

PREFERENCES AND CHANGING NEEDS OF WELLNESS TOURISTS: A STUDY FROM INDIAN PERSPECTIVE POST COVID-19

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Abstract : On a global scale, people are resorting more to travel in order to invigorate, relieve stress and lead a healthy life. Therefore, there is a great desire to add wellness component to their travel itinerary post COVID-19. The study aims to find the preferences and changing needs of wellness tourists post COVID-19. The study was conducted on 400 foreign tourists visiting India and find their preferences and changing needs pertaining to various variables of wellness tourism post COVID-19. Factor Analysis was applied to reduce the 12 variables identified through scholarly literature into 3 factors i.e., Core Wellness services, Allied Wellness Services, Ancillary Wellness services. Multiple regression was used to determine the factors impacting the preferences and needs of wellness tourists. The study indicates that core wellness services i.e., yoga, Ayurveda, spirituality, meditation has stronger impact contributing to the satisfaction level of wellness tourists

Key words: COVID-19, Wellness, Tourism, Tourists, Preferences, changing needs

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INTRODUCTION

Since there are no set measurement tools to measure Wellness Tourism, therefore to understand it from a broader perspective more pertinent data, sources and information needs to be accumulated from global perspective. This further leads us to understand the global wellness market. Though there is no worldwide definition of Wellness Tourism, Global Wellness Institute has defined wellness as “the dynamic quest of activities, selections, and routines that lead to a state of all-inclusive health.” (Global Wellness Institute, 2018a, 9). People around the world resort to travel to come out of stress, lead a healthy life style and rejuvenate themselves. People travel in lookout for wellness while another mode is to add a wellness activity to their travel component. These offerings are often connected to the natural ambience and products, cuisine, culture of the local community. Wellness Tourism is all about travelling to rejuvenate and detoxifying oneself and in numerical terms it's a very large industry. According to Global Wellness Institute it was a 639-billion-dollar market in 2017 which is double the growth in comparison to the travel in general form. The wellness travellers are further subcategorized into primary wellness travellers who are primarily motivated by wellness activity such as visiting a Ayurveda or yoga centre. The second category includes the secondary wellness travellers who engage in wellness while undertaking any other type of travel such as getting spa treatment while visiting a gymnasium. The secondary wellness travellers constitute 89% of wellness travel and contribute to 86% of expenditures in 2017 (Global Wellness Institute, 2018). In 2017, wellness tourists on international scale on average spent \$1,528 per trip which is 53% more than the representative international tourist (Global Wellness Institute, 2018). Global Wellness Institute forecasts that wellness tourism is expected to grow at an average annual rate of 7.5% through 2022 which is even faster than 6.4% annual growth predicted for international tourism (UNWTO, 2020). India is one such as destination which is considered to be a land of all seasons and for all reasons. The states of Uttarakhand and Kerala have marketed themselves as prime wellness tourism destinations. COVID-19 has jolted the entire tourism industry. All the regional tourism markets have felt the heat of this dreadful pandemic. In 2020 the international tourist arrivals dipped by 78% globally in comparison to 2019 (UNWTO, 2020). The most affected of all the regional tourism markets was the Asia and Pacific region which dipped by 82% in terms of international tourist arrivals. Before the pandemic struck the wellness tourism industry was growing by leaps and bounds on the global arena but it stood standstill during the period of the pandemic. Wellness Tourism is on the rise as a specialized niche form of tourism and is expected to scale many more heights post COVID-19 (Mohan and Lamba, 2021). In numerical terms in 2020 wellness tourism earned 736 billion USD and is expected to reach 1.2 trillion USD by 2027 (Gough, 2021). The pandemic has forced each and every nation to re-strategize and augment their competitiveness in Wellness Tourism. (Mohan and Lamba, 2021). Therefore, preferences and changing needs of wellness tourists and their consumption level needs to be gauged from a broader perspective post COVID-19

