

## Chapter 6

# The Health Tourist — Searching for the Fountain of Youth in Incredible India

‘If you’re looking for plastic surgery, correction of congenital malformation, teeth-whitening services and other beauty-enhancing cosmetic surgery, Kerala offers highly specialised departments and expert surgeons to take care of your needs’ reads the Joan Collins’ advertisement on the official Indian Tourist Board website. Michelle Harris is one of those consumers who are looking for first-class medical services at a third-world cost and wants to combine it with a holiday. Kerala in Southern India with its secluded hotels, relaxing backwaters, coconut groves and majestic beaches seems the perfect choice. Michelle, a recently retired teacher, wants to enhance her figure and feel young again. Friends have tried it, so she wants to do it. So, let the story begin.

This is Michelle’s story in 2022

### Introduction

An affluent and ageing society allows consumers to refine their approach to health because they now have the choice of striving for perfect health, as opposed to merely living disease-free. The elderly are the most frequent users of health-related goods and services. Consumers have begun to realise their capacity for longevity and to demand a fit and active lifestyle in their golden years. This means that consumers are searching for ways through which to slow down the ageing process or even discover the fountain of youth. It is not surprising, therefore, to note the rise of medical tourism holidays in South Africa or the greater use of alternative approaches to health, such as yoga, Chinese herbal medicines and spas.

This chapter sets out to

- Show why health and beauty tourism is important for the future
- Analyse the trends and drivers which shape health in society
- Demonstrate how a country’s tourism product is using this trend, with India as an example
- Study the prospects for health and beauty tourism

Travel to enhance one's health is not new; Durie (2006) writes about 'taking the waters' in the 1800s in the hydro towns of Scotland or German spas such as Baden-Baden. In the late nineteenth century, the emerging urban middle class sought the healthy benefits of fresh sea water or mountain air as an antidote to the overcrowding and pollution caused by industrialisation. Many flocked to spas in pristine mountain locations or by the sea, particularly in Europe and the United Kingdom. In the early twentieth century, 'health farms' or 'fat farms' emerged, with an emphasis on fitness and a healthy diet. According to a report by Mintel on Health and Wellness (Mintel, 2004b), the modern era of health tourism is considered to have begun in 1939 when Deborah and Edmond Szekely opened a US \$17.50-a-week, bring-your-tent spa and healthy-living retreat, which became the renowned Rancho La Puerta fitness resort in Mexico. In the same vein, Mel and Enid Zuckerman opened the Canyon Ranch, Tucson, Arizona, in 1979. Today, both locations still provide pampering, fitness activities and medically supervised wellness programmes to their high-paying clientele. They have established important models which have been copied and modified around the world. Today, health and travel have become global phenomena, to the extent that a trend has emerged, giving new meaning to the idea of going on holiday and returning 'a new person'. Whether this is a nip and tuck in a Beverley Hills' clinic or accruing a new set of teeth in Costa Rica for US \$6000, health and beauty as the main reason for travel is a burgeoning market because travellers like Michelle search for the fountain of youth.

## What Are the Key Trends Shaping This Phenomenon?

Over the past two decades, society has witnessed a steady growth in disposable income and further growth is anticipated over the next 20 years.

Figure 6.1 shows that staying fit and healthy has been consumers' top priority since 1983, according to the Future Foundation's *Changing Lives* Survey, and it will continue to be so in the future. The World Health Organisation predicts that 'health' will be the world's number-one industry by 2022 (Lister, 1999). Today's society is aligned between the consumers' strong interest in health and the rising affluence, resulting in a plethora of consumer products, whether anti-ageing creams or medical procedures.

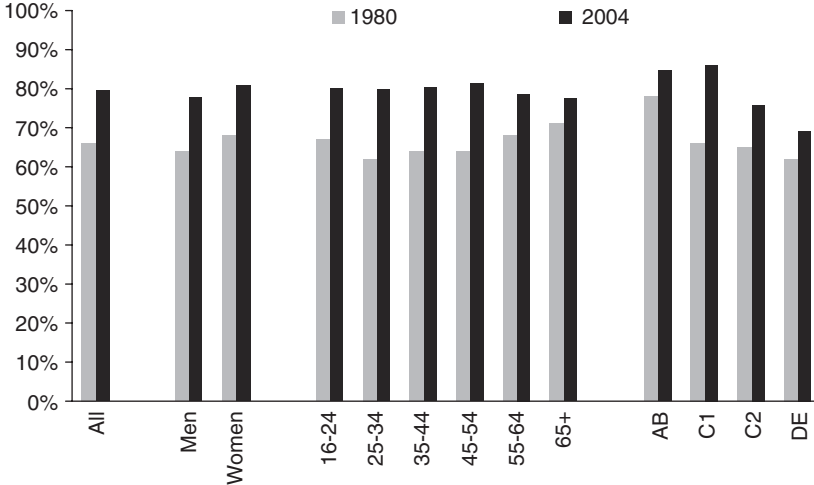
Two of the measures of society's well-being are life expectancy and rates of infant mortality; when combined, these measures paint a picture of the age structure of society as it will be in the years to come (Figure 6.2). Living longer means that consumers have more time to do the things that they want to do. Part of this is as a result of advances in medicine, but it also has to do with affluence and looking after one's health. These health-related trends affect the demographic composition of UK society. Declining infant mortality, increased life expectancy and couples deciding to have children later in life have led to a shift in the age composition of society at large — fewer young people and more old people.

