

Chapter 14

Halal Branding for Medical Tourism: Case of Indian Hospitals

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ABSTRACT

This chapter explores the emergence and development of Halal branded hospitals and medical facilities as a product of Medical Tourism for Muslim patients around the world and in India. Halal tourism is a sub-category of spiritual tourism, where one has to abide by the Sharia law to satisfy Muslim customers. The main objective of the chapter is to focus on a niche category of halal medical tourism, where Sharia rules are followed to attract the medical tourist mainly from Islamic countries. This chapter also proposes a typology of Muslim medical tourist's cultural sensitivities and recommends branding and certifying Halal Medical Tourism hospitals, healthcare facilities, pharmaceuticals, products, and services to attract Muslim patients, and provides challenges and opportunities with future research directions. The case studied in this chapter is of the Global Health City, the first Halal Certified Medical Hospital facility in Chennai, India. It presents a model for halal branding of Indian Medical Tourism based on the halal decision-making paradigm for Muslim customers designed by Wilson and Liu (2010). The model presented here indicates attitudes of being rational or emotional and elements reflecting affective and cognitive feelings for Muslim patients seeking halal treatment in halal hospitals.

INTRODUCTION

This chapter discusses the development of medical tourism with respect to focussed segmentation in a developing country such as India. It particularly explores the emergence of halal branded hospitals since 2012, as a new product of medical tourism in India. Medical tourism is catering for domestic patients in general and medical tourists from around the world in particular. Halal healthcare market is a niche

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in itself, where specific marketing strategies are required to target Muslim patients (Alserhan, 2010; Medhekar & Haq, 2010; Haq & Wong, 2010). All these halal conscious Muslim consumers who belong to different social, economic, political backgrounds from different countries, if they had a choice, would genuinely prefer halal medical tourism to manage their health in another country. Cormany and Baloglu (2010) also observed a big shift in medical tourism, where medical tourists used to travel from developing to developed countries, and now the trend has been reversed. India is in a perfect situation to capitalise on this shift in medical tourism, with a further focus on attracting Muslim patients.

Ministry of Tourism Government of India has promoted Indian tourism to the world by its various tourism promotional strategies such as 'Incredible India'; followed by 'India: The Global Health Destination', 'Athithi Devo Bhavo' (Guests are like God) (Government of India, 2002, 2003, 2008, & 2010), and the promotion of various spiritual tourism circuit such as 'In the Footsteps of Buddha', including Sufi circuit which attracts many Islamic domestic and foreign visitors. For halal medical tourism to be successful public-private-partnership is essential (Medhekar & Haq, 2010; Medhekar & Haq, 2012) not only to develop certified halal medical hospitals and facilities catering to Muslim patients, but also to reap the potential economic benefits from attracting Muslim patients from around the world for medical treatment. "International Tourism is not only an economic sector that yields jobs, dividends and foreign currencies. It is one of the most important "living and breathing" forms of inter-cultural dialogue" (Ala-Al Hamarneh & Steiner, 2004, p.181) between nations to promote world peace.

The potential economic benefits from developing and promoting international trade in medical tourism, tangible and intangible goods and services, and more so 'halal branded' medical tourism are enormous to India or any country. According to Pew Research Centre (2009), 80% of the world's Muslims live in countries where Muslims are in the majority and the rest live as religious minorities in their country of birth. For example, India, is a Hindu-majority country, and has the third-largest population of Muslims in the world, followed by Pakistan in the second position and Indonesia, in the first position which has the largest Islamic population. In 2008, India hosted 1.11 million Muslim tourists from Islamic countries. This indicates the opportunity for developing Halal Medical Tourism, to attract overseas Muslims from top 10 Islamic countries as shown in Table-1 (Rahman, 2010). Thus India has an enormous potential to develop and market medical tourism to Muslim countries, due to its "inherent social, historical, cultural and religious advantage with Islamic heritage and experience" (Medhekar & Haq, 2010, p. 3).

According to The Economist (2013), there are 1.8 billion Muslim shoppers in the world and the Muslim halal market is likely to grow by 35% by 2030. "It is not just manufactured halal products. Services such as halal holidays are booming, too. Crescent Tours, a London-based online travel specialist, books clients into hotels in Turkey that have separate swimming pools for men and women, no-alcohol policies and halal restaurants, and rents out private holiday villas with high walls" (The Economist, May 23, 2013). A case studied in this chapter is of the Global Health City which is the first 'Halal Branded' medical hospital facility in Chennai India. The Global Health City is certified by Halal Development Corporation, International Halal Integrity Alliance in Malaysia and Islamic Chamber of Commerce and Industry, Kingdom of Saudi Arabia (Falahi, 2012) and thus follows the Islamic faith and practices in treating medical patients. It provides halal compliance and friendly medical facilities, treatment, healthcare services, pharmaceuticals, nursing care based on gender, prayer rooms, and halal certified food which will boost medical travel to India from Muslim countries and attract Muslim patients from all over the world. For example, in 2013, the Indian Embassy in Oman issued 59,000 medical visas, showing an increase in flow of tourists from gulf countries to India (TravelBiz, 2014).

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