THEORETICAL FRAMEWORK

In the contemporary world people are yearning for healthy mind and body and this pushes the human being to add wellness component to their travel itinerary (Khare et al., 2021). The pandemic COVID-19 has devastated the tourism & hospitality sector in the last two years due to worldwide lockdowns and travel related restrictions. In spite of these challenges, it is expected that

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the travel and tourism industry will bounce back to normalcy with new normal post COVID-19 (Sibi et al., 2020). COVID-19 has impacted people’s mindset to a great extent especially visible among those who lead a sustainable and healthy lifestyle. It is also believed that people will now resort to more active life patterns such as walking as well as enhancing physical and mental health post COVID-19 (Alexa et al., 2021). Due to its proven beneficial effects Wellness Tourism is gaining popularity post COVID-19. Each and every country looking into the beneficial effects of Wellness tourism is trying to develop and promote products pertaining to Wellness Tourism (Wayne and Rusell, 2020). Many tourists are seeking for wellness packages to rejuvenate and invigorate themselves after the havoc caused by COVID-19 (Digital Marketing, 2021). Prime focus is on yoga or meditation sessions and other wellness activities as well as therapeutic measures having nexus with physical health, healing recovery and longevity (Majeed and Ramkissoon, 2020)

The independent variables utilized for the study were derived based on scholarly reviewing of the secondary sources. These were yoga, Ayurveda, spirituality, meditation, pilgrimage, happiness, solitude, indigenous medicine, spas, hot spring baths, faith healing, cuisine. Yoga finds its mention in the Indian culture and has been in practice for more than 5000 years. Yoga has grown as an activity in recent times and it has now got a global stature since 21st June is now celebrated as the international yoga day since 2015 since its initiation in the United Nations General Assembly in 2014. Yoga as a form of tourism can be considered as a subset of wellness tourism. New niche forms of tourism are growing by leaps and bounds and expanding their market shares (Weiler and Hall, 1992). Various scholarly researches point towards new niche forms of tourism and defined special interest tourism from various perspectives (Brotherton and Himmetoglu, 1997; Douglas et al., 2001; Read, 1980; Redekop, 1999; Weiler and Hall, 1992). Yoga is characterized as a subset of wellness tourism as both help in rejuvenation and improving the quality of life and involve active participation and in outdoor ambience (Weiler and Hall, 1992). Ayurveda is considered to be the strongest pillar of Wellness tourism which was reiterated by the prime minister of India Mr. Narendra Modi at the global Ayurveda festival organized by the Ayush ministry, government of India. The prime minister also said that the key pillar on which Wellness Tourism rests is Ayurveda and traditional medicines. Ayurveda finds its mention in the teachings of Atharva Veda with prime focus on holistic healing. Its usage as an alternate therapy using natural herbs is the prime benefit which accrues from Ayurveda. There is no universal definition of spirituality and there is lack of consensus amongst the scholarly community as it is portrayed in cross-cultural and cross religious variety of contemporary society (McCarroll et al., 2005). Meditation is also considered as a subset of wellness tourism meditation has beneficial impacts on corporates (Teper and Inzlicht, 2013), creativity (Ren et al., 2011), physical and psychological well-being. Faith related packages are gaining popularity as well as religious and pilgrimage sites and adding to the growth of wellness tourism (Reader, 2007). Wellness tourists are active seekers of individual well-being, health and happiness. Among the elderly population there is a growing concern of health and well-being especially those living in solitude. Indigenous medicines such as rejuvenation therapies, panchakarma are some of the oldest systems of medical treatment and the Indian state of Kerala is primarily positioning itself as a prime destination of wellness tourism.

The therapeutic properties of water were well known since the Roman civilization and the spas are deep-rooted in early European history. Spas play a major role in the wellness sector, worldwide (Mueller and Kaufmann, 2001). Factually, hot spring baths (Migliaccio, 2018; Costa et al., 2015; Rocha and Brandao, 2014; Smith and Puczkó, 2008; Gustavo, 2008) intended to improve tourists’ experience of a “health preservation bath” (Pan et al., 2019) through their satisfaction of thermal baths with specific healing features. Norman (2012) emphasises that wellness tourism includes seeking faith healing and further growth in tourism. To remain attractive for wellness tourism destinations, need good cuisine (Voigt and Pforr, 2013).

