (Davis & Lee, (2021) and Spiritual/physical benefits increased temple stay visitor satisfaction (Kim et al., 2013).

The satisfaction level experienced by health tourists from the destination directly affects the revisit intentions of the health tourists. Many empirical studies in the literature firmly establish this direct relationship. Higher spa satisfaction directly increased revisit intentions of spa-goers in Hong Kong (Mak et al., 2011); Satisfaction with health tourism destinations directly influenced seniors' revisit plans (Kim et al. (2020); Hiking tourist satisfaction directly predicted intentions to return to the trails (Rodrigues et al. (2010); Higher satisfaction with wellness retreat experiences increased revisit plans (Voigt et al. (2011).

Studies also empirically showed the mediating role of satisfaction in explaining the relationship between health tourism benefits and future revisit intentions of health tourists. Spa satisfaction mediated the link between relaxation/escape benefits and revisit intentions (Mak et al., 2009); hot spring benefits increased satisfaction, which in turn influenced revisit plans (Pan, 2014); Leisure benefits enhanced satisfaction, which then directly increased intentions to revisit parks (Chen et al, 2013); Rural retreat benefits increased satisfaction, which mediated effects on loyalty (Loureiro, 2014); satisfaction mediated links between spa benefits and return visits for seniors (Alén, and Domínguez, T. (2016).

Many empirical studies looked into the revisit intention of tourists based on destination image, perceived value, service quality and the mediating role of satisfaction on destination loyalty. Chi and Qu (2008) studied destination loyalty by exploring the relationships between destination image, tourist attributes, satisfaction, and loyalty. Song et al. (2013)

introduce a multiple mediation model that considers how the interactions between destination image, tourist satisfaction, and perceived value shape destination loyalty.

Kim et al. (2013) sought to link destination image, service quality, and perceived value, testing how they impact tourist satisfaction, affecting revisit intentions and word-of-mouth referrals. Abubakar et al. (2023) scrutinized gaps in tourist revisit intentions by investigating how novelty-seeking tendencies mediate between perceived value, satisfaction, destination image, and tourist revisit intention, providing insights through a survey analysis conducted in Singapore's tourist destination. Juliana J et al. (2023) explored factors affecting tourist revisit intention, identifying holistic experience, experience quality, vivid memory, visitor satisfaction, and "wow" tourism as potential mediators, shedding light on elements influencing revisit intentions in Lombok's tourism villages.

Rasoolimanesh et al. (2022) centred their study on memorable tourism experiences (MTE) and their impact on the behavioural intentions of heritage tourists, revealing dimensions such as local culture, involvement, and knowledge as significant influencers. Zaitul et al. (2022) examined how cognitive destination image affects tourist satisfaction and revisit intention, discovering associations between various destination image components and satisfaction and highlighting their role in influencing revisit intentions. Haron et al. (2023) studied determinant factors that affect tourist satisfaction and revisit intention, uncovering positive relationships between these factors and tourists' intentions to revisit. They emphasised the mediating role of tourist satisfaction in this context. Based on the studies reviewed, the following research hypotheses are formulated to understand the mediating role of tourist satisfaction between tourism benefits and tourists' revisit intentions.

Hypotheses

H_1.5a: Benefits from the Ayurveda health tourism centres in Kerala has a positive effect on tourists' Revisit Intention.

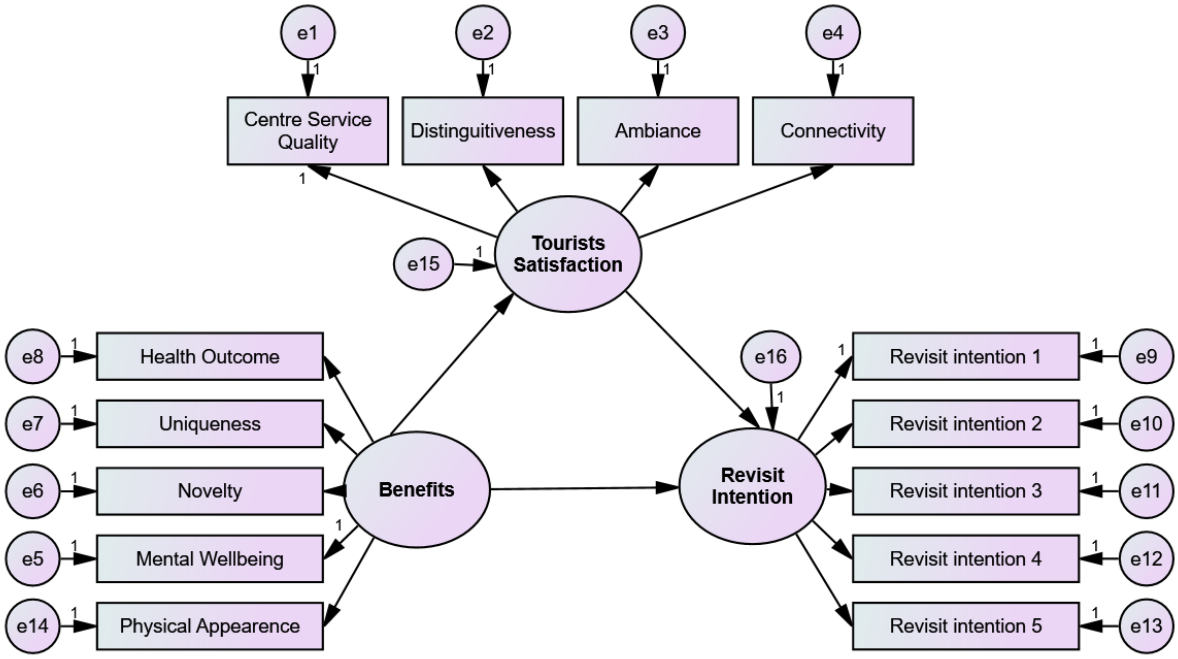
H_1.5b: Benefits from the Ayurveda health tourism centres in Kerala has a positive effect on Tourists Satisfaction.

H_1.5c: Tourist Satisfaction of the Ayurveda health tourism centres in Kerala has a positive effect on their Revisit Intention.

H_1.5d: Tourists Satisfaction mediates the relationship between benefits and Revisit Intention of the tourists.

The present study also identified the factors responsible for benefits, satisfaction through Exploratory Factor Analysis. Based on the relationships established in the literature survey and the factors identified in the study, a conceptual model showing direct relationship between benefits and revisit inventions, benefits and satisfaction, satisfaction and revisit intentions and the indirect relationships between benefits and revisit intentions through the mediating role of satisfaction is developed for the study and depicted in **Figure 7.1**.

Figure 7.1: Conceptual Model for Revisit Intention



7.4 Covariance Based Confirmatory Factor Analysis

Confirmatory factor analysis is a subset of factor analysis that is extensively used in social science research. It is used to examine whether construct measures are consistent with a researcher's understanding of the construct's nature. Confirmatory factor analysis (CFA) is a multivariate statistical process used to evaluate how effectively measured variables represent a variety of components. Confirmatory factor analysis (CFA) and exploratory factor analysis (EFA) are comparable procedures; however, EFA only investigates the data and offers information about the number of components required to represent the data. All observed variables are connected with each latent variable in exploratory factor analysis. In contrast, researchers can specify the number of factors necessary in the data as well as which measurable variable is related to which hidden variable in confirmatory factor analysis

(CFA). Confirmatory factor analysis (CFA) is a technique used to confirm or reject measurement theories.

7.4.1 Criteria for evaluating the final reliability and validity of the CB-CFA models

Confirmatory factor analysis (CFA) is a statistical technique used to confirm the factor structure of a set of observed data. CFA allows the researcher to test the hypothesis that there is a link between observed variables and their latent components (Suhr, 2009). Factors must exhibit validity and reliability. The following tools are used to assess the measurement model:

For the evaluation of the measurement model, the following tools are used:

Composite Reliability (CR) and Construct Validity (a) Convergent Validity and (b) Discriminant Validity.

Composite Reliability (CR) is a measure of a construct's overall reliability. The value varies from 0 to 1. Composite reliability values greater than or equal to 0.70 are considered good (Hair et al., 2010). A value less than 0.6 indicates a lack of internal consistency. Construct validity can be assessed using convergent validity and discriminant validity.

(a) Convergent Validity entails the items that are indicators or observed variables in a specific construct converge or share a significant fraction of variance. According to Hair et al. (2010), convergent validity difficulties imply that the observable variables do not adequately explain the latent factor if they are present in the validity examination. Malhotra et al. (2001) state that AVE is a stricter convergent validity measure than CR. The average variance extracted (AVE) was used by the researchers in this study to measure convergent validity. Standard factor loadings are used to determine the AVE value. The AVE threshold value is greater than 0.5 (Hair et al., 2010). Item factor loadings are also indicators of convergent validity (Hair et al., 2010). In this study, the threshold value for determining item validity based on factor loading standardisation is greater than 0.5. Hair and colleagues (2010). If the standardised factor loadings and AVE values are both larger than 0.5, convergence has occurred.

b) The degree to which a construct is actually distinct from other constructs is referred to as discriminant validity. A construct with strong ***discriminant validity*** is distinct and captures things that other constructs do not. If the discriminant validity test fails to give the predicted findings, it suggests that the variables strongly correlate with variables from other constructs,

implying that the latent variable is better explained by variables other than its own observed variables. The Fornell and Larcker (1981) criterion, a conservative way of testing discriminant validity, was used by the researcher. It compares the square root of the AVE to the correlations of latent variables. The AVE of each concept should be bigger than the correlation of its latent variable with other constructs. This enables the establishment of discriminant validity.

The confirmatory factor analysis model for benefit is shown below.