Between 2005 and 2030, the proportion of the UK population aged 50+ will increase by more than 40% whilst there will be negligible, and perhaps even negative,

**Concern about staying fit and healthy, by gender, age and social grade**

Proportion of adults who say they are concerned about trying to stay fit and healthy

"Some of the things people have told us they are concerned about are listed here. For each item, please tell me whether you find you are concerned about it at all... Trying to stay fit and healthy"



Source: nVision Research/Taylor Nelson Sofres  
Base: 1000 adults aged 16+, UK



8576: Growing Consumerism in the UK Healthcare Market

Figure 6.1: Concern for staying fit.

By gender  
2002 based forecast



Source: Population Trends, National Statistics/nVision  
Base: UK



5057: Growing Consumerism in the UK Healthcare Market

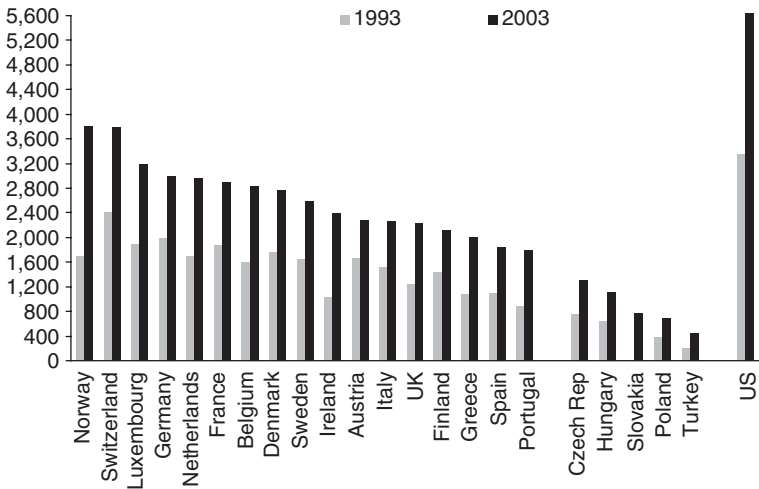
Figure 6.2: Life expectancy at birth in the United Kingdom.

growth in the population aged under 50. It can be anticipated that advances in science will play a greater role in shaping the demographic structure of UK society through the increased success of IVF treatments, new treatments for cancer, the role of genetic engineering and, potentially, an HIV vaccine. All of these point in the same direction — increased longevity. Therefore, it is anticipated that in the future health care will become even more dominated by the needs of the elderly and also by the people's desire to remain fit and active for longer in life. By 2030, health will be a core driver of tourism experiences. In fact, the World Health Organisation has forecasted that health care will represent 12% of the world GDP by 2022, followed by tourism at 11% (Lister, 1999).

### Health Behaviour and the Consumer

The centrality of health in modern society is demonstrated by the progressive increase in expenditure in both public and private sectors, and rising insurance premiums. Across the developed world, healthcare spending is rising and will continue to do so as population ages, new treatments are demanded and price inflation in the sector remains high. Since 1970, the average real growth in spend in rich countries outside America has been 4.0% a year. The OECD (2006) data in Figure 6.3 show the annual, per person healthcare spend in purchasing power parities (PPP) varies from around US \$700 in Poland and Slovakia to above US \$3500 in

In USD PPP (Purchasing Power Parities)



Source: OECD/nVision



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Figure 6.3: Total health expenditure per capita in Europe and the United States, by country.

Switzerland and Norway. Continental Western Europe and the Nordic countries fall between US \$2300 and US \$2800. Spain and Portugal rank at the bottom of the EU 15 countries, with figures around US \$2000. In America, expenditure has now reached almost 15% of the GDP, by far the highest share anywhere.

**Our Perception of Our Own Health**

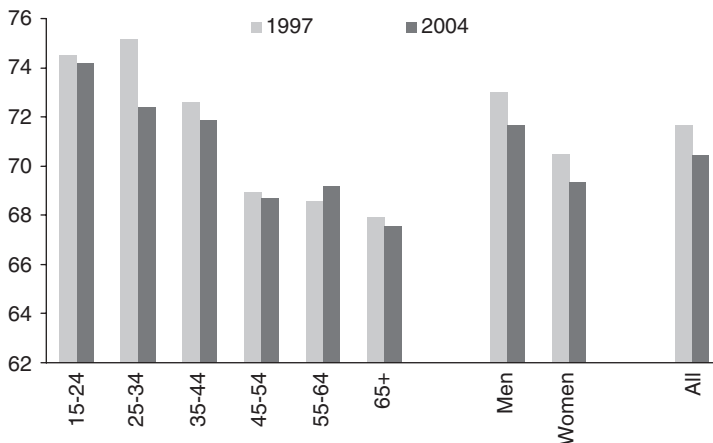
Are we satisfied with our own health? Figure 6.4 shows that women are less satisfied with their health than men are. Moreover, satisfaction with health naturally declines across the age groups, with older Britons being less satisfied than younger ones. Bodies fail as people get older and, as a result, satisfaction with health declines. Accordingly, as expectations of perfect health increase in society, people perceive that their bodies are failing to conform to this standard. Therefore, consumers will search for the fountain of youth and the resultant consumer trend is that healthcare expenditure will exponentially rise.