DATA AND METHODS

The below mentioned Figure 1 displays the Methodology design which involved identifying the research problem, developing a theoretical framework, choosing the study design, collecting the primary data, processing and analyzing the data and presenting the results. The Data Analysis was carried out through the below mentioned steps:

- a. Primary Data was collected from wellness tourists pertaining to yoga, Ayurveda, spirituality, meditation, pilgrimage, happiness, solitude, indigenous medicine, spas, hot spring baths, faith healing, cuisine.
- b. Descriptive statistics
- c. Statistical analysis

400 tourists were surveyed in order to understand their preferences and changing needs on the various facets pertaining to wellness tourism in India post COVID-19. The variables used for the study were derived based on scholarly reviewing of the secondary sources. These were yoga, Ayurveda, spirituality, meditation, pilgrimage, happiness, solitude, indigenous medicine, spas, hot spring baths, faith healing, cuisine.

Table.1 Attributes pertaining to Satisfaction of Wellness Tourists Source: Primary Survey

Attributes	Mean	Standard Deviation
Yoga	4.64	0.58
Ayurveda	4.42	0.69
Spirituality	4.23	0.59
Meditation	4.17	0.72
Pilgrimage	4.15	0.84
Happiness	4.13	0.72
Solitude	4.03	0.78
Indigenous Medicine	4.02	0.83
Spas	3.91	0.95
Hot Spring Baths	3.86	0.83
Faith Healing	3.51	1.05
Cuisine	3.22	1.04

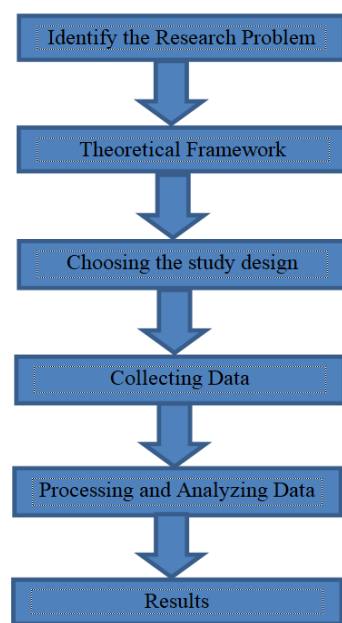


Figure 1. Methodology Design

The 12 variables were condensed to 3 factors through factor analysis. Further multiple regression was utilized on these 3

factors. The variables with a mean value higher than 4 included yoga, Ayurveda, spirituality, meditation, pilgrimage, happiness, solitude, indigenous medicine, spas, hot spring baths, faith healing and cuisine, have lowest mean values.

Table 2. Kaiser-Meyer-Olkin and Bartlett's Test (Responses of Wellness Tourists) Source: Primary Survey

Kaiser-Meyer-Olkin and Bartlett's Test (Responses of Respondents)		
Kaiser-Meyer-Olkin Measure of Adequacy of Sample		0.822
Bartlett's Test of Sphericity	Chi-Square value	309.33
	Df	11
	Sig.	0.000

Table 3 Factor Analysis (Source: Primary Survey)

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.400	45.003	45.003	5.400	45.003	45.003	5.090	42.491	42.491
2	2.859	23.826	68.829	2.859	23.826	68.829	3.015	25.192	67.548
3	1.347	11.226	80.056	1.347	11.226	80.056	1.501	12.580	80.056
4	.876	7.300	87.356						
5	.575	4.793	92.148						
6	.513	4.279	96.427						
7	.237	1.974	98.401						
8	.141	1.179	99.579						
9	.034	.280	99.859						
10	.015	.122	99.980						
11	.002	.020	100.000						
12	-7.818E-16	-6.515E-15	100.000						

Table 4 Rotated Component Matrix (Source: Primary Survey)