Figure 7.2: Covariance Based Confirmatory Factor Analysis for the factors of benefits

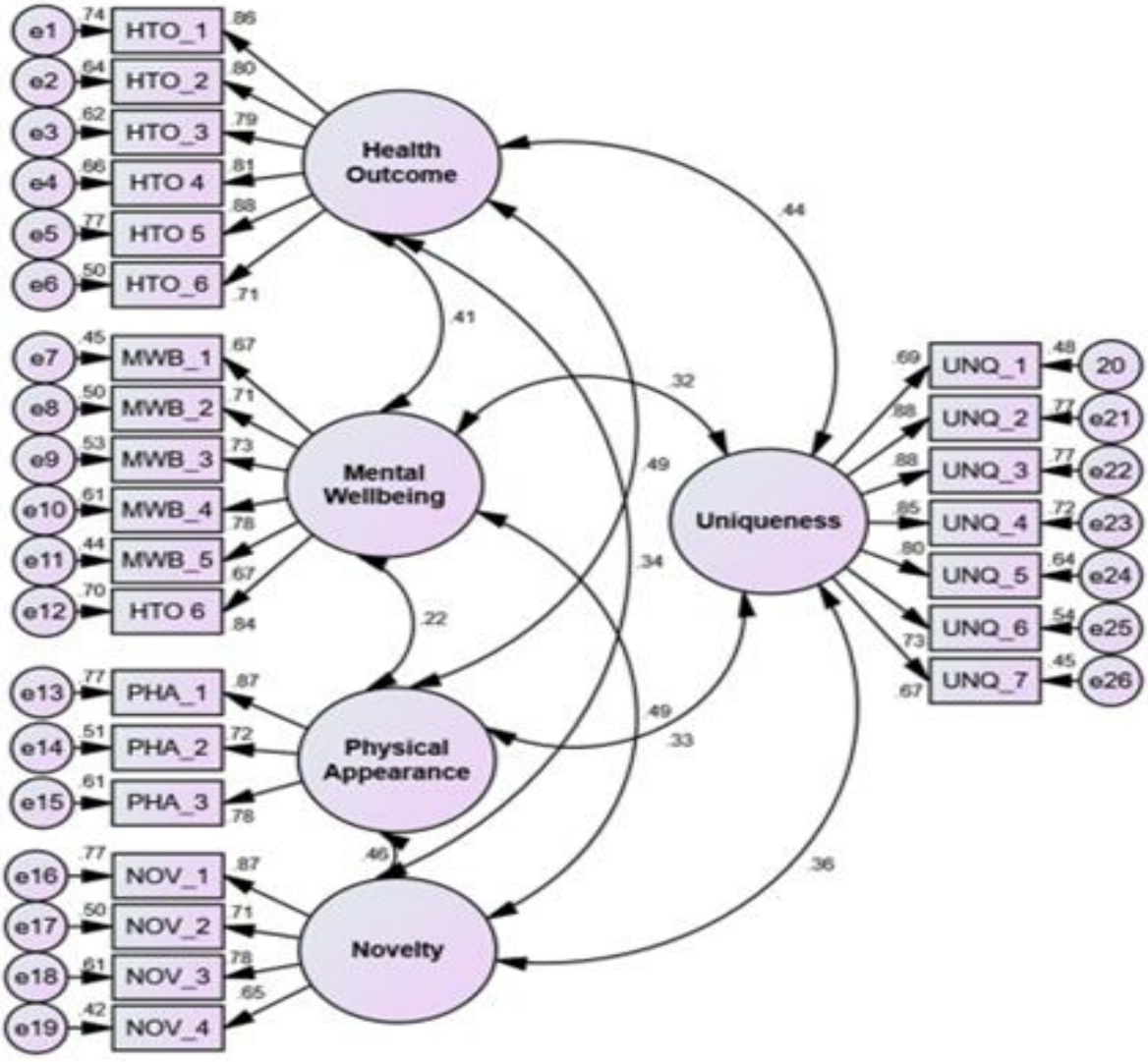


Table 7.1: Model fit indices of CFA model for the factors of benefits

ATTRIBUTES	CMIN/DF	P-VALUE	GFI	AGFI	CFI	RMSEA
Study model	4.333	0.000	0.956	0.924	0.980	0.060
Recommended value	Acceptable fit [1-5]	Greater than 0.05	Greater than 0.9	Greater than 0.9	Greater than 0.9	Less than 0.08
Literature support	Hair et al., (1998)	Barrett (2007)	Hair et al. (2006)	Hair et al. (2006)	Hu and Bentler (1999)	Hair et al. (2006)

The Chi-Square to degrees of freedom ratio should be fewer than 5 for an acceptable model. The value in this case is 4.333, which is well inside its top range (**Table 7.1**). The RMSEA value is 0.060, which is much lower than the minimum acceptable level of 0.08. Furthermore, the GFI and AGFI values are greater than 0.9, and the CFI value is greater than 0.9, where 1.0 represents an exact match. As a result, the model is a good fit, and more studies can be considered.

Table 7.2: Final Reliability and Validity of CFA Model for factors of benefits

Factors of benefits	Item code	Factor loading	Cronbach's Alpha Final	AVE	Composite Reliability
Health outcome (HTO)	HTO 1	0.86**	0.91	0.66	0.92
	HTO 2	0.80**			
	HTO 3	0.79**			
	HTO4	0.81**			
	HTO 5	0.88**			
	HTO 6	0.71**			
Mental wellbeing (MWB)	MWB 1	0.67**	0.87	0.54	0.88
	MWB 2	0.71**			
	MWB 3	0.73**			
	MWB 4	0.78**			
	MWB 5	0.67**			
	MWB 6	0.84**			
Physical appearance (PHA)	PHA 1	0.87**	0.83	0.63	0.83
	PHA 2	0.72**			
	PHA 3	0.78**			
Novelty (NOV)	NOV 1	0.87**	0.84	0.56	0.84
	NOV 2	0.71**			
	NOV 3	0.78**			
	NOV 4	0.65**			
Uniqueness (UNQ)	UNQ 1	0.69**	0.91	0.62	0.92
	UNQ 2	0.88**			
	UNQ 3	0.88**			
	UNQ 4	0.85**			
	UNQ 5	0.80**			
	UNQ 6	0.73**			
	UNQ 7	0.67**			

*** denotes significant at 1% level.*

According to the preceding table, all factor loadings meet the threshold level of >0.5, proving construct item validity. After gathering all data, the researcher ran the Cronbach Alpha reliability test. Cronbach Alpha scores greater than 0.90 indicate that the items used to test the construct are reliable. All constructs are internally consistent, as indicated by Composite Reliability scores more than 0.90. The extracted Average Variance Extracted (AVE) values are also more than the recommended cutoff value of >0.5. As a result, it is possible to conclude that all structures display high levels of convergence (**Table 7.2)**. The data are suitable for further analysis and the building of research models because all parameters meet the recommended threshold level.

Table 7.3: Discriminant Validity among factors of benefits

Factors	HTO	MWB	PHA	NOV	UNQ
HTO	**(0.81)**				
MWB	0.41	**(0.73)**			
PHA	0.49	0.22	**(0.79)**		
NOV	0.34	0.49	0.46	**(0.75)**	
UNQ	0.44	0.32	0.33	0.36	**(0.79)**

To rule out the existence of a connection between the variables, the values between the brackets indicate the square root of the AVE scores, which must be bigger than the inter-construct latent variable correlation values. **Table 7.3** shows that there is no correlation between the constructs, proving the discriminant validity of the aforementioned constructs. The confirmatory factor analysis model for tourist satisfaction is shown below.

Figure 7.3: CFA Model for Tourist Satisfaction

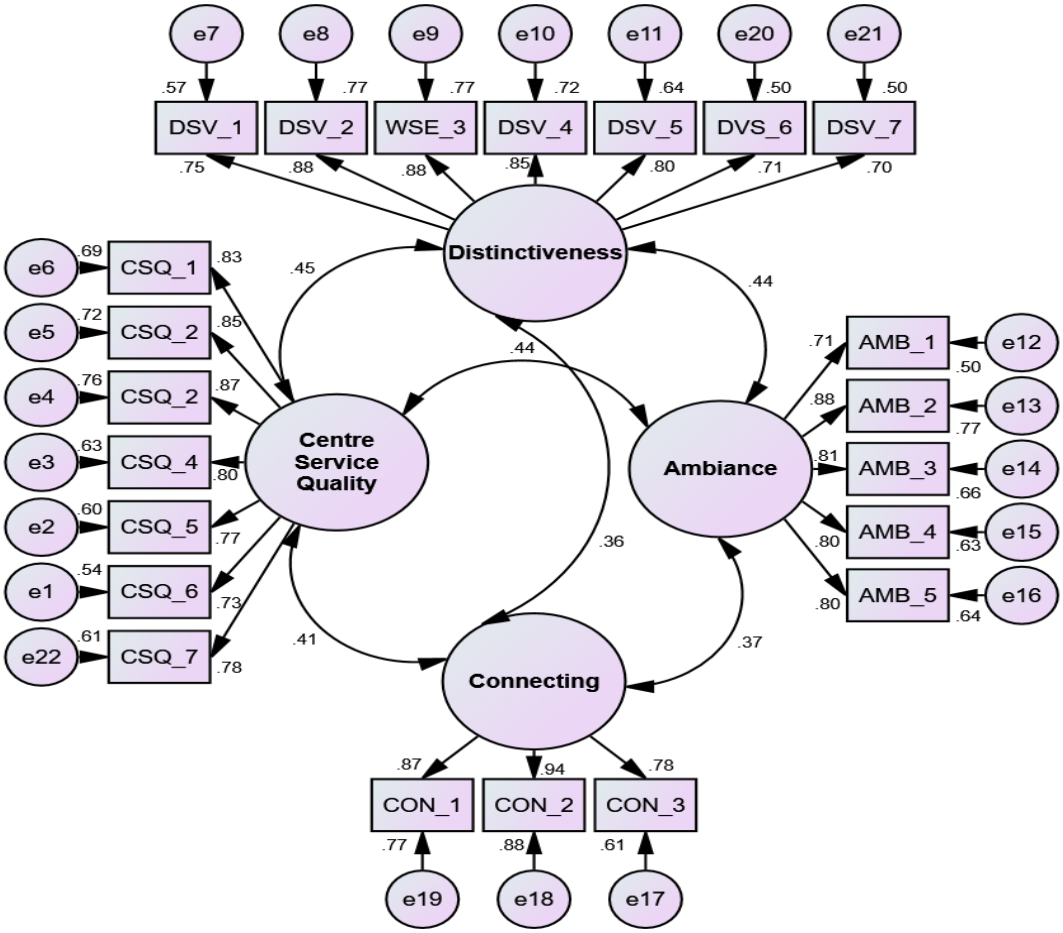


Table 7.4: Model fit indices of CFA model for the factors of tourists satisfaction

ATTRIBUTES	CMIN/DF	P-VALUE	GFI	AGFI	CFI	RMSEA
Study model	4.398	0.000	0.960	0.932	0.986	0.049
Recommended value	Acceptable fit [1-5]	Greater than 0.05	Greater than 0.9	Greater than 0.9	Greater than 0.9	Less than 0.08
Literature support	Hair et al., (1998)	Barrett (2007)	Hair et al. (2006)	Hair et al. (2006)	Hu and Bentler (1999)	Hair et al. (2006)

Chi-Square to degrees of freedom should be fewer than 5 for an acceptable model. The value is 4.398, comfortably within the recommended upper range. The RMSEA score is 0.049, far below the minimal 0.08. In addition, the GFI, AGFI, and CFI values are greater than 0.9,

where 1.0 implies an exact match (**Table 7.4)**. The model fits well; thus, more study is possible.

It is clear from the preceding table that every factor loading is more than the cutoff value of >0.5, proving the construct item validity. After gathering all of the necessary data, the researcher ran a Cronbach Alpha reliability test. The final Cronbach Alpha values are higher than 0.90, demonstrating the validity of the measurement items for the construct. Since all of the constructs have Composite Reliability scores greater than 0.90, they are all internally consistent. Additionally, the Average Variance Extracted (AVE) values are greater than the suggested cutoff value of >0.5. Thus, it follows that every construct shows a high degree of convergence. Given that every parameter meets the suggested cutoff point the information is appropriate for additional examination and the creation of research models.

