

HEALTH AND WELLNESS TOURISM

LATA PANDE 1 and Dr. SANTOSHI SENGUPTA 2

^{1,2} School of Management, Graphic Era Hill University, Bhimtal, Uttarakhand.

Abstract

There has been a noticeable increase in interest in health and wellness tourism in recent years, includingspa and medical tourism, which are considered aspects of the larger wellness tourism phenomena. There are several reasons for this, including stress alleviation, cosmetic benefits, and faster access to high-quality surgical procedures. Health and wellness tourism has been identified as a rapidlyincreasing segment of modern tourism. However, there are two types of health and wellness tourism: health tourism and wellness tourism. WHO defines health as a condition of physical, mental, and socialwell-being, not just the absence of sickness. Wellness is difficult to define in a single sentence. Wellness is defined as physical activity combined with mental relaxation and intellectual stimulation, essentially a type of body, mind, and spirit fitness that includes the holistic aspect. Some types of wellness tourism, for example, attempt to promote mental and spiritual well-being, whereas surgical procedures that improve appearance also address the mind. Today's travel can be unhealthy for our health, with over eating, drinking, and sun exposure adding to a traveler's stress and illness after a trip, as well as airport stress and transportation issues, jet lag and poor sleep, disruption of exercise routines, and jet lag and poor sleep. This is strange because a lot of people enjoy travelling because it's an experience and a method to decompress. Wellness tourism can be subdivided into two parts: Unwell Travel - Unhealthy and overeating, travel and stress, excessive drinking, poor sleeping. Disruption of fitness routine - Wellness travel, rejuvenation and relaxation, authentic experiences, disease prevention and management.

Keywords: Health and Wellness Tourism, Wellness Tourism, Wellness Travel, Medical Tourism.

INTRODUCTION

Wellness tourism has developed into its own sector in the twenty-first century. By 2022, tourism and health care should be the two largest industries in the world economy, the World Health Organisation predicts. The growth of wellness tourism, a macro destination, has a major multiplier effect on the global economy and can significantly contribute to refuelling national budgets.

Additionally, the growth of wellness tourism has a huge positive impact on the nation's healthcare system and satisfies unmet consumer demand for diagnostic-therapeutic, health-improving, cosmetic surgery, and cosmetology services.

It goes without saying that travel is meant to promote wellbeing, enjoyment, and even better health. Even though there is an increase in cultural tourism and ideas that learning can happen while travelling, such learning is still anticipated to be enjoyable and very distinct from classroom experiences. Tourists don't have to be hedonists, but they hope to get something from their trip. With the advent of a new and distinct segment in the tourism business over the past ten years—medical tourism—the effort to improve one's health while on vacation—through relaxation, exercise, or trips to spas—has been taken to a new level.





LITERATURE REVIEW

Nearly 9% of all jobs in India are employed in the travel and tourism sector, making it the largest service sector and second-highest earner of foreign cash. India has a substantial tourism business. Interest in spa and medical travel, which are considered to be subsets of the larger wellness tourism phenomenon, has significantly increased in recent years. This is due to a number of factors, including stress reduction, aesthetic advantages, and quicker access to high-quality surgical procedures. In the tourism industry, demand changes swiftly, frequently at a rate that is far faster than a destination's capacity to modify and adapt to new market trends. (Perelli del Amo, O. Ordenación territorial y turismo, en un nuevo escenario para el turismo. Rev. Econ. 2002, 92, 55–66. [Google Scholar]

When one considers the meticulous attention that the Greeks and Romans took to their well-being, wellness tourism is one of the oldest types of travel. Visits to mineral and hot springs are included in this early type of health tourism, which is closely tied to modern health and wellness (Didaskalou and Nastos, 2003). The expanding consumer needs for fitness level enhancement, healthy lifestyle instruction, nutrition counselling, healing, preventative medicine, resolving interpersonal issues like stress or depression, and spiritual health are being met by today's health and wellness programmes. Because they add relaxation and health benefits to the typical vacation or break, spas are increasingly a top consideration for many travellers. Modern wellness travellers are self-aware, engaged seekers of improved health, well-being, and happiness. Stakeholders of the market must be aware that the needs of wellness tourists vary enormously at different times and stages of their lives (Smith and Kelly, 2006).