Incidence of illness increases significantly as people get older. The conditions that account for the majority of the diseases in Europe are primarily related to age, such as cancer and cardiovascular diseases. Success with preventive measures and advances in treatment for hypertension, cardiovascular diseases and diabetes have had the effect of blunting mortality from these diseases. Yet these same

**Satisfaction with own health, by age and gender**

Mean levels of satisfaction on a 100 point scale, with 100 being completely satisfied and 1 being completely unsatisfied

“How dissatisfied or satisfied are you with your health”



Source: British Household Panel Study/nVision  
 Base: 10,000 residents aged 16+ on 1 December, UK



Figure 6.4: Satisfaction with own health.

advancements may leave more elderly people — by virtue of the longevity which has been created by medicine — experiencing increased disability and dependency.

**Living Longer**

People are living longer. However, do people live longer and better or only gain years of life in poor health? Figure 6.5 shows the healthy life years' expectancy (HLYE) indicator. It measures the number of remaining years that a person is expected to live in a healthy condition. Data show that as time passes and society gets wealthier, the number of healthy life years tends to increase. This means that although one may live longer, most of this incremental time will be spent in active health. Yet the period of ill health at the end of an active life will remain the same length. This phenomenon is sometimes discussed under the term 'compressed morbidity'. Currently, in Europe, at the age of 65, one can expect to have another 18 years left, of which, on average, around 10 should be disability-free. By 2030, this is forecast to rise to 25 extra years of life for 65 year olds.

Over the past decade, substantial lifestyle changes have led to variations in causes of death. Mortality rates from heart disease, strokes and cancer have declined, while behavioural changes have led to an increased prevalence of obesity and diabetes. In 2006, 22% of the British, 20% of the German, 13% of the Spanish and 10% of the French populations were considered to be clinically obese. This is defined as the proportion of people with a body mass index (BMI) of over 30. Childhood obesity is

**Healthy life expectancy at 65 across Europe, by gender within country**

The indicator 'healthy life years' measures the number of remaining years that a person of a specific age is still expected to live in a healthy condition. A healthy condition is defined by the absence of limitations in functioning/disability

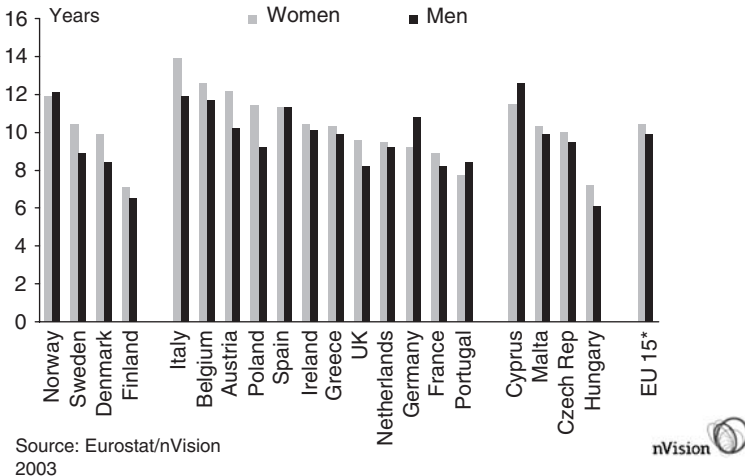


Figure 6.5: Healthy life years' expectancy.

of most concern looking at the socio-demographics of obesity across Europe; observations can be made about obesity amongst people in the lower social classes and those who have terminated their education at an earlier age, that is, below 18 years. In some cases obesity is due to genetic defects, yet the stresses and strains associated with economic disadvantage have the potential for creating food dependency as a type of addiction. It is important to remember that mass affluence, knowledge of health issues and interest in being healthy can be unevenly distributed, leading to a polarisation of health within European societies. Those who can afford better healthcare are likely to pay for it.

### *Lifestyles*

The growth of sedentary jobs from physically demanding occupations to more desk-based ones means a shift to less physical activity for many people, leading to a more sedentary lifestyle overall, which partly explains the rise in obesity over recent years. A healthy body craves physical movement and consumers, who now have a less active working life, are actively searching for new outlets for that urge, such as visit to the gym, alternative medicine or diet.

Whilst diet, nutrition and alternative medicine seem to be the domain of women, physical activity through sport remains a solid interest for men. Still, since 1970, women have made notable gains, with women's participation in sports doubling (Figure 6.6). However, for women regular participation in organised sports clubs is less frequent than taking part in sports as individuals. This suggests that the qualitative nature of physical activity is changing, which seems to mirror the transformation of the health and fitness industry in the past few years. Participation in sports club activities is just one of many leisure pursuits from which to choose.

Smoking is both expensive and physically damaging. It has been estimated that, at today's prices, a 20-a-day smoker will spend more than \$120,000 over the next 20 years. In the European Union alone, smoking-related illness causes 500,000 deaths per year, 10% of them are non-smokers killed by passive smoking (Future Foundation, 2006b). Hence, the governments of several Western countries have launched initiatives to ban smoking in public places. One thing that is certain — there will be fewer smokers in the future.

Over the last decade we have witnessed heightened public concern about alcohol consumption levels. There has been particular anxiety in many countries about the phenomenon of binge drinking associated with anti-social behaviour, to the extent that the Scottish Parliament has passed legislation to curb this problem (PA, 2005). Growing health worries about the effects of alcohol, combined with an increased interest in 'staying fit and healthy', are clearly going to have an impact on the consumption levels of alcoholic drinks in the future. Some of these health concerns have been driven by government communications, pressure groups and the media, all trying to do something to alleviate the health and social problems caused by alcohol abuse and binge drinking.