Table 7.5: Final Reliability and Validity of CFA Model for tourists satisfaction

Factors of tourists satisfaction	Item code	Factor loading	Cronbach's Alpha Final	AVE	Composite Reliability
Distinctiveness (WSE)	DSV 1	0.75**	0.92	0.64	0.92
	DSV 2	0.88**			
	DSV 3	0.88**			
	DSV 4	0.85**			
	DSV 5	0.80**			
	DSV 6	0.71**			
	DSV 7	0.70**			
Ambiance (AMB)	AMB 1	0.71**	0.89	0.64	0.90
	AMB 2	0.88**			
	AMB 3	0.81**			
	AMB 4	0.80**			
	AMB 5	0.80**			
Connecting (CON)	CON 1	0.87**	0.89	0.75	0.90
	CON 2	0.94**			
	CON 3	0.78**			
Centre Service Quality (CSQ)	CSQ 1	0.83**	0.92	0.65	0.93
	CSQ 2	0.85**			
	CSQ 3	0.87**			
	CSQ 4	0.80**			
	CSQ 5	0.77**			
	CSQ 6	0.73**			
	CSQ 7	0.78**			

*** denotes significant at 1% level.*

The numbers that are enclosed in brackets are the square roots of the AVE scores. In order to exclude the possibility of a relationship, the square roots of the AVE scores need to have values that are higher than the inter-construct latent variable correlation values. **Table 7.5** demonstrates that the constructs do not have any link with one another, which proves the discriminant validity of the constructs described earlier.

Table 7.6: Discriminant Validity among factors of tourists' satisfaction

Factors	DSV	AMB	CON	CSQ
DSV	**(0.80)**			
AMB	0.44	**(0.80)**		
CON	0.36	0.37	**(0.87)**	
CSQ	0.45	0.44	0.41	**(0.81)**

In order to ensure two constructs or factors are distinct from each other, Discriminant validity is used in structural equation modelling (SEM). It is calculated based on average variance extracted (AVE) for each construct with the correlation between the constructs. The square root of AVE for each construct should be higher than its correlation with any other construct/factors. The diagonal values represent the discriminant values of each construct **(Table 7.6)**, also the values were higher than the remaining values in the respective column which indicates the presence of discriminant validity.

Figure 7.4: CFA Model for revisit intention

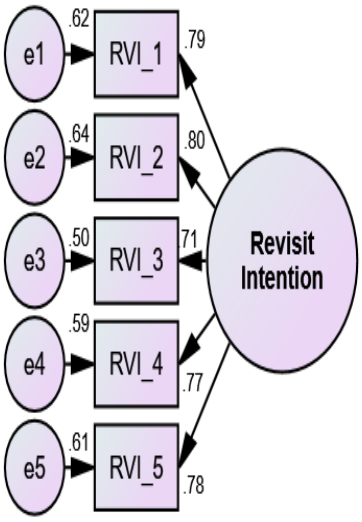


Table 7.7: Model fit indices of CFA model for the factors of Revisit intention

ATTRIBUTES	CMIN/DF	P-VALUE	GFI	AGFI	CFI	RMSEA
Study model	1.443	0.365	0.993	0.999	0.999	0.021
Recommended value	Acceptable fit [1-5]	Greater than 0.05	Greater than 0.9	Greater than 0.9	Greater than 0.9	Less than 0.08
Literature support	Hair et al., (1998)	Barrett (2007)	Hair et al. (2006)	Hair et al. (2006)	Hu and Bentler (1999)	Hair et al. (2006)

Chi-Square to degrees of freedom should be fewer than 5 for an acceptable model. The value is 1.443, safely within the recommended upper range. The RMSEA score is 0.021, far below the minimal 0.08. In addition, the GFI, AGFI, and CFI values are greater than 0.9, where 1.0 implies an exact match (**Table 7.7)**. The model fits well, thus more study is feasible.

Table 7.8: Final Reliability and Validity of CFA Model for the factors of revisit intention

Factor	Item code	Factor loading	Cronbach's Alpha Final	AVE	Composite Reliability
Revisit intention (RVI)	RVI 1	0.79**	0.88	0.59	0.88
	RVI 2	0.80**			
	RVI 3	0.71**			
	RVI 4	0.77**			
	RVI 5	0.78**			

*** denotes significant at 1% level.*

The preceding table shows that all factor loadings surpass >0.5, proving construct item validity. The researcher ran the Cronbach Alpha reliability test after collecting all data. Cronbach Alpha ratings above 0.90 indicate that construct items are reliable. All constructs have Composite Reliability ratings above 0.90, demonstrating internal consistency. The Average Variance Extracted (AVE) values exceed the suggested >0.5 limit. Thus, all constructs converge strongly (**Table 7.8**). The data are eligible for analysis and research model construction because all parameters meet the threshold level.

7.5 Structural Equation Model for Ayurveda Health Tourism Centres in Kerala

After confirming the dimensions and factor loads of the attributes that make them up, the structural equations model (SEM) is used to find the structural relationships between the latent variables (Aktepe et al. 2015). Figure 7.5 shows the structural relationship between Benefits, Revisit intentions and the mediating role of satisfaction between benefits and revisit intentions supporting the hypotheses H_1.5a to H_1.5d. Revisit intention is strongly predicted by Benefit (β = 0.66) and Satisfaction is predicting revisit Intention indirectly (β = 0.59). This establishes the structural relationship between benefit, satisfaction and revisit intention of Ayurveda health tourists.

Figure 7.5: Mediation model which measures the indirect relationship between benefits and revisit intention via tourists' satisfaction

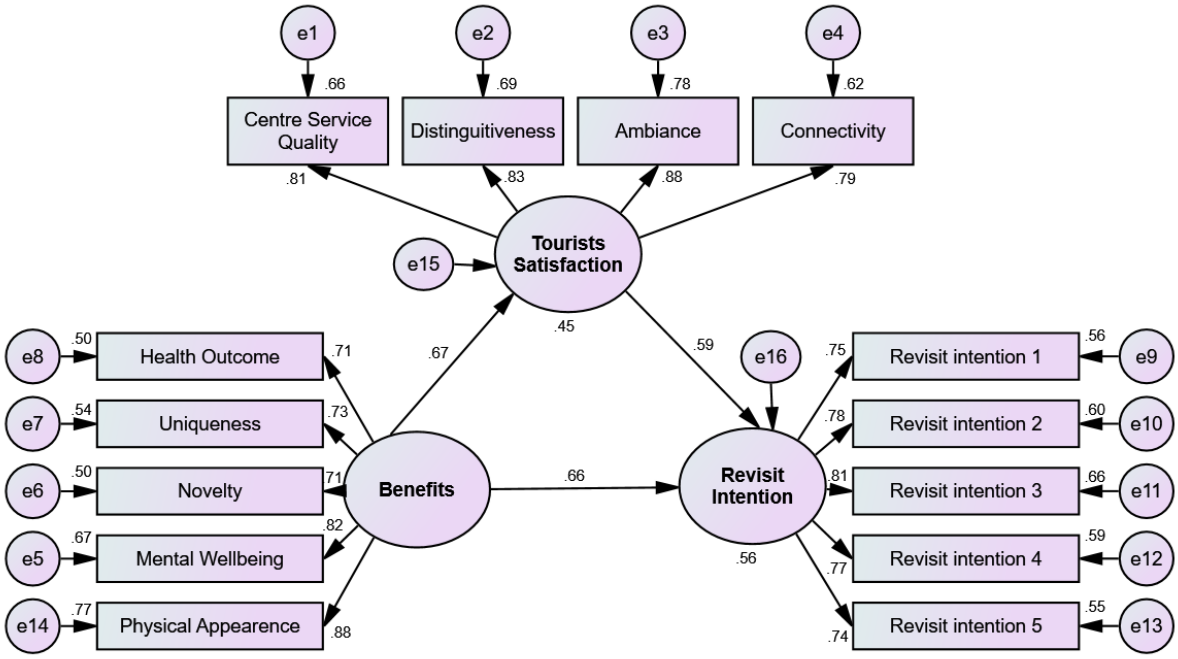


Table 7.9: Fit indices for testing the mediation model

ATTRIBUTES	CMIN/DF	P-VALUE	GFI	AGFI	CFI	RMSEA
Study model	3.009	0.032	0.9823	0.939	0.990	0.041
Recommended value	Acceptable fit [1-5]	Greater than 0.05	Greater than 0.9	Greater than 0.9	Greater than 0.9	Less than 0.08
Literature support	Hair et al., (1998)	Barrett (2007)	Hair et al. (2006)	Hair et al. (2006)	Hu and Bentler (1999)	Hair et al. (2006)

Table 7.9 shows CFA model fit indices to evaluate model fit. The chi-Square to degrees of freedom ratio should be less than 5 for an acceptable model. This result, 3.009, is comfortably within the acceptable maximum. The RMSEA score is 0.041, significantly below the 0.08 criterion. With 1.0 indicating an exact match, GFI, AGFI, and CFI are above 0.9. This makes the mediation model a good fit.

Table 7.10: Path values of direct effects in the mediation model

Construct	Path	Construct	Estimate	S.E	C. R	P-value	Result
Benefits	⟹	Revisit Intention	0.66	0.032	8.66	<0.001**	Significant
Benefits	⟹	Tourists' satisfaction	0.67	0.035	8.93	<0.001**	Significant
Tourists' satisfaction	⟹	Revisit Intention	0.59	0.029	6.97	<0.001**	Significant

** denotes at 1% Significant level

Figure 7.9 and **Table 7.10** presented above illustrate the strong correlation between the advantages offered by Ayurveda health tourism centres in Kerala and tourists' intention to revisit.

Table 7.11: Result summary of the hypotheses testing (direct effects) in the mediation model

Construct	Path	Construct	Hypotheses	Result
Benefits	⟹	Revisit Intention	Benefits from the Ayurveda health tourism centres in Kerala have a positive effect on tourists' revisit intention	**Supported**
Benefits	⟹	Tourists' satisfaction	Benefits from the Ayurveda health tourism centres in Kerala positively affect tourist satisfaction.	**Supported**
Tourists' satisfaction	⟹	Revisit Intention	Tourist satisfaction with the Ayurveda health tourism centres in Kerala has a positive effect on their revisit intention.	**Supported**

Additionally, they demonstrate the relationship between the benefits provided by these centres and tourists' satisfaction, as well as the connection between tourists' satisfaction and their intention to revisit. Based on the data presented in **Table 7.10**, it is evident that benefits exhibit a noticeable and positive impact on revisit intention, as indicated by a path value of 0.66. Furthermore, benefits also positively and significantly influence tourists' satisfaction, as evidenced by a path value of 0.67.

Additionally, tourists' satisfaction demonstrates a positive and significant effect on revisit intention, with a path value of 0.59. The standardised regression coefficients associated with each path represent the extent of change observed in the dependent construct when the independent variable changes by one standard deviation unit.