Rotated Component Matrix			
Variables/Factors	Component		
	1	2	3
Yoga	.933	.041	.115
Ayurveda	.972	.085	.048
Spirituality	.780	.419	-.142
Meditation	.901	.289	.139
Pilgrimage	.186	.900	.189
Happiness	.155	.769	-.330
Solitude	.101	.637	-.620
Indigenous Medicine	.031	.727	.168
Spas	.037	.041	.676
Hot Spring Baths	.119	.085	.577
Faith Healing	.172	.787	.154
Cuisine	.142	.446	.708

Table 5 Identification of New Parameters by Factor Analysis (Source: Author)

Factors	Variables					New Parameters
F 1	Variable 1	Variable 2	Variable 3	Variable 4		Core Wellness services
F 2	Variable 5	Variable 6	Variable 7	Variable 8	Variable 11	Allied Wellness Services
F 3	Variable 9	Variable 10	Variable 12			Ancillary Wellness services

Variables 1,2,3,4 denote factor 1 which is termed as Core Wellness Services. 5,6,7,8,11 variables denote factor 2 which is termed as Allied Wellness Services. Variables 9,10 and 12 variables denote factor 3 and is termed as Ancillary Wellness Services shown by Table 5.

Regression Analysis:

Multiple Regression equation (Cohen et.al, 2013,736):

$$Y = C + \beta_1x_1 + \beta_2x_2 + \beta_3x_3 + \beta_4x_4 + \beta_5x_5 + \dots + \beta_nx_n$$

Y = prediction relationship; C= Constant value; β = Unstandardized Coefficient x_1, x_2, \dots, x_n = Dimension of independent variable (Source: Olejnik and Algina, 2003). The R square value of the multiple regression model derived was 0.978, which displays that the dependent variable is influenced by all these three variables (Table 6).

Table 6. Multiple Regression Summary Output (Responses of Wellness Tourists) Source: Primary Survey

Multiple Regression Summary Output (Responses of Wellness Tourists)	
Regression Statistics	
Multiple R	0.989
R Square	0.978
Adjusted R Square	0.984
Standard Error	0.020
Observations	400

Table 7 Multiple Regression (ANOVA) (Source: Developed from the research) *Significant at 1 per cent level

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	83.641	3	27.250	4594.336	.000*
Residual	2.462	397	.006		
Total	86.103	400			

Table 8. Multiple Regression Coefficients (Responses of Wellness Tourists) Source: Primary Survey

Factors	Coefficients	Standard Error	t Stat	P-value
Intercept	-0.002	0.001	-0.989	0.321
F1	0.214	0.132	100.574	0.000*
F2	0.199	0.012	100.809	0.000*
F3	0.194	0.002	100.327	0.000*

Table 9 Factors and New Parameters*Significant at 1 per cent level Source: Primary Survey

Factors	New Parameters
*F1	Core Wellness services
*F2	Allied Wellness Services
*F3	Ancillary Wellness services

From the table 9 shown above, the independent factor 1 of 0.214 is highest amongst all the three factors. This portrays that the independent Factor 1 i.e., Core Wellness services has had a stronger effect leading to the highest satisfaction level of wellness tourists.