Figure 6.7 shows data on overall levels of alcohol consumption, measured in litres per person per capita by year. At an EU level, data indicate stable levels of

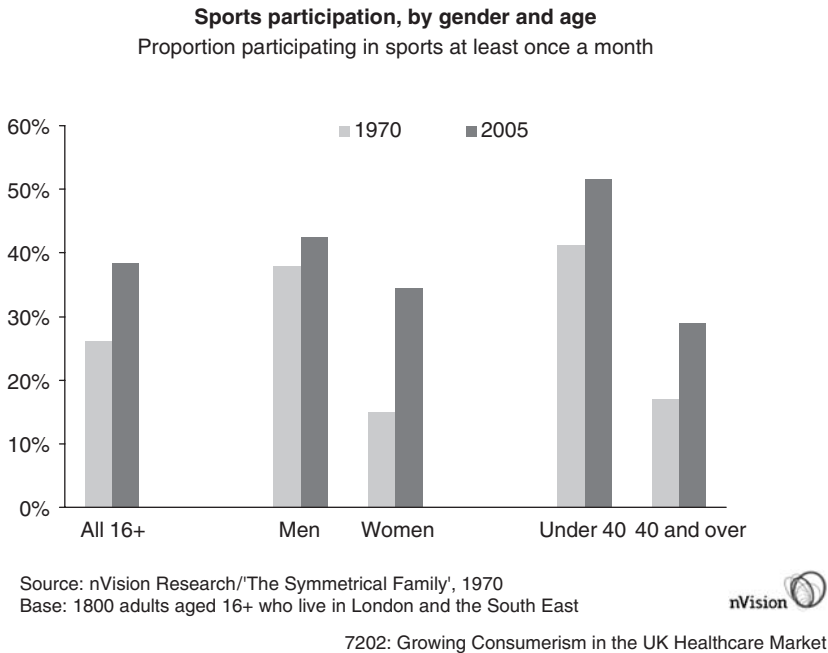


Figure 6.6: Sports participation in the United Kingdom since 1970.

consumption over the last 15 years. Remarkable variations can be noted between countries. In some countries, such as France, Germany and Portugal, consumption levels have fallen. The trend has been stable in other countries, such as Denmark, Netherlands and Poland, whilst in some — Ireland, Latvia and Lithuania — people have increased their alcohol intake in recent years. There does not seem to be any geographical pattern to explain these trends.

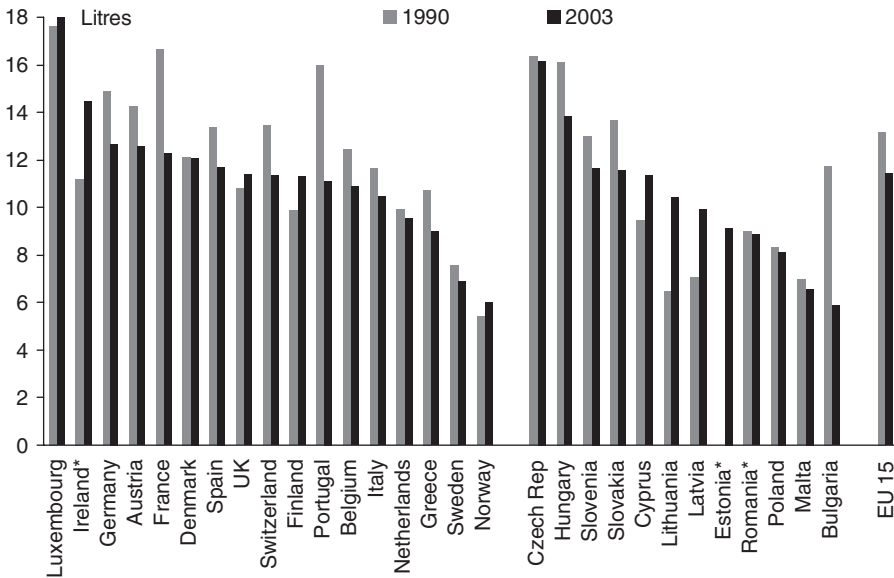
Basic health care is available to all who live in the United Kingdom. However, this does not mean that there is no consumer activity in the area of healthcare and maintenance. The health of society is paradoxical — despite being healthier, we are less happy with our image and are likely to report more health problems than in the past. This paradox seems to encourage us towards preventing ill health through better nutrition and more exercise, whilst at the same time opting for alternative treatments which are unlikely to be covered by either private medical insurance or the NHS (e.g. acupuncture, homeopathy) and other Eastern medical practices.

***Searching for an Alternative?***

More and more people are choosing alternative medicines as a way of augmenting conventional medicines or as an alternative to mainstream healthcare, as shown in Figure 6.8.