Table 7.12: Mediation testing in the Model (direct and indirect effect paths) using bootstrapping procedure

Independent construct	Mediation construct	Dependent construct	Direct effect	Indirect effect (mediation effect)	Result
Benefits	Tourists Satisfaction	Revisit intention	0.66**	0.40**	**Partial mediation**

** denotes 1% significant level; Indirect effect values are computed through a bootstrapping procedure with 5,000 bootstrap samples

Table 7.11 provides information on the direct effect of benefits and return intention, as well as the indirect effect (mediation effect) of benefits and revisit intention through tourists' satisfaction. The findings of the study indicate a statistically significant positive relationship between benefits and revisit intention. Additionally, the results suggest that the relationship between benefits and revisit intention is partially mediated (**Table 7.12)** by tourist satisfaction. The present study employs bootstrapping techniques, specifically utilising 5000 bootstrap samples, to analyse the mediation effects of the aforementioned paths. This analysis is conducted using the IBM-SPSS-AMOS Graphics-21 software package. Based on the findings of the mediation analysis, it is evident that the effects mediated in the pathway are only partially observed because the direct influence between them remains statistically significant.

The concept of partial mediation suggests that there exists a statistically significant association between the mediator, namely tourist satisfaction, and the dependent variable,

which is revisit intention. Additionally, there is also a direct relationship between the independent variable, benefits, and the dependent variable, revisit intention.

In addition to the direct relationship between benefits and revisit intention, there exists an indirect relationship mediated by tourist satisfaction. This suggests the presence of an underlying mechanism that links the relationship between benefits, visitor satisfaction, and revisit intention. Hence, it is essential to prioritise the satisfaction of tourists when visiting Ayurveda health tourism destinations in Kerala, rather than solely focusing on the therapeutic advantages derived from their treatments. The benefits of Ayurveda health care centres in Kerala have an obvious effect on nurturing tourists' intention to revisit. Simultaneously, tourists' satisfaction with the service and benefits offered by these centres plays an indirect role in influencing their revisit intention. This statement underscores the significance of tourist satisfaction as a crucial determinant for the sustained development of Ayurveda health care centres in Kerala.

7.6 Conclusions

This chapter addressed the fifth objective of the study, which aimed to investigate the mediating effect of tourists' satisfaction in the relationship between benefits and revisit intention. The findings of the mediation analysis indicate the existence of a positive and partial mediation effect between benefits and revisit intention, mediated by tourists' satisfaction.This finding of the present study is similar to the results obtained in similar studies in the literature **(refer page no. 183)**. This research employed bootstrapping techniques (5000 bootstrap samples) in order to assess the mediation effects of these paths. The analysis was conducted using the IBM-SPSS-AMOS-21 software package, which validated the statistical significance of the mediation effect.

CHAPTER – VIII

SUMMARY, FINDINGS, CONCLUSIONS AND SUGGESTIONS

8.1 Introduction

The present study investigates the crucial motivational factors driving the health of tourists visiting south Kerala. The various benefits gained by the health tourists from the Ayurveda therapies and the underlying factors responsible for these health benefits are studied. The satisfaction level experienced leads to the choice of health centres in the region/locality, and the various considerations involved in the choice of Ayurveda health Centre are also examined. The study explores the mediating role of satisfaction between benefits gained and the revisit intention of tourists.

8.2 Summary

The study explores key research questions about Ayurveda Health Tourism in Kerala, focusing on understanding tourists' demographics, motivations, benefits, satisfaction, centre choice and revisit intentions. It examines who Ayurveda Health Tourists are, their health status, motivational factors driving their visits, benefits gained, satisfaction attributes, factors influencing centre selection, and revisit intentions.

The existing review highlighted a scarcity of systematic studies focusing on motivations driving Ayurveda health therapies and the factors determining their benefits. Although studies discuss Ayurveda's advantages, the specific determinants remain absent. Health tourists consider multiple factors when choosing Ayurveda centres. However, this study fills these gaps by identifying various factors influencing Ayurveda centre selection and comprehensively exploring the holistic benefits received.

Ayurveda wellness tourism holds immense significance within the broader health and wellness tourism spectrum due to modern life stresses and increasing health consciousness. Kerala's legacy in authentic Ayurvedic treatments has contributed to the state's economic growth and positioned it as a prominent Ayurveda destination. It sheds light on the holistic benefits tourists seek and highlights areas needing improvement through Importance Performance Analysis (IPA). The revisit intentions of Ayurveda health tourists are identified through Confirmatory Factor Analysis, and the mediating role of satisfaction is studied using Structural Equation Modelling. Also, the study made theoretical contributions by examining the mediation role of satisfaction in tourist revisit intentions of Ayurveda health tourists. The study also identified possible areas of future research, such as stakeholders' perception of Ayurveda health tourism, which is useful for future research.

This analysis of the study looked into various aspects of Ayurveda health tourism in South Kerala, focusing on the socio-demographic profiles of health tourists, motivations behind their visits, benefits gained from therapies, satisfaction levels, factors influencing centre selection, and revisit intentions. Socio-demographic profiles show a majority of female tourists, mostly over 50 years old, with high education levels, comprising both domestic and foreign visitors. Most develop loyalty to the centres, with over half being repeat visitors. Health-wise, 71 per cent arrive with health or wellness issues to experience Ayurveda after seeking other medical practices. Nearly all tourists (97.8%) are satisfied with the therapies.

The study identified four motivational factors behind Ayurveda visits—Holistic Development, Wholesome Experience, Swasthavritta, and Renowned Destination. Swasthavritta holds the highest significance among tourists. Married tourists prefer curative therapies, while unmarried tourists opt for rejuvenation. Nationality influences factors like Holistic Development and Renowned Destination. The study revealed five main benefit factors: Health Outcome, Uniqueness, Novelty, Mental well-being, and Physical Appearance. Most tourists experienced moderate benefits, with Health Outcome being the most impactful. These factors vary concerning demographics—age, gender, and nationality. Attributes of Ayurveda centres gauged through satisfaction levels were analysed. Tourists prioritise centre Service Quality, yet cleanliness and destination-specific attributes need improvement. Other services, like food and accommodation, are low priority and satisfaction due to strict Ayurveda practices.

Factors influencing centre choice identified in the study are Destination Attractiveness, Service Quality, Perceived Value, and Affordability, which vary across demographics. Females, married tourists, and foreigners prioritise Service Quality and Perceived Value over other factors. The study revealed a direct relationship between benefits and revisit intention, partially mediated by tourist satisfaction. Revisit intentions are influenced by both benefits derived and satisfaction levels experienced during their visits. The study suggests that preserving and developing unique Ayurveda health tourism attributes are crucial for sustained growth. Tailoring services based on tourists' age-related preferences and demographics is essential.

The study makes a contribution to understanding the mediating role of satisfaction in Ayurveda health tourists' revisit intentions, a unique contribution in this context. It fills a gap as prior research hasn't addressed the linkages between benefits, satisfaction, and revisit

intentions, specifically in Ayurveda health tourism. The findings help stakeholders design tourism packages to attract more tourists, enabling efficient segmentation and marketing. It also offers insights for the Government to refine policies where tourist expectations are unmet. Future research could explore alternative health and wellness products in different regions, focusing on stakeholder contributions to their development.

8.3 Findings

Socio-demographic profile of the respondents

The socioeconomic profile of the Ayurveda health tourists is ascertained to understand the research question of who constitutes health tourists and their health status at the time of visit to the Ayurveda centres. The sociodemographic profile of the respondents (**Table 4.1, page no. 100**) showed that female health tourists, which comprise 59.2 per cent of the respondents, are motivated to visit Ayurveda health centres in Kerala. It can be inferred from the data collected and the observation from the field that more female tourists demand Ayurveda health tourism services than male tourists.

Elderly tourists, aged 50 years and above account for a substantial share of the sample (48 per cent) of the study. It can be observed from the data that 70.4 per cent of health tourists are married, friends accompany 30.2 per cent of the tourists, and 25.8 per cent of tourists visit Ayurveda centres without any companion. The majority of health tourists visiting the health centres have good educational backgrounds, and it is observed that 27.6 per cent of tourists have postgraduate degrees. Both domestic and foreign health tourists are seeking Ayurveda health therapies, and the sample selected for the study showed that 61 per cent of health tourists are foreign nationals, and the remaining are domestic tourists. It is observed from the field visit that Ayurveda health tourists develop relationships and loyalty with the centres, and 53.6 per cent of the sample respondents are repeat visitors.

Ayurveda health centres provide different types of therapies to health tourists during their stay at the centre. A cursory look at the health status and visit profile of the sample respondents (**Table 4.2, Page no. 102**) showed that 71 per cent of the Ayurveda health tourists suffered from health /wellness disorders at the time of their visit. Health tourists often explore another medical system to seek remedies for their problems due to urgency or other considerations. People unhappy with the treatments undertaken or seeking lasting solutions to their health problems prefer Ayurveda therapies. The survey data showed that

68.4 per cent of tourists opted for Ayurveda health therapies after experiencing other forms of medical practices.

During the survey, the respondents were asked their overall opinion about the Ayurveda therapies experienced at the centre. An overwhelming percentage of the respondents (97.8 per cent) opined that they were happy with the therapies undergone at the centre. There is a possibility that health tourists combine their visit to the centre with other tourist attractions of the destination. The survey found that 54 per cent of the Ayurveda health tourists visited Kerala with the primary motive of undergoing Ayurveda health therapies rather than combining their visit with other tourism activities.

In order to understand the health status of the respondents at the time of visiting the centre, they were asked to reveal their health status. The health status of Ayurveda health tourists (**Table 4.3, Page no. 102**) showed that the common problems faced are physical health issues (44.8 per cent), stress-related problems (21.6) and other health disorders such as depression, lifestyle disorders and others. An insignificant share of the Ayurveda health tourists (1.2 per cent) was of the opinion that they were healthy even when they were opting for Ayurveda health tourism. The purposes for which health tourists undergo Ayurveda therapies include treating illness (35.8 per cent), rejuvenation (31.0 per cent), and relaxation (19.8 per cent). Major types of Ayurveda services availed by the tourists are physical therapy (36 per cent), panchakarma (28.4) and wellness therapy (24.6 per cent). According to a Deloitte study on medical tourism, there is a noticeable decline in the willingness to consider medical tourism as individuals age. The study reveals that 51.1% of Generation Y is willing, whereas only 41.9% of Generation X, 36.7% of Boomers, and 29.1% of Seniors express a similar willingness (Deloitte LLP, 2008). Gender differences also play a role, with males (44.5%) being significantly more willing than females (33.3%), as indicated by the same Deloitte study. Gan and Frederick's research aligns with these findings, suggesting that economic factors motivate the young and early middle-aged more than the late middle-aged or elderly, while travel factors motivate both the younger and older groups. In contrast, Lunt and Carrera discovered that middle-aged individuals are more likely to consider medical tourism for elective procedures (Gan & Frederick, 2011)

In general, individuals with higher levels of education tend to experience better overall health and engage in more frequent visits to doctors, as suggested by studies such as those conducted by Lantz, Lynch, and House (2001) and Ichoku and Leibbrandt (2003). According

to Gan and Frederick's research (2011), those with moderate levels of education display greater sensitivity to travel-related factors, such as safety and communication issues, compared to individuals with lower or higher levels of education.

While no studies were found examining the correlation between marital status and the willingness to participate in medical tourism, Guy, Henson, and Dotson (2015) propose a plausible connection. They suggest that being married might increase the inclination to become a medical tourist due to the potential for a two-wage household covering related expenses and the increased likelihood of receiving personal support during travel, while abroad, and upon return home.