RESULTS AND DISCUSSION

The variables derived for the study was derived from secondary data and citations have been provided for the constructs of the survey instrument i.e., yoga, Ayurveda, spirituality, meditation, pilgrimage, happiness, solitude, indigenous medicine, spas, hot spring baths, faith healing, cuisine. Wellness Tourism is all about travel to augment the wellbeing of an individual. The growth of wellness tourism is attributed to the growing and ever-expanding middle class. As far as the regional tourism markets are concerned the European region has the largest number of wellness trips whereas North America heads in wellness tourism expenditures. The Asian region is the fastest growing region both in terms of wellness trips as well as wellness tourism expenditures. Wellness Tourism is one of the emerging niche forms of tourism. International Tourism has grown by leaps and bounds in the last 69 years from 25 million in 1950 to 1.5 billion international tourist arrivals in 2019. 2019 was considered to be a golden year for International Tourism. The European region was the most visited region in terms of international tourism arrivals as well as international tourism receipts followed by the Asia and Pacific Region, Americas, Africa and Middle East. The wellness tourism market comprises of two major class of travellers i.e., primary wellness travellers, who are driven primarily by wellness to take a trip and secondary wellness travellers, who seek to sustain wellness or participate in wellness activities during any kind of travel. COVID-19 pandemic jolted the entire tourism industry. In 2020 international tourist arrivals dipped by 78% across the five regional tourism markets (UNWTO, 2020). The tourism industry needs to revamp itself post COVID-19. Though the regions are now opening up in phases, their respective tourism industry are following the restrictive COVID-19 protocols and the new normal for revamping the tourism industry. Though the journey seems long but it is believed that the tourism industry will rebound again back and soon things will be back to normal.

The research demonstrates that yoga, Ayurveda, spirituality, meditation has stronger impact contributing to the satisfaction level of wellness tourists. Popular wellness activities are getting lot of focus post COVID-19, such as spa, meditation and yoga. The pandemic has jolted the mindset of people and people are now seeking for sustainable and healthy lifestyle. As far as wellness tourists are concerned, there are many activities such as yoga, meditation, cuisine is already a part of their daily routine while others profess these activities at wellness destinations and then practice these activities at home (Stausberg, 2010). Many destinations are positioning themselves through their wellness products pertaining to natural and cultural assets such as Ayurveda retreats in India, spa retreats in Costa Rica which gives a feel of rejuvenation and mental peace, hot spring baths in Vietnam which gives numerous benefits for strengthening physical and emotional wellbeing and a highly recommended tourist attraction. Spread of wellness centres, Ayurvedic retreats, spa retreats, spiritual pilgrimage centres, therapeutic centres bring lot of benefits in the form of wellness tourism destination (Philip et al., 2010). Tourists who feel solitude, strive for an environment to strengthen their self-esteem and self-image are also engaging in wellness tourism. Seeking happiness is also a pull factor for the wellness tourist post COVID-19 because of the stress and anxiety caused by the pandemic. Therapeutic centres are also closely linked to rejuvenation of health, faith healing and increasing the life span of people (Majeed and Ramkissoon, 2020).

CONCLUSION

Due to the complex and intricate nature of wellness tourism, it should be understood from a broader perspective. It is understood as an amalgamation of numerous elements, travel and observed products pertaining to wellness tourism. The whole world witnessed the catastrophic effects of COVID-19 and it wreaked havoc immensely on the tourism industry which was growing by leaps and bounds till 2019. The pandemic led to complete travel restrictions and lock downs all over the world. The present research provides a ray of hope post COVID-19. Many foreign tourists are choosing wellness tourism not only for rejuvenating and relaxing but also to enhance their self-esteem after the unprecedented and challenging times posed by COVID-19. Popular wellness tourism products can be further enhanced and developed in India owing to the high demand post COVID-19 such as building more centres pertaining to yoga, Ayurveda, spirituality, meditation. By providing adequate and world class facilities pertaining to yoga, Ayurveda, spirituality, meditation, India can emerge as a global leader in terms of wellness tourism.

Post COVID-19 tourists are now more concerned about health-related issues and they keep an eye on all the health-related protocols followed by a destination. As far as wellness tourism is concerned India offers a bouquet of wellness tourism products and they should focus on building more centres especially in respect to yoga, Ayurveda, spirituality, meditation. The research also indicates that core wellness services i.e., yoga, Ayurveda, spirituality, meditation has stronger impact contributing to the satisfaction level of wellness tourists

LIMITATIONS OF THE STUDY

1. The study is being conducted in India whereas there are other principal wellness tourism centres such as Sri Lanka, Nepal, Bhutan in South Asia., therefore the findings of this study may not be comprehensive to these areas.
2. Wellness service providers are also unwilling and diffident to disclose information pertaining to wellness tourists.
3. The study was highly time consuming and incurred monetary restraints.

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