**Alcohol consumption trend, by country**  
Litres of pure alcohol per person per year



Source: World Health Organisation/nVision  
Base: Aged 15+

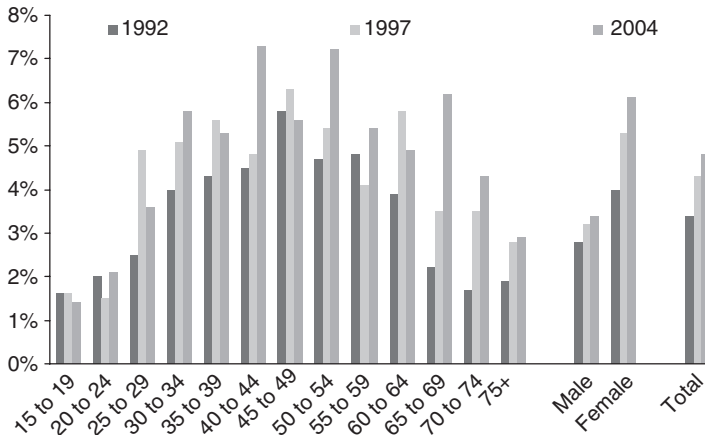


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Figure 6.7: Alcohol consumption trends in Europe.

Considering that women report more health problems than men, are more likely to be clinically obese or overweight and are more likely to report the conditions, it is not surprising that key health behaviours show a gendered pattern. Women are more likely than men to try alternative medicine and treatments, including acupuncture, homeopathy, osteopathy and Chinese medicine. Furthermore, a higher proportion of women have used alternative medicine in the recent past than women did before. Also, increasing use of alternative medicine is more noticeable among younger Britons. For example, in 1992 about 2% of Britons aged 20 to 24 used alternative medicine. By the time this group reached the age of 25 to 29 in 1997, about 5% of them used alternative medicine. Seven years later, in 2004, over 5% of those aged 35 to 39 — the same cohort — used alternative medicine. Examining cohorts in this way across time, we are able to note that, within cohorts, younger Britons tend to be more likely to turn to alternative medicine and treatments. Those aged 50 to 54 and older in 1992 tended not to turn to alternative medicine over time as they moved through this time span. Since the trend in trying alternative medicine indicates that youthful adopters are the most likely to do so, this implies a further social diffusion of alternative health ideas in the United Kingdom over the next 10–20 years.

**Increasing use of alternative medicine**  
Proportion reporting that they have used alternative medicine in the prior year



Source: British Household Panel Study/nVision  
Base: 10,000+ adults age 16+, Britain, 2004



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Figure 6.8: Increasing use of alternative medicines.

As a rough indication of growing cultural interest, [Figure 6.9](#) shows the number of newspaper articles in the UK press mentioning 'Eastern Medicine'. A clear historical jump occurs between 1997 and 1998. Eastern and alternative medicines, with their holistic way of preventing disease and ill health, will likely see a flowering in the West. Growing affluence and dissatisfaction with current health services could motivate people to try alternative approaches. In other words, basic health via Western sources will be taken for granted, while the pursuit of perfect health will lead a greater number to alternative medicine.

Consumers have the ability to increase their own life expectancy through their everyday behaviour. Improvements in diet and exercise regimes, reductions in stress and the judicious exclusion of alcohol and cigarettes can add years to people's lives. Improved education — in schools, by the media and by government — means that consumers are better informed about health matters than previous generations were, and therefore are more able and willing to make important and life-extending changes to their lifestyles.

According to the Future Foundation (2006b), 'being in good health' is found to contribute most to the quality of life. It is the wish that people place at the top of their list of priorities. For today's consumers, the concept of well-being has become a key factor contributing to their satisfaction with life. This happens as a direct consequence of affluence; as consumers get wealthier, the number of aspirations in all

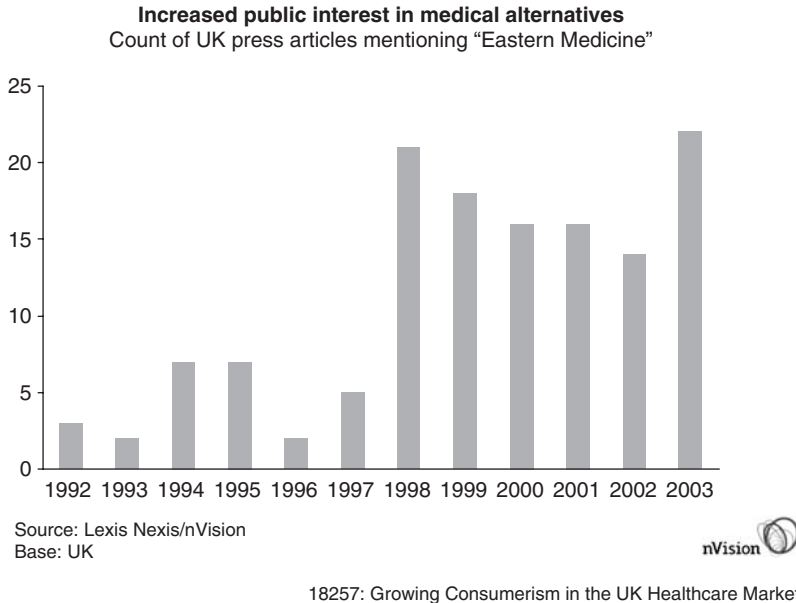


Figure 6.9: Increased public interest in medical alternatives.

areas of life tends to rise. The average consumer has come to expect a lot from life — indeed, much dissatisfaction in modern society comes when those expectations are not met. Thus, people expect to have successful careers, live in nice houses, be great parents, feel energetic and keep in good shape, among other aspirations. The message here is that people seek fulfilment in every aspect of life; they want to get the most from everything they do or buy. The search of well-being is likely to have huge consequences on the way consumers behave; as people become more health conscious, they tend to change their lifestyles accordingly.