There are many definitions used in this field, but health tourism, wellness tourism, medical tourism, and spa tourism are some of the more popular ones, according to commentators, where "improved health on vacation... has become the central theme of tourism in an active rather than a passive sense" (Connell, 2006a, p. 1094). In tourism, Europe, the word "wellness" is frequently used. Neither the phrases "wellness" and "wellness tourism" nor the term "health tourism" have a single definition. The general issue has been studied in depth by numerous scholars (Kaspar, 1990; Goodrich and Goodrich, 1987; Lund, 2000). The significance of a healthy lifestyle, taking responsibility for one's own health, and using one's capacity to achieve greater health are crucial among them. For the purposes of this study, it is presumptively true that this market segment's tourists are "healthy" individuals whose primary interests are pampering and wellbeing. Offering individual's services like massages, herbal wraps, and exfoliating scrubs are examples of how you pamper them. Wellness entails assisting healthy individuals in problem prevention so they can maintain their physical and emotional wellbeing. Offering diagnostic tests to find potential issues is sometimes necessary.

One of the industry's most severely impacted by the COVID-19 problem is tourism, which has effectively halted a significant portion of the economy. According to the most recent statistics from the World Tourism Organisation [UNWTO. COVID-19 and Tourism | 2020: A Year in Review; UNWTO eLibrary: Madrid, Spain, 2021. [Google Scholar]], 2020 was the worst year ever for global tourism, with international arrivals plummeting by 74%... Given the





interplay between business and healthcare regulations, shifting consumer preferences, patterns of global mobility, and the availability of locations, changes in travel and tourism are unavoidable. The Euruni. What Will Happen With Tourism for the Rest of 2020? Travel Trends after the COVID-19 Pandemic. 2020. Available online: https://www.euruni.edu/blog/tourism-2020-travel-tr (accessed on 4 February 2021).

Spalding, M.D.; Burke, L.; Fyall, A. Covid-19: Implications for nature and tourism. Anatolia 2021, 32, 126–127. [Google Scholar] [CrossRef]].

Wellness, according to the GWI, is "the active pursuit of activities, choices, and lifestyles that promote a holistic state of health." As a result, wellbeing is not a passive state but rather an "active exercise" including intentions, choices, and behaviours as individuals strive for the best possible level of health and wellness. Holistic health, which has numerous components (physical, mental, environmental, spiritual, emotional, and social) and should function harmoniously as a whole, is related to wellness. Within the context of integrative and holistic wellness tourism, these three elements could lead to holidays that provide a combination of 1) pleasure and hedonism, 2) altruistic activities, and 3) significant experiences (Smith, M.K.; Diekmann, A. Tourism and wellbeing. Ann. Tour. Res. 2017, 66, 1–13. [Google Scholar] [CrossRef]

Travelling with the primary goal of attaining, promoting, and sustaining the highest degree of healthcare and wellbeing is known as wellness tourism. Fit, healthy visitors that prefer more preventive actions when travelling are the target audience for wellness tourism. As a result of the ease with which destinations for healthcare tourism, medical tourism, and wellness tourism can offer comparable healthy services like massage, yoga practise, spa treatments, and healthy foods, it is frequently difficult to distinguish between these categories. ((Hun Kim, Batra, 2009)

One of the founders of the wellness movement, Dr. Bill Hettler, established the National Wellness Institute (NWI) in the US in 1977. According to the NWI, wellness is an active process through which people become aware of and make decisions that lead to a more successful existence.

Although wellness tourism has many positive economic effects, it also presents difficulties in delivering high-quality services and fighting to keep customers. In India, the number of wellness service providers is rapidly rising. The Ministry of AYUSH has expressed concern regarding the calibre of the services these businesses offer. Ayurveda, yoga, naturopathy, unani, siddha, and homoeopathy are all included in AYUSH. The major goal of this ministry, which was founded in 2014, is to promote and inform the public about India's indigenous alternative medical system. To draw more visitors from both inside and outside of India, the ministry concentrates on improving the standard of the wellness delivery facilities. The ministry must concentrate on service quality to attract tourists in light of rising demand and the unrealized potential of wellness tourism. Owing to this fact, service quality has been considered as the most crucial factor to form a long-term relationship between customer and service provider (Arasli et al., 2005; Cronin & Taylor, 1992).