8.3.1 Objective -1: To identify various motivational factors for seeking Ayurveda health therapies by tourists visiting South Kerala.

To identify the motivational factors behind undertaking Ayurveda health tourism to Kerala, Exploratory Factor Analysis is used with 28 visit attributes. These attributes are identified from the literature review and are specifically related to Ayurveda health therapies. The four motivational factors identified (**Table 4.4, Page no. 104)** through EFA are labelled as Holistic Development (HOD), Wholesome Experience (WSE), Swasthavritta (SWA) and Renowned Destination (RND). These four identified factors accounted for 59.46 per cent of the total variance in the Ayurveda visit motivation, and individually, each factor caused variation in the following manner: Holistic Development (32.08), Wholesome Experience (14.24), Swasthavritta (6.86) and Renowned Destination (6.28).

Validation of results with existing studies

There are studies in the literature that identified ***'Holistic Development'*** as an important motivational factor in seeking health and wellness tourism (Voigt et al. (2010), Smith & Kelly (2006), Summers & Smith (2014), Lehto et al. (2006); Mueller & Lanz Kaufmann (2001). A study by Voigt et al. (2010) on wellness tourism in India found that visitors were motivated by various dimensions of holistic development, including spiritual growth, environmental sensitivity, and cultural appreciation, beyond just physical health. Smith and Kelly (2006) examined marketing brochures of health tourism resorts and found holistic development, including mind-body-spirit dimensions, was frequently emphasised as a motivation for their services. A case study of an Ayurvedic retreat in India by Summers and Smith (2014) revealed that tourists sought holistic healing and development through integrated modalities addressing physiological, psychological and spiritual facets. Lehto et

al. (2006) surveyed health tourists in Finland seeking alternative therapies and identified inner development and self-oriented motivations as factors along with physical health. Mueller and Lanz Kaufmann (2001) discuss holistic development as a key motivation in the context of New Age tourism, which overlaps with health and wellness tourism.

In the previous studies, '***Wholesome Experiences'*** was used in a generic sense that aligns with the concept of health and wellness tourism, but these studies have not specifically measured or validated it as a distinct motivational factor. Smith and Puczkó (2014) discussed wholesome tourism activities like yoga and meditation at wellness resorts but did not measure them as motivations. Voigt et al. (2011) found that spiritual experiences and appreciation of nature were motivations for wellness tourists in India, somewhat related to "wholesome". Kelly (2012) used the concept of transformation through wholesome wellness experiences but did not empirically examine it. Medina-Muñoz and Medina-Muñoz (2013) studied motivations for wellness tourism in Gran Canaria but did not include wholesome experience.

Many studies validated the research findings that '***Renowned Destination'*** is a motivational factor attracting health tourists. A study by Heung et al. (2011) on Chinese travellers found that the reputation and brand image of a destination's healthcare facilities and services positively influenced intentions to travel for medical tourism. Smith et al. (2009) surveyed medical tourism facilitators and found that the reputation of physicians, hospitals and destinations was frequently highlighted in promoting medical tourism. Crooks et al. (2011) noted that online marketing by medical tourism facilitators emphasised reputation and branding to promote specific destinations like India, Thailand, and Mexico. Han and Hyun (2015) identified renowned hospitals and physicians as major factors shaping medical tourists' perceptions and selection of a medical tourism destination. A survey by Wongkit and McKercher (2013) revealed that medical tourists considered the image and reputation of the destination along with quality and accreditation in decision-making. Bookman and Bookman (2007) noted that India was positioned and perceived as a renowned destination for its expertise in certain procedures like cardiac care. The empirical evidence from multiple studies shows that the reputation and brand image associated with specific medical tourism destinations act as motivational pull factors for patients considering travel for treatment.

The factor **'*Swasthavritta*'**, which was identified in the study and captures the unique dimensions of Ayurveda, is not identified in the previous studies and forms the important contribution of the present study.

The extent of motivation of the tourists to visit Ayurveda health tourism centres in Kerala

The mean score analysis of the factors identified for visit motivation showed that Swasthavritta (4.25) holds the highest rank as the primary motivating factor for Ayurveda health tourists, followed by Wholesome Experience (4.02), Renowned Destination (3.76), and Holistic Development (3.47). The factors identified through EFA are compared with socio-demographic variables using a t-test to see whether these factors change across the variables.

The factors of Holistic Development and Swasthavritta as the factors influencing Ayurveda visit motivation changes between the gender categories of the respondents. On the other hand, there are no significant differences between male and female respondents with respect to the factors of Wholesome Experience and Renowned Destination. This means Ayurveda is a holistic system of medicine, and all health tourists, irrespective of gender, prefer this therapy. Also, Kerala is an attractive Ayurveda wellness destination providing authentic and unique therapies within the country. Also, Kerala provides diverse and rich tourism experiences in terms of backwater, cultural and ecotourism and has made a mark as an attractive tourist destination and biological hotspot in the world.

A t-test is employed to find out whether motivational factors change between married and unmarried tourists visiting Ayurveda health centres. Married tourists generally prefer therapies related to age, stress and occupational problems; the younger tourists prefer spa, massage and other rejuvenation therapies. The results from the test showed that factors of Holistic Development and Renowned Destination as the motivational factors driving Ayurveda health visits differ between married and unmarried tourists. The health tourists who are married prefer curative therapies, whereas unmarried generally prefer rejuvenation therapies. Wholesome Experience and Swasthavritta don't differ based on marital status, as they are the core attractions of Ayurveda health tourism.

Health tourists from major nations visit Kerala for Ayurveda therapies. It is important to know whether motivational factors identified in the study change among health tourists of different nationalities. The t-test results showed that the factors 'Holistic Development' and 'Renowned Destination' as factors influencing visit motivation changes between health

tourists of different nations. ‘Wholesome Experience’ and ‘Swasthavritta’ as motivational factors remain the same based on the nationality of tourists. This is because Wholesome Experience’ and ‘Swasthavritta’ are more closely related to Ayurveda therapies for which health tourists visit the state.

Several research studies indicate that individuals who have had previous experiences as medical tourists are more motivated to repeat the experience compared to those without prior exposure, as highlighted in the work of Gan and Frederick (2011). Furthermore, among patients who sought medical treatment in countries such as Jordan, China, the UAE, and India, a majority expressed high levels of satisfaction with the quality of care received. Notably, over 80% of these patients stated their willingness to return to the treatment country if the need for further medical attention arose, as demonstrated by the findings of Alsharif, Labonte, and Lu (2010).

8.3.2 Objective – 2: To study the benefits of Ayurveda health therapies to the health tourists visiting South Kerala.

Ayurveda health tourists gain different benefits from the visit to the centres related to the body, mind and soul of the tourists. In addition, they are also experiencing related and allied activities such as yoga, meditation, local culture and cuisine that enriches their experiences. An Explorative Factor Analysis (EFA) is used to identify the factors determining the benefits of Ayurveda health tourism in this study. The important factors identified in explaining the benefits of Ayurveda health tourism are: 1. Health Outcome (HTO) 2. Uniqueness (UNQ) 3. Novelty (NOV) 4. Mental Wellbeing (MWB) 5. Physical Appearance (PHA). The five identified factors account for a 53.97 per cent variance in the benefits gained by the Ayurveda health tourists visiting Kerala. The effect of each factor on the benefits received differs, and the highest rank on the impact is Health Outcome, followed by Uniqueness, Novelty, Mental Wellbeing and Physical Appearance. In terms of the impact on the variance of benefits received, Health Outcome explained 36.42 per cent of the variance, Uniqueness 8.82 per cent, Novelty 8.73 per cent, Mental well-being explained 5.29 variance and Physical appearance explained 4.84 per cent.

Validation of results with existing studies

There are studies in the literature that showed '***Health Outcomes’*** as one of the benefits of health tourism, which is in tune with the present study. Lunt et al. (2011) found that successful health outcomes from surgeries were a key benefit motivating patients to travel

from the UK to India for joint replacement procedures. Results from a survey by Yeoh et al. (2013) showed that positive health outcomes from specialist treatments were a major benefit perceived by medical tourists in Singapore. Heung et al. (2010) identified experiencing medically-related benefits as a top perceived benefit among medical tourists surveyed in Hong Kong seeking treatments overseas. Cormany (2008) noted that access to bariatric surgeries with successful weight loss outcomes motivated American medical tourists travelling to Mexico. A survey by Veerasoontorn et al. (2011) revealed that medical tourists to Thailand rated positive treatment outcomes as their top realised benefit from undergoing procedures. However, health as a holistic concept, which includes the body, mind, and soul, and providing therapies by considering health as a holistic concept through systems like Ayurveda is not given sufficient attention in health tourism studies.

Previous studies mention '***Uniqueness***' in a general sense but do not measure it empirically as a distinct benefit factor from health tourism. Voigt & Laing (2010) discussed the Uniqueness of treatments, such as traditional Indian Ayurveda, as a characteristic of health tourism offerings but did not evaluate it as a perceived benefit. Smith (2012) noted the Uniqueness of alternative treatments as a supply-side attribute in medical tourism but did not assess demand-side perceptions. Hence, the Uniqueness of some health tourism services is discussed in a descriptive sense, but studies that empirically surveyed consumers to validate Uniqueness as a realised benefit factor are not found in the literature.

Voigt et al. (2011) briefly noted the '***Novelty'*** of treatments as a characteristic of wellness tourism in Asia. Hallab (2006) discussed novelty and innovative spa experiences, whereas Nutalaya et al. (2011) listed novelty as part of a proposed motivational framework for spa-goers. A case study in India by Reddy and Qadeer (2010) mentioned novelty as an attribute of medical tourism. A careful look at the literature shows limited survey-based research examining novelty as a specific benefit sought by health and wellness tourists. The consumer-focused studies have generally focused on more established motivations like cost, outcomes, quality, etc.

Limited studies examined '***Mental Wellbeing***' as a factor determining the benefits of health and wellness tourism. Smith and Puczkó (2014) on health and wellness tourism found that a key motivation for travellers is to "distance themselves from their daily routine and relax both physically and mentally." This suggests that mental wellbeing is a perceived benefit. Voigt et al. (2010) on wellness tourists in Bali found that mental wellbeing in terms of "inner

peace, balance and harmony with nature" was a primary motivation for travel. This indicates that mental wellbeing is a determinant of choosing wellness tourism. A study by Blackman et al. (2011) on yoga tourism found that mental benefits such as reduced stress and increased mindfulness were key motivations, highlighting the importance of mental wellbeing.

Few studies looked at the '***Physical Appearance***' of health tourists and weight management as the benefit of health tourism. However, the studies in the literature are mainly on medical tourism, concentrating on surgical procedures. Mostafavi Shirazi et al. (2014), on medical tourism in Malaysia, found that cosmetic surgery tourism was driven by the desire to improve physical appearance. Lee et al. (2011) on motivations for undergoing cosmetic surgery in South Korea found that improving body satisfaction and appearance were primary motivators. Hall (2011) on health and medical tourism in South Africa found that cosmetic surgery tourism was driven by Western women seeking affordable surgery to maintain a youthful appearance. Lunt et al. (2016) found that common motivations for dental tourism from the UK include improving physical appearance through procedures such as dental implants or veneers.