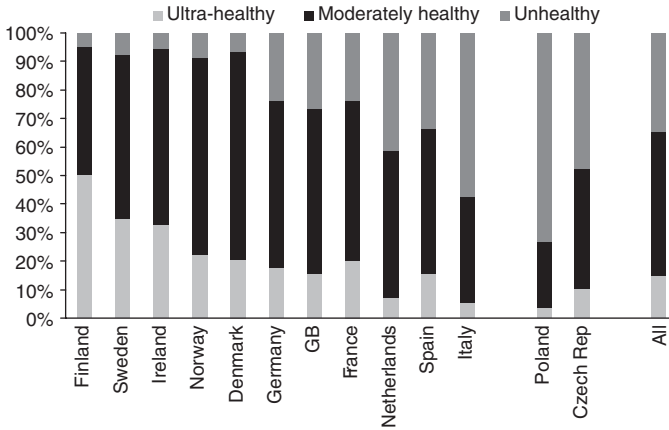
European consumers can be segmented according to different combinations of healthy and unhealthy behaviour (Figure 6.10). The Future Foundation's *Changing Lives* Survey research asked consumers for two indications of a healthy lifestyle (e.g. eat a good balanced diet and exercise at least twice a week) and for three indications of an unhealthy lifestyle (e.g. regularly drink alcohol, smoke and feel stressed). They also asked for a health self-assessment of the respondent's lifestyle. The Future Foundation (2006a) has identified three broad categories. First is the 'ultra-healthy' cluster: this category includes people who claim to eat a healthy and balanced diet, to exercise twice a week, to not drink alcohol regularly and not to smoke. We observe that, according to this measure, the proportion of people who actively pursue an almost 'monastic' lifestyle are indeed a minority, approximately just 15% of the European population.

The second category is that of the 'moderately healthy'. This group is difficult to categorise as they combine unhealthy and healthy lifestyles, such as eating well and

**Healthy lifestyle segmentation in Europe, by country**

% who combine different types of healthy and unhealthy behaviours (see notes for segmentation method)

"Now let's talk about your lifestyle do you or don't you..."Eat a good balanced diet... Exercise at least twice a week... Regularly drink alcohol... Smoke?"



Source: nVision Research  
Base: 1,000 per country aged 15+, 2005



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Figure 6.10: Healthy lifestyle segmentation.

exercising, but also drinking and smoking — or a combination of both sides of the fence. Half of European consumers fall into this category.

The third category is the ‘unhealthy’ group, which, approximately, accounts for 35% of European consumers. These are the people who do not think they eat a healthy diet, do not exercise, and some also smoke or drink or both.

There are very significant differences to take into account between countries, with Finland and Sweden, for example, having a much higher proportion of people in the ultra-healthy segment. This is probably because of the low levels of smoking and the very high proportion of people exercising on a regular basis. On the other hand, Italy displays the highest proportion of people in the unhealthy segment. This seems to conflict with the fact that Italy has the highest level of life expectancy in Europe and very good health outcomes in general. Therefore, this good health could be the result of good weather, the Mediterranean diet and relaxed lifestyles, or simply that, culturally, people may be less prone to describe their diet as healthy, compared to people in other countries.

Health in an advanced consumer society is riddled with cultural paradoxes. Despite being healthier, people are more demanding of their health and more likely to report problems than people would have done in the past. Consumers feel more empowered to choose alternative cures and with proliferation of information on the Internet and in other media sources, it is raising people’s knowledge of, and interest in, the field.

In the context of growing reported stress levels, the use of natural remedies and the practice of yoga and meditation — all self-motivated health activities — have risen in popularity in most European countries. Figure 6.11 shows that a remarkable proportion of consumers already use herbal medicines quite often; for instance, 36% of people in Switzerland, 28% in Austria and 26% in Hungary claim to use herbal medicines ‘always or almost always’ when they have a health problem.

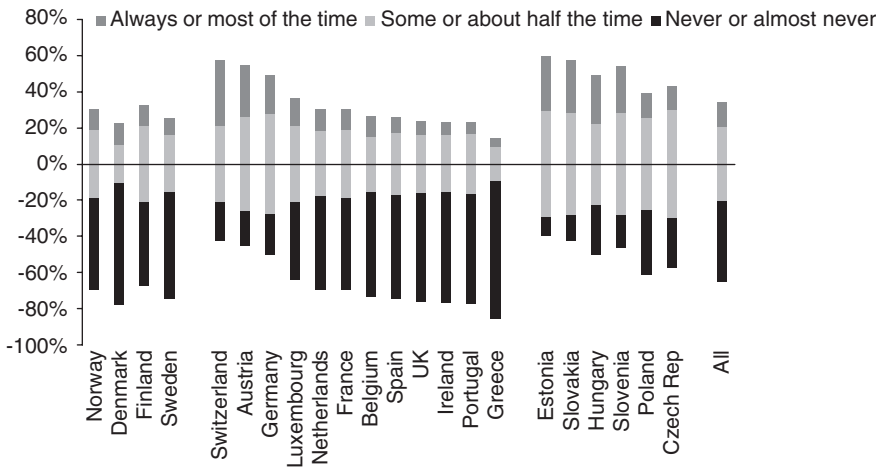
All this shows an increased awareness and understanding of health-related issues as well as a willingness by people to take responsibility for achieving their own health aspirations. No longer happy to be viewed as bodies that occasionally need fixing, more and more people are demanding to be viewed as a ‘whole person’. The popularity of holistic (literally meaning ‘the complete person’) medicine is a direct consequence of this. Hence the trend seems to point towards consumers taking more and more responsibility for their well-being and acting accordingly.