Wellness tourism is one of the areas of domestic and international travel that is growing the quickest. This category of tourism includes people who travel to another area in quest of distinctive, genuine, or location-based experiences as well as those who wish to partake in activities that preserve or enhance their individual health and wellness. Massages, body treatments, facial treatments, exercise facilities and programmes, diet and nutrition plans, preand post-operative spa treatments, and mind-body programmes are all part of wellness tourism. International journal of current..., 2013 - academia.edu (T Arunmozhi, A Panneerselvam. Through international roadshows where market development assistance (MDA) is given to medical and wellness tourism service providers to stimulate abroad promotion, the Indian Ministry of Tourism is actively promoting medical tourism. The government had introduced medical visa to govern medical tourism [L. Singh, African J Hosp Tour Lei 3, 1-11 (2014)]

The definition of wellness tourism as a trip that enables a person to maintain or improve their personal well-being will be discussed in this section. The majority of tourists who choose wellness tourism fall into one of two categories. One is a traveller whose only goal is wellness, and who bases their vacation choice on the wellness amenities a location offers. The secondary wellness traveller, who seeks to maintain their wellness while on any form of trip, is the second type of traveller. What is Wellness Tourism —e -travel Blog). Since there are so many terms that are used interchangeably but frequently refer to different ideas, such as "wellness tourism," "health tourism," "health care tourism," "medical tourism," "holistic tourism," "wellbeing tourism," and "spa tourism," there is a lot of inconsistency in the literature when it comes to the concept of wellness tourism. Despite the fact that wellness tourists can be distinguished from other visitors based on various underlying demands, the term "wellness tourism" is widely used by writers to represent a fairly broad variety of tourist activities and circumstances. The wellness tourism niche has tended to be dominated by the yoga and spa industries. (Letho et al2006).

Daily components of practise, such as combining quality patient care with client financial capabilities and the psycho-socio-emotional reality of euthanasia, pose a threat to even the most tenacious practitioners. In order to distinguish between health and wellness, remember that wellbeing refers to leading a healthy lifestyle whereas health is a state of being. While wellness attempts to improve well-being, health refers to a person's physical, mental, and social well-being. Deborah L. Stowe. A fast expanding segment of modern tourism has been characterised as one which focuses on health and wellness. (Health and wellness Tourism Impact on Uttarakhand Economy). According to Global Wellness Tourism (GWI), wellness tourism is the quest of preserving or developing one's own wellbeing. Travelling with the primary goal of achieving, encouraging, and maintaining the highest level of heath and sense of wellbeing (GWI) is known as wellness tourism. Healthy individuals that care about their fitness and health engage in wellness tourism and concentrate more on preventive activities when travelling. However, it is frequently difficult to distinguish between the categories of health care tourism, medical tourism, and wellness tourism because it is simple for healthcare, medical, and wellness tourism locations to give comparable healthy services like massage, yoga practise, spa treatments, and healthy meals. (Hun Kim, Batra, 2009). Wellness tourism as





a term is often used to describe tourism activities which helps to develop the wellness ,body and mind health ,and quality of life of an individual(Hallet al,2011).

The main reason people travel to far-off places is for wellness tourism, which is a means of keeping excellent health (Times, 2020). Travel aimed at preserving or enhancing someone's wellbeing is known as wellness tourism. There are various sorts of wellness, which could be either physical or mental. Activities might be psychological, physical, or spiritual, but they all work to advance health in some way.. (What is wellness tourism and why is it so popular? -Tourism Teacher) Travelling for the intention of promoting one's physical, mental, or spiritual well-being is known as wellness tourism. While wellness tourism and medical tourism are frequently related because both target improving or maintaining health and quality of life, wellness tourists typically focus on prevention while medical tourists typically travel reactively to receive treatment for a diagnosed disease or condition. (What does wellness tourism mean? (definitions.net) the literature on economics, social science, food marketing, and general social commentary all explore wellness and well-being concepts (McMahon, Tapsell, & Williams, 2010). These phrases also cover happiness and contentment as well as physical, mental, and emotional well-being. In the context of healthcare, the phrases wellness and well-being are also often and differently used. The idea of wellness places a strong emphasis on one's physical, social, and emotional well. (Seppälä, Nykänen, & Ruotsalainen, 2012)