Association of Benefit Outcome with Demographic Profile

The level of benefits experienced by Ayurveda health tourists is not uniform but varies across levels of health outcome, Uniqueness, novelty, mental wellbeing and physical appearance. The five factors identified are classified into three levels, namely low, moderate and high levels. For the first factor, Health Outcome, 24.2 per cent of health tourists experienced a low level of health outcome, 48 per cent experienced a moderate level, whereas 27.8 per cent of tourists reported a high level of health outcome after their visit to Ayurveda health centres in Kerala. The second factor, Uniqueness, reported a low level for 26 per cent of tourists, a moderate level of Uniqueness for 46.8 per cent of health tourists, and 27.2 per cent of tourists reported a high level of Uniqueness. Novelty as a factor, a low level of novelty is experienced by 25.2 per cent of health tourists, a moderate level of 48.8 per cent, and 26 per cent reported a higher level of novelty after their visit. A low level of mental wellbeing was reported by 18.2 per cent of health tourists, a moderate level by 53.6 per cent of tourists, and 28.2 per cent experienced a higher level of mental wellbeing. For the last factor identified, namely Physical Appearance, the percentage shares are 20.8 per cent of health tourists felt a low level of physical appearance after receiving treatment from Ayurveda health centres, 53.2 per cent a moderate level, and 26 per cent experienced a higher

level of physical appearance. It is observed from these shares that the majority of the tourists reported a moderate level of benefits from their visit to Ayurveda health centres in Kerala.

A Chi-Square test is employed to understand whether benefit factors are associated with the sociodemographic profile of health tourists, and the results are outlined below. Levels of Health outcome have a significant association with gender (chi-square value of 7.28) at 5 per cent levels of significance. The nature of health ailments can be different, and accordingly, they choose different types of therapies for their health ailments. Similarly, there is a significant association between levels of Uniqueness (chi-square value of 31.39) and gender categories. No significant association exists between levels of Novelty and gender (chi-square value 1.50). Similarly, Mental Wellbeing and Physical Appearance have no significant association with gender.

The association between Health Outcomes and the age of the respondents are also tested using a chi-square test. There is a strong association between the age of the respondents and the levels of health outcomes of Ayurveda health tourists. Similarly, there is a statistically significant association between levels of Uniqueness of Ayurveda and the age of the respondents. The other three benefit factors, Novelty, Mental wellbeing and Physical Appearance, also have a strong Association with the age of Ayurveda health tourists. This shows that all age categories of Ayurveda health tourists benefit from different dimensions of Ayurveda health tourism identified through the factors.

The degree of Association between benefit factors and the marital status of the respondents is also tested with a chi-square test. The result showed that there is a statistically significant association between Health Outcomes, Uniqueness, Mental Welbeing and Physical Appearance with the marital Status of Ayurveda health tourists. On the contrary, no association exists between Novelty and the marital status of the respondents. The association between benefit factors and the Nationality of the Ayurveda wellness tourists showed there is a statistically significant association between levels of Novelty and Levels of Mental Well-being with the nationality of Wellness tourists. The other three benefit factors, namely Health Outcomes, Uniqueness and Physical appearance, are not associated with nationality.

8.3.3 Objective - 3: To identify attributes the tourists are satisfied with and also attributes that need further improvement to enhance tourist satisfaction.

Importance Performance Analysis is used to identify attributes the tourists are satisfied with and also attributes that need further improvement to enhance tourist satisfaction.

Exploratory Factor Analysis is used with 28 attributes related to satisfaction. These attributes are identified from the literature review and are specifically related to Ayurveda health therapies. The four factors related to Ayurveda health services-related satisfaction are labelled 1. Centre Service Quality (CSQ) 2. Distinctiveness (DSV) 3. Ambience (AMB) and 4. Connectivity (CON). Factor -1, Centre Service Quality (CSQ), is attributed to ten measured attributes, and they have a total variance of 51.65 per cent on the satisfaction of the Ayurveda health tourists. Seven measured attributes are loading for Factor-2 Distinctiveness (DSV), and the factor has a variance of 9.42 per cent on the visit satisfaction. Similarly, Factor-3 Ambience (AMB) has a variance of 4.69 percent, and Factor-4 Connectivity (CON) has a total variance of 4.69 on the satisfaction of Ayurveda health tourists. All four factors identified through EFA have a total variance of 70.45 per cent on the satisfaction of Ayurveda health tourists visiting Kerala.

Validation of results with existing studies

Some studies examined the role of ***'Service Quality of Centres'*** in determining satisfaction among health and wellness tourists. Service quality factors like reliability, assurance, empathy of staff, and quality of facilities strongly influenced tourist satisfaction (Lertwannawit & Gulid, 2011); perceptions of quality of hospital facilities, medical staff skills, and support services determine overall satisfaction levels (Karuppan & Karuppan, 2010); service excellence factors like staff politeness, responsiveness, communication, and expertise influenced satisfaction and willingness to revisit (Yeoh et al.,2013); hospital accreditation, physician qualifications, and personalised service were key factors in determining satisfaction (Heung et al.,2011).

Scholars have also studied service quality at Ayurveda health centres. Kumar et al. (2022) on an Ayurveda hospital in India found service quality factors like responsiveness, assurance, empathy, and amenities positively influenced patient satisfaction. Mutheneni et al. (2022) on an Ayurvedic hospital in India found that service quality dimensions like physical environment, staff behaviour, and professional skills significantly impacted patient satisfaction. Prasad et al. (2015), on an Ayurvedic wellness centre in India, found that service factors like staff friendliness, cleanliness, and therapy effectiveness determined tourist satisfaction. Kamble et al. (2020) found that physician care, nursing care, and hospital infrastructure predicted patient satisfaction in an Ayurvedic hospital. This showed that

'Service Quality at the Centre' as a factor determining the satisfaction of health and wellness tourists is in conformity with the results of previous studies.

'***Distinctiveness***' as a factor determining the satisfaction of health and wellness tourists found validation in the literature. Voigt et al. (2010) on wellness tourists in Bali found that the distinctive Balinese healing traditions, therapies and holistic philosophy offered by wellness centres strongly contributed to satisfaction and perceived authenticity. Pan et al. (2018) on hot spring hotels in Taiwan found that distinctive architecture and designs integrating local scenery increased perceived Uniqueness and satisfaction. Kim et al. (2017) on onsen (hot spring) resorts in Japan found that unique bathing rituals, cuisine, hospitality and historical elements differentiated the experiences and boosted satisfaction. Pesonen et al. (2011) on health tourism in Finland found that distinct natural environments and indigenous treatments like saunas and winter swimming offered memorable experiences that satisfied tourists.

Abubakar and Ilkan (2016) studied medical tourists in Malaysia and found that '***Ambience',*** including physical environment, layout, cleanliness, lighting, and ambience, positively influenced satisfaction. Horowitz et al. (2007) on a yoga retreat found that the beautiful, natural setting and peaceful ambience of the retreat strongly contributed to the positive experience and high satisfaction reported by guests. Lertwannawit and Gulid (2011) on health tourists in Thailand found that the physical environment and atmosphere of hospitals, including attractive facilities, influenced tourists' perceptions of service quality and satisfaction. Mak et al. (2013) on spa-goers found that ambient conditions like temperature, lighting, music, scent and design strongly impacted perceptions of service quality and satisfaction.

Some studies have examined the role of '***Connectivity***' in influencing health and wellness tourist satisfaction, confirming the results obtained in the present study. Han and Hyun (2018) on medical tourists to Korea found the ease of transportation, flight connectivity, and visa processing time impacted perceptions of overall trip quality and satisfaction. Lunt et al. (2016) on dental tourists suggested travel distance and costs impacted decisions on the destination, with cheaper and shorter trips increasing satisfaction through greater affordability and convenience. Smith et al. (2015) on wellness resorts found that convenient online booking, easy website navigation and booking process led to higher pre-trip satisfaction.

Through the IPA, the present study identified attributes such as Cultural Diversity of the place, Accessibility to the Ayurveda Centres, Cleanliness at the Centres, and Quality of the environment at the destination to concentrate more on the satisfaction of the Ayurveda health tourism. These attributes are consistent with the results of the previous studies. Cultural immersion is important for health and wellness tourism (Voigt et al., 2011); Cultural exploration motivated older wellness tourists in selecting hot spring hotel (Chen et al., 2013); unique cultural offerings enhance spiritual dimensions of wellness tourists (Smith & Puczkó, 2008). Many previous studies identified cleanliness as important for health and wellness tourism, which is consistent with the present study's findings. Hygiene and sanitation were important for spas (Mak et al., 2009), Physical cleanliness is an important dimension of service quality (Lee et al., 2000), and Hygienic and sterile spa surroundings are important for wellness tourists (Dimitrovski & Todorović, 2015).

8.3.4 Objective - 4: To identify factors responsible for the selection of the Ayurveda health Centres and their revisit intention

Factors such as Destination attractiveness, Service quality, Perceived value and Affordability are identified as the factors responsible for the selection of Ayurveda health centres.

Exploratory Factor Analysis is used with 32 attributes related to the choice of Ayurveda health centres. These attributes are identified from the literature review and are specifically related to Ayurveda health therapies. The four factors related to the choice of health centres are labelled as: 1. Destination Attractiveness (DSA) 2. Service Quality (SEQ) 3. Perceived Value (PEV) and 4. Affordability (AFF).

Factor -1, Destination Attractiveness (DSA), is attributed to nine measured attributes, and they have a total variance of 42.89 per cent on the choice of Ayurveda health centres. Eight measured attributes are loading for Factor-2 Service Quality (SEQ), and the factor has a variance of 19.08 per cent on the centre choice. Similarly, Factor-3 Perceived Value (PEV) has a variance of 4.32 per cent, and Factor-4 Affordability (AFF) has a total variance of 4.19 on the tourists' choice of Ayurveda health centres. All four factors identified through EFA have a total variance of 70.48 per cent on the choice of health centre by the Ayurveda health tourists visiting Kerala.

Validation of results with existing studies

There are studies in the literature that have looked at '***Destination Attractiveness'*** as a factor influencing health and wellness tourists' choice of centre (Han & Hwang, 2013; Heung et al., 2010; Smith et al.,2009; Reddy, 2018; Voigt & Laing, 2010).

'***Service Quality'*** as a factor influencing health and wellness tourists' choice of centre was studied by many studies in the literature, and the results conform with the results of the present study. Dalstrom (2013) on medical tourists found that the quality of care, including physician expertise, advanced technology, and nursing care, was the most influential factor in selecting a hospital. Guiry et al. (2013), on medical tourists to India, found that hospital accreditation, quality certifications, and ratings helped establish trust and influenced the choice of facility. Smith et al. (2009) found that spa resorts that promoted specialised services, expert staff, and high-quality standards attracted more wellness tourists. Gan & Frederick (2013) found that medical tourists often relied on online patient testimonials and service quality ratings to shortlist and choose hospitals. Lunt et al. (2014) found that attractive treatment prices alone were insufficient, and medical tourists also considered staff qualifications and hospital amenities.