It seems that modern society and its stresses have together provoked a broad range of mental anxieties and phobias. Probably depression is the most common. The number of people with depression is hard to estimate. Epidemiologists (Weissman et al., 1996) have found that rates of major depression throughout the world range between 4% and 10% of the population. Anxiety or depression is

**Use of herbal remedies, by country**

% who use herbal remedies always, sometimes or never

“When you have a health problem, how often do you use herbal remedies?”



Source: European Social Survey/nVision  
Base: 2,000 per country aged 15+, 2005



Figure 6.11: Use of herbal remedies.

linked to pressures in everyday life as over half of us report feeling under pressure in our daily lives, with over two-thirds of those between the ages of 25 and 34. Only the retired, those over the age of 65, report low levels of time pressure in everyday life (Future Foundation, 2006).

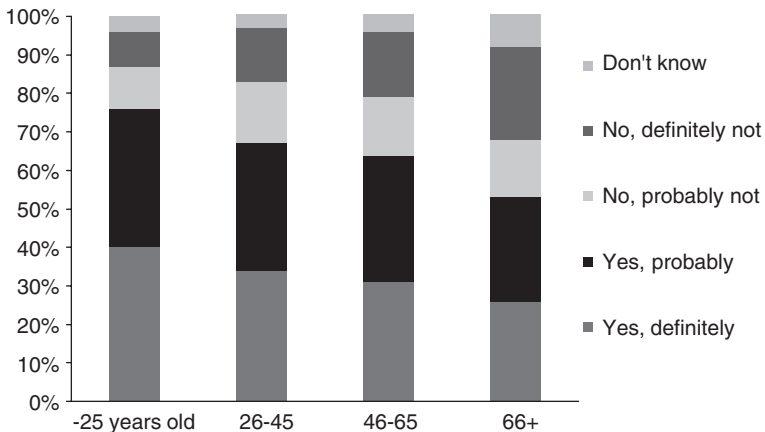
**Technology and Science**

European citizens seem to be more informed about and more trusting of biotechnology (Future Foundation, 2006b). The European public is not risk-averse about technological innovations which seem to promise tangible benefits; for instance, people generally perceive that the development of nanotechnology, pharmacogenetics (analysing a person’s genetic code in order to create drugs which are tailored to him/her and are therefore more effective) and gene therapy is useful to society and morally acceptable. Interestingly, the analysis in [Figure 6.12](#) reveals that the youngest respondents (those under 25) are more willing to take a genetic test in order to detect any serious disease, compared to people in the older age groups. Therefore, current public opinion seems to support the uptake of self-enhancement and the progress of science — as long as people perceive the benefits.

**Willingness to take a genetic test to detect a serious disease, by age**

EU 25 average

"Would you be willing...To take a genetic test to detect any serious disease that you might get?"



Source: Eurobarometer/nVision 2006



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Figure 6.12: Willingness to take a genetic test.

### ***What Does All This Mean?***

- An ageing population implies a growing demand for goods and services catering to the elderly, who seek to remain fit and active.
- Demand has increased for healthier foods and for better access to a variety of physical activities as a way of combating growing anxiety problems and depression — as well as growing waist lines.
- There is an increasing interest in Eastern medicine and health-related activities such as yoga, meditation and herbal remedies. Growth in this area may be most closely linked to affluence because they will remain an alternative to the staunchly supported public health service, of western societies.
- At present, women make up a significant majority of ‘health’ consumers, but we anticipate a steady growth in participation by males in the market.
- Disparities between the self-reporting of conditions and the actual treatment of conditions suggest a demand for non-medically prescribed remedies or treatments, particularly in areas of the greatest discrepancies between condition and treatment, for example, heart and circulation problems, as well as alcohol and drug problems.
- An increasing use of beauty aids, combined with continued growth in disposable income, suggests a bright future for cosmetic treatments and for those searching for the fountain of youth.

All the above indicates that health tourism will become even more important in the future. According to the study by [Lister \(1999\)](#), health and tourism will be the world’s top industries by 2022.

## **Beauty and Appearance**

### ***It’s Always Been Like This!***

Sociologists tell us that humans, as animals, are programmed to appreciate a youthful, healthy appearance because this signals fitness for reproduction. But consumers are vain and cultural definitions of beauty also encapsulate a youthful appearance. It is no surprise, therefore, that health concerns encompass physical appearance ([Morris, 1994](#)).

It goes without saying that, since time immemorial, women’s appearance has been influenced by the ideal of feminine beauty prevalent at the time — from the voluptuous curvaceousness of the early Greeks to the waif-like frailty of the 1990s supermodels, which has led to the contemporary emphasis on looking thin. Generally speaking, women’s attitudes towards their looks have been conditioned by the prevailing stereotypes, which are reinforced by the media and by society as a whole.