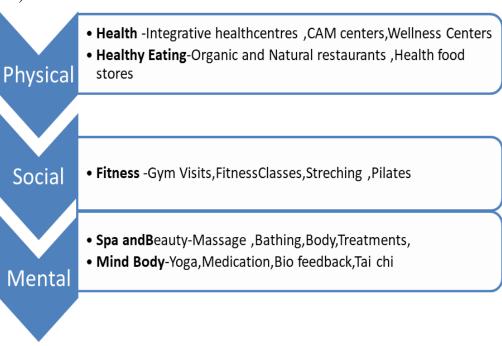
Although wellness tourism has many positive economic effects, it also presents difficulties in delivering high-quality services and fighting to keep customers. The number of wellness service providers is expanding quickly in India. The quality of the services these companies provide has drawn concern from the Ministry of AYUSH. AYUSH encompasses naturopathy, siddha, unani, yoga, ayurveda, yoga, and homoeopathy. The major goal of this ministry, which was founded in 2014, is to promote and inform the public about India's indigenous alternative medical system. To draw more visitors from both inside and outside of India, the ministry concentrates on improving the standard of the wellness delivery facilities. The ministry must concentrate on service quality to attract tourists in light of rising demand and the unrealized potential of wellness tourism. Owing to this fact, service quality has been considered as the most crucial factor to form a long-term relationship between customer and service provider (Arasli et al., 2005; Cronin & Taylor, 1992).

The target market for hotels and resorts with health services, such as Ayurveda and Yoga facilities, is health-conscious vacationers. The Incredible India Campaign, run by the Ministry of Tourism, advertises wellness facilities, conferences, and fairs. Different companies in the travel, hospitality, spa, fitness, and retail industries are motivated by the expansion of wellness tourism to set themselves apart from rivals. According to Majeed (2018), India receives US\$2.3 billion annually from health and medical tourism. Wellness tourism, as defined by SRI, is any travel aimed at preserving or enhancing a person's personal well-being. Wellness tourism promotes the health of the mind, body, emotions, spirit, and environment. It is not acceptable to classify it as medical tourism. Unlike medical tourism, which takes a reactive approach, wellness tourism takes a proactive approach. People who travel abroad to receive





medical care for a disease, ailment, or condition or to have a cosmetic procedure are said to be engaging in medical tourism. They are doing so because they want better access to care, higher-quality care, or a different type of care than they could get at home. Travellers who are actively searching out activities that preserve or improve their own health and wellbeing and who are looking for distinctive, authentic, or location-based experiences or therapies that are not readily available at home are said to be engaging in wellness tourism. (Global Spa Summit LLC 2011).



Unexplored aspects of Wellness Tourism

In Zambia's wellness industry, a safari is mixed with the alluring aspect of a spa. The customer can enjoy watching antelope graze in wildlife forests on sanctuaries while using the spa facility in the Tented Suites. In order to provide a glimpse of the wildlife, Safari Spa Therapy can be implemented in India on the outskirts of sanctuaries. This will boost tourist traffic and draw more customers to Safari Spa's wellness offerings. Famous Indian wildlife preserves including Kaziranga National Park, J&K, Mahatma Gandhi Marine National Park, and the Andam Islands may be prospective locations for the Safari Spa.

Sand Bath

The primary bathing products are sun and sand. Baths in hot sand possibly less successful than a lecture - Group discussions are a time-consuming teaching style that is frequently ineffective compared to lectures. Group discussions take a lot of effort to prepare, whereas lectures take little time respiratory illnesses are treated with psammotheray (Antonellia and Donelli, 2019). To prevent skin infections during sand therapy, the sand's quality must be examined for cleanliness and hygienic conditions. In India, Jaisalmer is where sand bath therapy is provided,





with the option to extend it to other desert regions. The elements of water, sand, and sun are crucial to wellness tourism. Our bones are known to be strengthened by sunbathing and sandbaths. Both sunbath and sandbath are popular among health conscious tourists, but sometimes dirty beaches and poor quality of sand can demotivate customers from trying these segments .