The role of service quality that influences the choice of Ayurvedic centres among health and wellness tourists is examined by some studies. Tapar et al. (2022), on Ayurveda tourism in India, found factors like specialised treatments, quality of therapies, physician expertise, and credentials were important considerations for tourists selecting an Ayurvedic hospital. Sridhar and Sridhar (2017) found that Ayurvedic centres that emphasised traditional authentic treatments, personalised service, and staff qualifications attracted more medical tourists. Shetty (2012) found that key factors drawing medical tourists to Ayurvedic centres in India included individually customised treatments, highly trained therapists, and the use of traditional medications. Patwardhan et al. (2022), on an Ayurveda centre, found that the quality of treatments, staff qualifications, personalised diets, and the nature of therapy influenced patient volume and retention.

'***Perceived Value***' as a factor influencing health and wellness tourists' choice of the centre was ascertained in studies conducted in medical tourism (Han & Hwang, 2013; Gill & Singh, 2011; Reddy, 2018; Abd Manaf et al.,2015). Voigt et al. (2010) on wellness tourists found perceived value in terms of reasonably priced, good quality complementary therapies

strongly motivated choice of wellness retreat. In the area of Ayurveda health tourism, few studies found perceived value as a factor, which confirms the result of the present study.

There are a few studies that have looked at the role of the perceived value of Ayurveda in influencing health and wellness tourists' choice of Ayurvedic centres. Tapar et al. (2022) on Ayurvedic tourism found that affordability of treatments, competitive pricing, and perceived value for money compared to other destinations strongly motivated tourists to select specific Ayurvedic hospitals. Sridhar and Sridhar (2017) found that many medical tourists viewed Ayurvedic treatments as high-value, low-cost options, leading them to choose India as a destination and specific Ayurvedic centres for treatment. Shetty (2012) suggested that competitive prices and perceived savings motivated many foreign patients to pursue Ayurvedic treatments in Indian hospitals. Vasudev (2022) found that Ayurvedic centres that offered customised therapies at reasonable prices saw high perceived value among medical tourists. Finney et al. (2021) found that the affordability of Ayurveda treatments and therapies motivated medical tourists to go to Wellness Ayurveda Retreats in Sri Lanka.

'***Affordability***' as a factor influencing health and wellness tourists' choice of the centre was identified by studies in the literature and in conformity with the results of the present study (Gill & Singh, 2011; Peters & Sauer, 2011; Crooks et al., 2011; Hanefeld et al., 2015; Wongkit & McKercher, 2013). In Ayurveda health tourism, studies looked into the affordability of Ayurveda therapies in influencing medical tourists' choice of Ayurvedic centres and got similar results. Tapar et al. (2022) on Ayurvedic tourism found that affordability and competitive pricing of Ayurvedic treatments motivated tourists to select specific hospitals and clinics in India. Vasudev (2022) found that affordability and reasonable pricing motivated choices of specific Ayurvedic wellness centres among foreign medical tourists. Ravi (2017) suggested that the competitive costs and pricing of Ayurvedic treatments attracted many medical tourists to Kerala, India. Finney et al. (2021) found affordability motivated the choice of Ayurvedic retreats in Sri Lanka among medical tourists.

Based on the mean score, female tourists have a more favourable attitude towards all centre choice factors, such as destination attractiveness (3.86), service quality (4.66), perceived value (4.59) and affordability (1.71). Based on the mean score, it is found that married tourists consider service quality (4.61) and perceived value (4.52) as the major factors for their centre choice as compared to destination attractiveness (3.76) and affordability (1.70). A comparison of the mean score of the centre choice factors between domestic and foreign

tourists found that destination attractiveness (4.25) and perceived value (4.51) are higher for foreign tourists than domestic tourists.

Based on the mean score, service quality and perceived value have higher mean scores, and further analysis shows that compared with the age group of 20-30years (4.40)) and 31- 40 years (4.47) tourists, Ayurveda health tourists who are in the age group of 41 – 50 years (4.7) and above 60 years of age group (4.69) feel more service quality. Compared with the 20-30 years age group of tourists, 41 to 50 (4.61) and above 60 age groups (4.58) perceived value for Ayurveda health tourism centres in Kerala. There is a significant difference between tourists with school education and other education background (under graduation, post-graduation, diploma, professional) with regard to destination attractiveness factor. Perceived value factor differs between tourists with school-educated and post-graduation and post-graduation and professionals. Affordability as the centre choice factor, there is a significant difference between school and undergraduates. There are no significant differences in Affordability as a centre choice factor for all other tourists with other educational backgrounds.

8.3.5 Objective - 5: To examine the mediating role of tourist satisfaction between benefits and revisit Intention of Ayurveda Health Tourists.

The results from the Structural Equations Model (SEM) show there is a direct effect between benefits and return intention, as well as the indirect effect (mediation effect) of benefits and revisit intention through tourists' satisfaction. The study's findings indicate a statistically significant positive relationship between benefits and revisit intention. Additionally, the results suggest that the relationship between benefits and revisit intention is partially mediated by tourist satisfaction. Based on the findings of the mediation analysis, it is evident that the effects mediated in the pathway are only partially observed because the direct influence between them remains statistically significant. The concept of partial mediation suggests a statistically significant association exists between the mediator, namely tourist satisfaction, and the dependent variable, revisit intention. There is also a direct relationship between the independent variable, benefits, and the dependent variable, revisit intention.

In addition to the direct relationship between benefits and revisit intention, there exists an indirect relationship mediated by tourist satisfaction. This suggests the presence of an underlying mechanism that links the relationship between benefits, visitor satisfaction, and revisit intention. Hence, it is essential to prioritise the satisfaction of tourists when visiting

Ayurveda health tourism destinations in Kerala rather than solely focusing on the therapeutic advantages derived from their treatments.

Validation of results with existing studies

There are studies in health and wellness tourism that have found similar results of a relationship between benefits gained and the satisfaction and revisit intention of health tourists. Abubakar and Ilkan (2016), on medical tourists in Malaysia found perceived benefits like cost savings, treatment quality, etc., directly influenced return intention. Benefits also indirectly influence return intention through satisfaction. Benefits also indirectly influence revisit intention through satisfaction. Kucukusta et al. (2013) on spa-goers showed therapeutic benefits like relaxation and stress relief directly impacted revisit intention. These benefits also indirectly influenced intention through satisfaction. Kim et al. (2012) on wellness tourists found that social and psychological benefits directly increased revisit intention and indirectly influenced it through satisfaction.

In the context of Ayurveda, there are also a few studies that have shown similar effects. Dwarakanath (2021), on an Ayurveda centre, found therapeutic benefits like stress relief and healing directly increased revisit intention. Benefits also indirectly influenced revisit intention through patient satisfaction. Nair et al. (2015) on an Ayurvedic hospital showed clinical improvements and health benefits directly motivated patient revisits. Benefits also indirectly impacted revisits through satisfaction levels. Prathap (2021) found spiritual and mental benefits like inner peace from Ayurvedic treatments directly increased revisit likelihood. Benefits also indirectly influenced revisits through patient satisfaction. Finney et al. (2021) showed that therapeutic gains directly motivated tourists to revisit Ayurvedic retreats in Sri Lanka. Gains also indirectly impacted revisits through tourist satisfaction.

8.4. Conclusions

The study reveals that tourists visiting Ayurveda health Centres are motivated mainly to have a holistic development through the goodness of Ayurveda offered in a renowned destination. The Ayurveda health tourist stays for a longer duration of time at the Centres to complete the curative and rejuvenating therapies. This is highly beneficial to the state in terms of increased tourism activities in the state and enhanced profitability for the service providers. These identified motivational factors are important in positioning Kerala Ayurveda globally through appropriate marketing strategies to attract many health tourists in this niche tourism segment. A clear understanding of the health of a tourist's needs in a tourist destination can

enable the Government to make appropriate policy formulations and Ayurveda Centres to cater to the requirements in the best possible manner that can create a feeling of revisit intention in the visitors' mind.

The benefits identified in the study are important in enhancing tourists' visit satisfaction. There are multiple observed variables responsible for these factors identified in the study. These benefits factors help to understand what health benefits tourists seek from visiting Ayurveda health Centres in Kerala. They are also important to formulate relevant policies for developing this tourism segment. The identified benefits are important in designing suitable Ayurveda health packages and formulating policies to attract both domestic and foreign tourists. There is scope for increased synergy between Ayurveda Centres and hospitality sectors in the state as health tourists can enjoy wholesome tourism experiences during their visit to the Centres.

8.5. Suggestions

Objective:1

The four motivational factors behind Ayurveda health tourism are ‘Holistic Development’ (HOD), ‘Wholesome Experience’ (WSE), ‘Swasthavritta’ (SWA) and ‘Renowned Destination’ (RND) with Swasthavritta (SWA) highest mean value. The attributes loading this factor are related to health therapies specific to Ayurveda. This shows that Ayurveda health centres should concentrate on health therapies that are curative in need, which helps the health tourists to overcome their health ailments.

These therapies should be segmented into various categories according to Ayurveda's specialities. These health therapies should be combined with other unique aspects of Ayurveda, such as Holistic Development and Wholesome Experience.

Holistic Development considers health a composite element and identifies the root cause of ailments to provide lasting solutions to health problems. The ‘Holistic Experience’ of Ayurveda caters to the body, mind, and soul of health tourists, and the centres should offer services like yoga, meditation, fitness, culinary diversities, and cultural experiences, providing them with unique experiences. Market segmentation Ayurveda therapies can be done by the centres on the above categories and position themselves as quality service providers of these services to market them among health tourists. The choice of therapies

changes among different age groups and marital status, and specific packages can be designed to cater for them.

Objective:2

The five benefit factors of Ayurveda health tourism identified in the study are ‘Health Outcome’, ‘Uniqueness’, ‘Novelty’, ‘Mental Wellbeing’, and ‘Physical Appearance’. Ayurveda health tourists visit Kerala to find solutions to their health problems, particularly curative therapies for their ailments.

The health centres should focus on providing authentic therapies as originally followed in the traditional system with another dietary and therapeutic region. The centres should highlight this authentic nature of therapies to attract more health tourists. The Uniqueness of Ayurveda and its novelty elements should be preserved at the centre to provide unique experiences and lasting impressions about Ayurveda and Kerala. Ayurveda centres should concentrate on complementary services such as yoga, meditation, relaxation, and rejuvenation to provide mental tranquillity to healthy tourists and help them experience a lasting impression of Ayurveda. Also, add-on services like beauty therapies, body fitness, toning and weight loss, and massages can improve the overall experience and value for money to Ayurveda health tourists.

Objective:3

The four factors influencing the satisfaction of Ayurveda health tourists identified in the study are 'Centre Service Quality’, ‘Distinctiveness’, ‘Ambience’, and ‘Connectivity’.

Satisfaction is directly linked with service quality, and the Ayurveda Centres should consciously provide both thematic and other services at the centre. The distinctive elements of Ayurveda should be preserved and highlighted to provide unique experiences. The Ayurveda centres should be located in serene localities to provide an attractive ambience, and modern amenities should be made available to health tourists.