Balneotherapy

Bathing in mineral-rich springs is a therapeutic practice. It is comparable to hot springs because it also employs thermal water. The only distinction is that some city water is significantly more minerally laden than others because of where it comes from. The treatment entails taking a bath in thermal swimming pools, natural thermal lakes, or ponds, or by directly accessing the thermal source.

Hot Water Springs

In some locations, hot springs naturally occur. These springs are 47 to 70 degrees Celsius in temperature. These hot springs have therapeutic properties and help treat joint problems and skin diseases. The presence of hot springs might draw travellers from all over the world. Hydrothermal springs that produce hot water are known as hot water springs.

The Purpose of the Study

The present study seeks to assess how a wellness trip affects the perceived quality of life in the minds of the travellers due to the limitations of the studies on the behaviours of travelling consumers participating in wellness activities. Since phenomenon of wellness travel have not been largely investigated. The concepts of wellness travel appear to be fuzz. To effectively draw up the boundaries of the above niche and to lay a foundation that could guide future studies of its kind, a definition of wellness tourism is given as follows. Wellness tourism prescribes a phenomenon owing to the needs of enhancing personal wellbeing for those traveling to destinations where render services and experiences to rejuvenate the body, mind and spirit of the travelers.

One specific research objective of the study is proposed as follows:

• To gather profile of customers of wellness tourism in Uttarakhand,

The first objective is to gather the profile of the tourist. It familiarises with the term wellness, the expanded wellness models. This research paper delineates the best wellness tourism in globe, India and Uttarakhand. This research paper also throws light on the evolution of wellness tourism. It highlights the significance of the study and also the need of the study. The research paper spells out the research questions to be addressed in the study and clearly defines the objective.





FINDINGS

Nationality	Frequency	Percent
Dutch	1	1.0
German	1	1.0
Greek	1	1.0
Indian	89	89.0
Italian	2	2.0
Norwegian	2	2.0
Polish	1	1.0
Spain	1	1.0
Swiss	1	1.0
USA	1	1.0
Total	100	100.0

We collect the data from the tourist come to Uttarakhand for health and wellness tourism. Simple profile data of 100 tourist of wellness tourism in Uttarakhand is collected. Out of 100 tourists 89% tourist are Indian, 2% tourist are Norwegian and Italian each. Only 1% tourist is from Dutch, German, Greek, Polish, Spain, Swiss and USA each.

Table....

Gender	Frequency	Percent
MALE	43	43.0
FEMALE	57	57.0
Total	100	100.0

We categories our data by gender. Out of 100 tourists 57% tourist are female, followed by 43% tourist are male.

Age	Frequency	Percent
Less than 30 years	70	70.0
31-40 years	23	23.0
41-50 years	4	4.0
51-60	3	3.0
Total	100	100.0

We categories our data by age. Out of 100 tourists 70% tourist are less than 30 years, followed by 23% tourist are between 31-40 years. 4% tourists are between 41-50 years. Only 3% tourists are between 51-60 years.

Table....

Marital status	Frequency	Percent
Single	88	88.0
Married (Without Children)	5	5.0
Married (With Children)	7	7.0
Total	100	100.0





We categories our data by marital status. Out of 100 tourists 88% tourist are single, followed by 7% tourist are married (with children) and only 5% tourist are married (Without Children).

Table....

Type of Family	Frequency	Percent
Nuclear	65	65.0
Joint	35	35.0
Total	100	100.0

We categories our data by type of family. Out of 100 tourists 65% tourist are from nuclear family. 35% tourists are from joint family.

Level of Education	Frequency	Percent
Bachelor	70	70.0
Master	27	27.0
PhD	3	3.0
Total	100	100.0

We categories our data by level of education. Out of 100 tourists 70% tourist have bachelor degree followed by 27% tourists are have bachelor degree. Only 3% tourist have PhD degree.

Table....

Occupation	Frequency	Percent
Self Employed	44	44.0
Private Sector	39	39.0
GovernmentSector	7	7.0
Business	10	10.0
Total	100	100.0

We categories our data by occupation. Out of 100 tourists 44% tourist are self-employed, followed by 39% tourists work in private sector. 10% tourist are businessman. Only 7% tourists work in government sector.

Table....

Annual Household Income	Frequency	Percent
Below 6 lakh	45	45.0
6-12 lakh	35	35.0
12-20 lakh	12	12.0
More than 20 lakh	8	8.0
Total	100	100.0

We categories our data by annual household income. Out of 100 tourists 45% tourist annual income is below 6 lakh, followed by 35% tourists annual income between 6-12 lakh. 12% tourists annual income between 12-20 lakh and only 8% tourists annual income is more than 20 lakh.





METHOD

The findings and conclusion are covered in this research paper. Results have come out from the quantitative analysis. Quantitative analyses have been done on the primary data, which was collected through the schedule. The objective of quantitative analyses is to get the opinions of domestic and international wellness tourists and stakeholders from the study area on different aspects of study area wellness tourism.

At the first stage of research, a series of structured surveys was carried out. The questionnaire for the survey was originally written in English. In consultation with tour operators and tourism scholars, the study showed that spa resorts, providing natural thermal water and emphasizing herbal meals, have been regarded as the key player hosting and promoting the wellness theme of travel.

In light of the foregoing idea, the study established the sampling frame. The potential research locations for the ensuing on-site questionnaires were narrowed down to a select few notable hotels. However, thirty hotels agreed to join the study. In total, the sample of 100 visitors to spa hotels were deemed as useful and analyzed further. The descriptive analysis and frequencies cross tabs and weighted ranking method was conducted.

CONCLUSION

Wellness Tourism in Uttarakhand is in the euphoria stage. The primary motivation of the people visiting Uttarakhand is for holiday and relaxation. The framework of the Wellness Tourism in Garhwal region of Uttarakhand is very narrowly defined. Most of the budget category hotels located in Uttarakhand is not designed to provide wellness tourism standards and requirements.

There needs to be a uniform policy for wellness tourism because there is no coordination among the independent providers of these services. To draw in more visitors, Uttarakhand Wellness tourism needs to be positioned, branded, and imaged correctly.

The findings indicated that Wellness tourism is indeed a very suitable tourism option for Uttarakhand considering the climate, geography, and infrastructure. Following in the study, it was found that there were more female travelling to wellness centers. People who are single are travelling more to the wellness centers. Last but not least, it is also evident that a greater proportion of self-employed people travel.

The Wellness tourism market also evolved among professionals who perceive it as to rest and relieve from their work stresses. This study suggests that marketing strategies for Wellness Tourism in Uttarakhand should focus on the individual tourist health-related needs and wants.

As relaxation and pampering are the significant motivational factors for Wellness tourists and Wellness providers should position their centres based on the relaxation attributes that may stimulate a relaxing mood throughout their Wellness experiences — the atmosphere/environment, layout and decoration, the trained staff members, and Wellness treatments.