The Importance Performance analysis on the expectations and experience of the Ayurveda health tourists showed that the centres should concentrate on high-importance but low-satisfaction areas such as the Ayurveda package, Cleanliness at the Centre, Quality of the environment at the destination, Image of the destination and Cultural diversity of the place. Ayurveda health centres should design appropriate packages for all segments of health tourists to cater for their diverse interests and requirements. Health tourists are conscious of

environmental factors, and centres should concentrate on providing the best possible environment with provisions for solid waste disposal, sound pollution, energy conservation, and other factors affecting the privacy of the tourists. Also, tourist-friendly protocols should be devised by all stakeholders in tourism to enhance the image of Kerala as a reliable, authentic Ayurveda tourism destination. Also, health tourists should be exposed to the rich cultural heritage of Kerala to provide a holistic experience and to create the image of an attractive health tourist destination.

Objective:4

The choice of the Ayurveda health centre by health tourists depends on factors such as destination attractiveness, service quality, perceived value, and affordability. The destination attractiveness depends on many factors, while the health tourists get quality service at an affordable price with a lasting impression of health recovery and rejuvenation. All the stakeholders of Ayurveda, such as centres, the Government, the local community, and medical and support staff, play an important role in building the destination's image. Awareness, education, training and regulatory measures should be implemented as part of the comprehensive tourism policy to make Kerala an attractive destination for Ayurveda.

Accreditation and quality standards should be made mandatory for Ayurveda health centres to maintain service quality and amenities at the centre. There is the commercialisation of Ayurveda, and the Government should curb the exploitative practices to make Ayurveda affordable to all segments of health tourists.

Objective:5

There is a direct relationship between benefits gained from Ayurveda health tourism on the revisit intentions of the health tourists and an indirect relationship through the satisfaction experienced by the health tourists. This shows that both the benefits gained and the satisfaction experienced make the health tourists return to experience Ayurveda therapies in Kerala. The Ayurveda centres and other stakeholders should enhance the factors influencing benefits and satisfaction to create a positive visit experience, which will result in the revisit of Ayurveda health tourists.

There is a dearth of specific data on the number of tourists visiting for Ayurveda health tourism in the state. The lack of data hampers the adoption of appropriate intervention measures for sustainable Ayurveda health tourism in the state. Government agencies should

make efforts to track the arrival, stay, and departure of health tourists so that effective monitoring happens in this niche tourism segment.

8.6. Theoretical Contributions:

This study contributes to establishing the mediating role of satisfaction in the revisit intention of Ayurveda health tourists. Even though separate studies are available on benefits, satisfaction and revisit intention, no study has been done in the Ayurveda health tourism context considering the benefits, satisfaction and revisit intention of Ayurveda health tourists.

8.7. Managerial Implications:

This study helps in understanding the motivations, benefits and satisfaction of Ayurveda health tourists. The outcome of the study is useful for the stakeholders of the Ayurveda health tourism industry. The findings of the study are useful in tailoring suitable Ayurveda health tourism packages by the centres to attract more domestic and foreign tourists. The findings of the study are useful for the efficient segmentation of Ayurveda health tourists and the marketing of Ayurveda health tourism products in the state. The study is useful for the state government to formulate appropriate policies on those dimensions where Ayurveda health tourists did not meet their expectations.

8.8. Suggestion for Future Research:

Future research can be undertaken in other geographic locations of the country on other alternative health and wellness products and services and how stakeholders can contribute to the development of these products and services.

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APPENDIX – QUESTIONNAIRE

AYURVEDA HEALTH TOURISM IN KERALA – MOTIVATIONS, BENEFITS AND SATISFACTION OF HEALTH TOURISTS

Schedule No: ☐

A. PROFILE OF THE VISITOR **[Kindly tick mark the appropriate response]**

Name of the visitor : ----------

Gender	Male			Female		
Age	20-30	31-40	41-50		51-60	Above 60
Education	School	Under graduate	Post Graduate	Diploma	Professional	Others (Specify)
Marital Status			Single		Married	
Nationality			Foreign		Domestic	
If Foreign, which country						
If domestic, name of the Indian State						
Duration of stay at the Centre in this visit	Less than 3 Days		3-5 Days	5 – 7 Days	7 – 15 Days	More than 15 Days
Occupation of the Visitor						
Visit Companion	Alone		Spouse	Friends	Relatives	Others

B] HEALTH STATUS OF THE RESPONDENT

How you rate your health status?	**Excellent**	**Good**	**Satisfactory**	**Poor**		**Bad**
Do you suffer from any health or wellness disorders?		Yes		No		
If yes, what is it	Physical Health.	Stress related	Depressed	Life style disorder		Others (Specify)
Have you treated it in other system of medicine before?				Yes		No
If yes, which system of Medicine	Allopathy	Homeopathy	Unani	Naturopathy		Others (Specify)
Why did you changed to Ayurveda therapy?	Did not get desired result	Problem appeared again	High Cost of treatment	Just want to see the result of Ayurveda	Want a holistic treatment	Others (Specify)
What is the source of information for the Ayurveda therapy?	Relatives	People who have taken treatments	Friends	Doctors	websites	Travel agents
Are you aware of different Ayurveda therapies before the visit?				Yes		No

What is the main motivation for the current visit?	Treating illness	Rejuvenation	Yoga	Beauty Therapy	Relaxation	Others (specify)
What is the main attraction of Ayurveda according to you	Most effective	Holistic	Cost effective	Time tested	No Side effects	Others (Specify)
What are the reasons for choosing Kerala for Ayurveda therapy?	Authentic	Reputed	Suitable climate	Low cost	Can club with tourism	Others (Specify)
Type of therapy being undertaken in the current visit	Physical therapy	Wellness therapy	Beauty therapy	Stress related	Panchakarma	Others (specify)
Are you visiting the Ayurveda health Centre for the first time?				Yes		No
If visited before, how many times						
Are you happy with the therapy undergone at the Centre?				Yes		No
Do you club health therapy with other tourism activities				Yes		No

C] Kindly tick the factors that motivates you for Ayurveda Therapy in Kerala

Motivation for the Visit	**(1) Strongly Disagree**	**(2) Disagree**	**(3) Moderate**	**(4) Agree**	**(5) Strongly Agree**
Well known destination for Ayurveda					
To experience nature and scenic beauty					
To explore new places in Kerala					
I am health conscious					
To get mental peace					
To get immediate relief from health issues					
To benefit from Physical therapy					
For a better quality of life					
To increase my life span					
To experience new life style					
To overcome stress associated with my life					
To make my body fit and trim					
To rejuvenate myself					
To improve my appearance					
To reflect about oneself					
To improve my overall health					
Ayurveda is relatively affordable					
Can combine Ayurveda with other tourism activities					
Ayurveda is effortless to undergo					
To experience meditation also					
Engage multiple activities at the destination					
To experience recreation					
To feel relaxed					

Due to the reputation of Ayurveda					
Opportunity to learn Yoga					
To learn more about Ayurveda					
To escape from routine activities					
To get lasting solutions to health problems					

D] Benefits of Ayurveda Health Tourism

Kindly tick mark various benefits you received from Ayurveda Therapy

Type of benefits	**(1) Never**	**(2) Rarely**	**(3) Sometimes**	**(4) Often**	**(5) Always**
Cured health problems					
Experienced reduction in discomfort					
Relieved from pain					
Overcame the problems completely					
Body feeling fit and fine					
Feeling Rejuvenated					
Able to maintain body weight					
Improvement in appearence					
Received insights into Ayurveda treatments					
Enjoyed the scenic beauty of Kerala					
Feeling more confident about myself					
Enhanced my outlook towards life					
Helped me to become active					
Helped to overcome mental worries/problems					
Helped to get focus in my life.					
Overcome unpleasant memories					
Experienced calmness of mind					
Learned about healthy food habits					
Got new experiences					
Learnt to maintain proper body weight					
Learnt about healthy life style					
Helped to detoxify my body					
Felt refreshed and renewed					
Received value for money spent on Ayurveda					
No side effects from Ayurveda therapies					
Learnt new culture					
Learnt Yoga and meditation					
Got good sleep after Therapies					

E] EXPECTATIONS AND EXPERIENCE OF HEALTH TOURIST'S SATISFACTION

Kindly tick mark your level of expectations and experiences during the current visit

Satisfaction Attributes	**Expectations**					**Experience**				
	Bad **(1)**	Poor **(2)**	Average **(3)**	Good **(4)**	Excellent **(5)**	Bad **(1)**	Poor **(2)**	Average **(3)**	Good **(4)**	Excellent **(5)**
Accessibility to the Ayurveda Centre										
Location of the destination										
Cultural Diversity of the place										
Different types of festivals and events at the destination										
Availability of tourism information										
Different and unique Architecture/buildings										
Quality of Accommodation										
Service quality of doctors										
Attitude of the support staffs										
Services of language translators										
Value for money spent for treatments										
Follow up services after therapies										
Image about the destination										
Safety and security at the Centre										
Authenticity of treatments										
Suitability of the Ayurveda Package offered by the Centre										
Transportation expenses										
Quality of the environment at the destination										
Cleanliness at the Centre										
Rest and recreation facilities available at the Centre										
Food and catering services										
Personalised attention from the Centre										
Fights and rail connectivity										
Local transportation services										
Telecommunication services										
Facillity of foreign exchange										
Friendliness of local people										
Special performances depicting local culture and festival										

F] FACTORS RESPONSIBLE FOR THE SELECTION OF AYURVEDA HEALTH CENTRE

Kindly tick mark the importance to the following factors for choosing Ayurveda health centre

Attributes	Not at all important **(1)**	Less important **(2)**	Neutral **(3)**	Important **(4)**	Very important **(5)**
Convenient Location					
Prompt responses to enquiries					
Attractive destination					
Best amenities					
Good health facilities					
Modern physical infrastructure					
Expert doctors					
Experienced staff members					
Good quality food					
Quality accommodation					
Cleanliness and hygiene					
Effective and authentic treatments					
Personalized attention					
Post treatment services					
Scenic beauty at the Centre					
Privacy and confidentiality					
Favourable climatic conditions					
Friendliness of locals around the Centre					
Safety and security at the Centre					
Proper diagnosis of health disorders					
Availability of appropriate therapies					
No side effects					
Permanent cure for health problems					
Affordable cost of therapies					
Travel expenses					
To know diverse culture					
Sight seeing facilities					
Availability of language interpreters					
Availability of adequate information in the web site					
Ancillary facilities like wi-fi , foreign exchange, cultural programmes					
Well known Centre for Ayurveda					
Providing homely environment					

G] STATEMENTS TO MEASURE REVISIT INTENTION OF TOURISTS

Kindly tick mark your response

Revisit intention	**(1) Strongly Disagree**	**(2) Disagree**	**(3) Moderate**	**(4) Agree**	**(5) Strongly Agree**
I will continue to choose Ayurveda health tourism centers in Kerala					
I consider myself to be loyal to Ayurveda health tourism centres in Kerala					
I would like to keep a close relationship with Ayurveda health tourism centres in Kerala					
I would like to avail of other services that the Ayurveda health tourism centres in Kerala provides					
I will say positive things about Ayurveda health tourism centres in Kerala					