References

- 1) Aerts, J. C., Botzen, W. J., Clarke, K. C., Cutter, S. L., Hall, J. W., Merz, B., ... Kunreuther, H. (2018). Integrating human behaviour dynamics into flood disaster risk assessment. Nature Climate Change, 8(3), 193–199.
- Akhshik, A., Rezapouraghdam, H., & Ramkissoon, H. (2020). Industrialization of nature in the time of complexity unawareness: The case of Chitgar Lake, Iran. Journal of Hospitality & Tourism Research, 1096348020964949
- 3) Andereck, K. L., & Nyaupane, G. P. (2011). Exploring the nature of tourism and quality of life perceptions among residents. Journal of Travel Research, 50(3), 248–260. https://doi.org/10.1177/0047287510362918
- 4) Armitage, R., & Nellums, L. B. (2020). The COVID-19 response must be disability inclusive. The Lancet. Public Health, 5(5), e257 https://doi.org/10.1016/S2468-2667(20)30076-1
- 5) Arnott, D. C., Wilson, D., Massey, G. R., & Kyriazis, E. (2007). Interpersonal trust between marketing and R&D during new product development projects. European Journal of Marketing. https://doi.org/10.1108/03090560710773381
- 6) Arora, T., & Grey, I. (2020). Health behaviour changes during COVID-19 and the potential consequences: A minireview. Journal of Health Psychology, 25(9), 1155–1163. https://doi.org/10.1177/1359105320937053
- 7) Aronson, L. (2020). Age, complexity, and crisis—A prescription for progress in pandemic. New England Journal of Medicine. https://doi.org/10.1056/NEJMp2006115
- 8) Beery, T., & J€onsson, K. I. (2017). Outdoor recreation and place attachment: Exploring the potential of outdoor recreation within a UNESCO Biosphere Reserve. Journal of Outdoor Recreation and Tourism, 17, 54 –63. https://doi.org/10.1016/j.jort.2017.01.002
- 9) Betsch, C., Wieler, L. H., & Habersaat, K. (2020). Monitoring behavioural insights related to COVID-19. The Lancet, 395(10232), 1255–1256.
- 10) Bian, Y., Miao, X., Lu, X., Ma, X., & Guo, X. (2020). The emergence of a COVID-19 related social capital: the case of China. International Journal of Sociology, 50(5), 419–433. https://doi.org/10.1080/00207659.2020.1802141
- 11) Blau, P. M. (1964). Exchange and power in social life. John Wiley & Sons.
- 12) Bowlby, J. (1962). Deprivation of maternal care. World Health Organization.
- 13) Bowlby, J. (1980). Attachment and loss: Vol. 3: Loss. Hogarth Press and the Institute of Psycho-Analysis.
- 14) Bowlby, J. (1988). The role of attachment in personality development and psychopathology.
- 15) Brammer, S., & Clark, T. (2020). COVID-19 and management education: Reflections on challenges, opportunities, and potential futures. British Journal of Management, 31(3), 453–456. https://doi.org/10.1111/1467-8551.12425
- 16) Brouder, P. (2020). Reset redux: Possible evolutionary pathways towards the transformation of tourism in a COVID19 world. Tourism Geographies, 22(3), 484–487. https://doi.org/10.1080/14616688.2020.1760928
- 17) Buta, N., Holland, S. M., & Kaplanidou, K. (2014). Local communities and protected areas: The mediating role of place attachment for pro-environmental civic engagement. Journal of Outdoor Recreation and Tourism, 5, 1–10. https://doi.org/10.1016/j.jort.2014.01.001
- 18) Carr, A. (2020). COVID-19, indigenous peoples and tourism: a view from New Zealand. Tourism Geographies, 1 –12. https://doi.org/10.1080/14616688.2020.1768433.





- 19) Chanchaichujit, K., Holmes, K., Dickinson, S., & Ramkissoon, H. (2020). The role of place affect in forming emotional bonds with unvisited destinations.
- 20) CAUTHE 2020: 20: 20 Vision: New Perspectives on the Diversity of Hospitality, Tourism and Events, 693.
- 21) Charag, A. H., Fazili, A. I., & Bashir, I. (2020). Residents' perception towards tourism impacts in Kashmir. International Journal of Tourism Cities. https://doi.org/10.1108/IJTC-11-2019-0202
- 22) Cheer, J. M., Milano, C., & Novelli, M. (2019). Tourism and community resilience in the Anthropocene: Accentuating temporal overtourism. Journal of Sustainable Tourism, 27(4), 554–572. https://doi.org/10.1080/09669582.2019. 1578363
- 23) Chen, N., & Dwyer, L. (2018). Residents' place satisfaction and place attachment on destination brand-building behaviors: Conceptual and empirical differentiation. Journal of Travel Research, 57(8), 1026–1041.
- 24) Cialdini, R. B., & Goldstein, N. J. (2004). Social influence: Compliance and conformity. Annual Review of Psychology, 55(1), 591–621. https://doi.org/10.1146/annurev.psych.55.090902.142015
- 25) Clark, W. A., Duque-Calvache, R., & Palomares-Linares, I. (2017). Place attachment and the decision to stay in the neighbourhood. Population, Space and Place, 23(2), e2001. https://doi.org/10.1002/psp.2001
- 26) Croes, R., Ridderstaat, J., & van Niekerk, M. (2018). Connecting quality of life, tourism specialization, and economic growth in small island destinations: The case of Malta. Tourism Management, 65, 212–223. https://doi.org/10.1016/j.tourman.2017.10.010
- 27) Davis, F. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. MIS Quarterly, 13(3), 319-340
- 28) Dillette, A., Douglas, A. & Andrzejewski, C. (2019) Yoga tourism a catalyst for transformation? Annals of Leisure Research, 22:1, 22-1, DOI: 10.1080/11745398.2018.1459195
- 29) Dutta-Bergman, M. J. (2004). Primary sources of health information: Comparisons in the domain of health attitudes, health cognitions, and health behaviors. Health communication, 16(3), 273288.
- 30) Go, H. & Gretzel, U. (2010). Tourism Marketing Opportunities in Virtual Worlds: The Case of Second Life. Retrieved March 2013 from: http://sites.Google.com
- 31) G€ossling, S., Scott, D., & Hall, C. (2020). Pandemics, tourism and global change: A rapid assessment of COVID-19. Journal of Sustainable Tourism. 10.1080/09669582.2020.1758708
- 32) Gould, W. (1998). African mortality and the newurban penalty'. Health & place, 4(2), 171-181.
- 33) Gretzel, U. (2011). Intelligent Systems. Annals of Tourism Research, 38(3), 757-779. Gunn, C. (1979). Tourism Planning. New York: Crane Russack.
- 34) Hall, C. (2006). Tourism, biodiversity and global environmental change. In S. G€ossling & C. M.
- 35) Hall (Eds.), Tourism and global environmental change: Ecological, economic, social and political interrelationships (pp. 142–156). Routledge.
- 36) Hall, M., Scott, D. & Gössling, S. (2020): Pandemics, transformations and tourism: be careful what you wish for. Tourism Geographies, DOI: 10.1080/14616688.2020.1759131 Higgins-Desbiolles, F. (2020): Socialising tourism for social and ecological justice after COVID19. Tourism Geographies, DOI: 10.1080/14616688.2020.1757748
- 37) Koval`, O. 2016. Medical tourism: Leisure or treatment? The latest aspects. Tour inform Zakarpattya. Available at: http://tourinform.org.ua/medychnyj-turyzm-vidpochynok-chy-likuvannya-novitni-aspekty-2. (in Ukrainian)





- 38) Marcekova, R., Simockova, S., Sebova, L. 2016. Health tourism in the context of active ageing of Slovak population, Economic Annals-XXI. 156(1-2): 109-111. 2016 DOI: http://dx.doi.org/10.21003/ea.V156-0016
- 39) Peacock, L. 2016. Medical tourism in Asia. Smart Travel Asia. Available at: http://www.smarttravelasia.com/MedicalTourism.htm
- 40) Pogodayev, E.S. 2013. Marketing of works as a source of the new hybrid offerings in widened marketing of goods, works and services, Journal of Business & Industrial Marketing, 28 (8): 638-648. DOI:https://doi.org/10.1108/JBIM-04-2012-0069
- 41) Poleshchuk, N. 2010. Health tourism a popular trend in the development of world tourism. Materials of international scientific-practical conference overcoming economic and financial crisis: the experience of Germany and Belarus, 108-111 pp.
- 42) Ratner, C. 2019. Who owns medical tourism? Reaction to the Mta v Imta legal action. International Medical Travel Journal. Available at: http://www.imtj.com/articles/2009/mta-v-imta-legal-action-30018/
- 43) Sari, Y., et al. 2019. Model of improving tourism industry performance through innovation capability. Journal of Environmental Management and Tourism, 10 (4): 853-864. DOI: https://doi.org/10.14505//jemt.10.4 (36).16.
- 44) Somov, D. 2019. The functional approach to strategic management. Economic Annals-XXI, 171(5-6), 19-22. DOI: https://doi.org/10.21003/ea.V171-03 [

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