But there is a growing awareness regarding the pressure which men and boys are under to fit the male stereotype of beauty and how the media also construct, inform and reinforce prevalent ideas about men and masculinity. The pressure to look good has intensified for both sexes over the years, leading to an age of the image, where

visual appearance is prized above all else. Yet a subtle shift has occurred in recent years. Post-feminist empowerment in the 1970s heralded a new era of 'women doing it for themselves', that is, looking good for their own satisfaction, not for men. Now we are seeing an emphasis on health and youthful vigour alongside an alternative ideal that values internal as well as external beauty. The conventional standards of beauty are evolving ever so slightly and the next section reveals how.

### *A Woman's Search for the Fountain of Youth*

Women's fascination with beauty and appearance is a universal development that seems to have intensified in the past few decades. In contemporary Western society the standard of female beauty is normally unattainable for the majority of women — an ideal has been set of being young, slender and highly attractive. It is a fact that beauty fascinates and there is a strong desire for the body beautiful in contemporary society. This is partly fuelled by consumers' aspiration to look like the supermodels they see in the media. These portrayals of the 'ideal' body have a profound impact on women's self-perception, their self-esteem and how they rate their own attractiveness.

Many women feel intense additional pressure to look good because modern culture increasingly equates internal and external characteristics, that is, slim = success and self-discipline, obese = laziness and a lack of will-power. According to the Future Foundation's *Changing Lives Survey* (Figure 6.13), the key concern among European women is staying fit and healthy (80%), closely followed by three-quarters of women agreeing that their appearance is important to them. It is impossible to look at any of these statements in isolation and the results may indicate that well-being among women is primarily derived from feeling fit and healthy in general. But agreement with the statement 'My appearance is important to me' is also high. Despite the ambiguity of this statement, the fact that 71% of women agree that 'successful twenty-first century women can be concerned about looking feminine' shows that conventions of what constitutes feminine beauty still guide opinion.

Figure 6.13 shows that 38% of female respondents agreed that they are 'more concerned about having an attractive body shape rather than about their weight'. This might indicate that there is a significant minority of women who are open to deconstructing those deeply ingrained perceptions. However, it must be said that, even if body weight is taken out of the equation, the conventional definition of what then constitutes 'an attractive body shape' still dominates.

### *Body Shape*

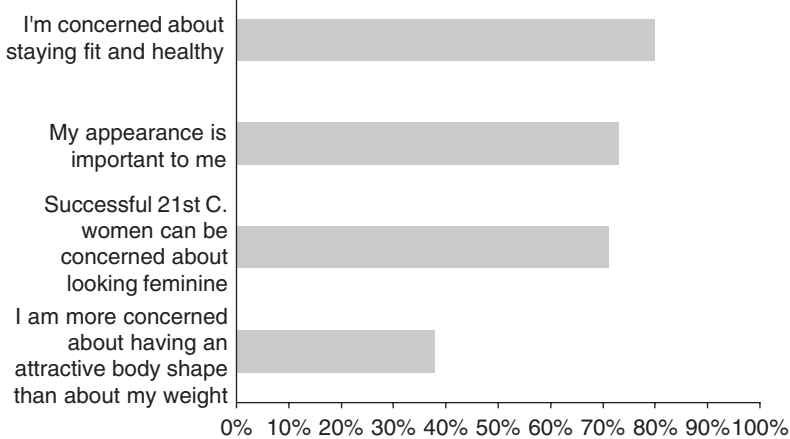
In a survey conducted by Harvard University for Unilever (Etoft, Orbach, Scott, & D'Agostino, 2004) women in ten countries were asked to choose from a list of terms those which best described their view of the way they look. The results show that women tend towards modesty when asked to reflect on their own looks and also that women in the different countries have very different ideas about their appearance.



**Women's attitudes to personal appearance in Western Europe**

% who agree with these statements

"Please indicate how much you agree or disagree with each of the statements that I read out? Remember, we are interested in your attitudes, opinions and views alone, not those of others"



Source: nVision Research

Base: 500 women per country in France, UK, Germany, Italy, Spain and Sweden, 2004



20728: Beauty and Appearance in Europe

Figure 6.13: Women's attitudes towards personal appearance in Western Europe.

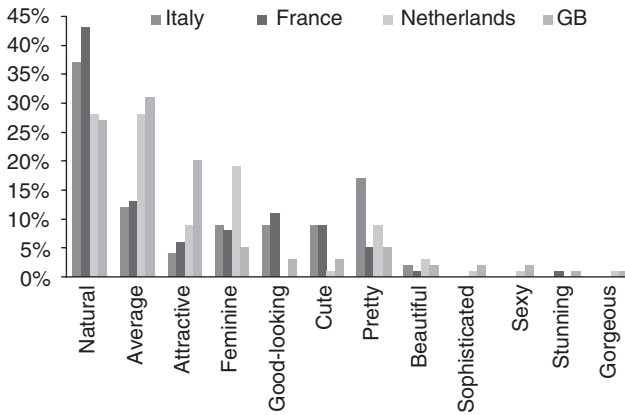
Figure 6.14 shows the scores from the four European countries surveyed. French (43%) and Italian (37%) women were more likely to have chosen 'natural', while most British women (31%) described themselves as 'average'. In the Netherlands an equal share (28%) chose one of the two terms. Neither of the two terms can be said to indicate that the women questioned ooze self-confidence. In Britain, 20% chose rather more positively the term 'attractive'. By contrast, only 9% of women in the Netherlands, 6% of women in France and 4% of women in Italy did so. Italians were more likely to choose 'pretty' (17%), whilst 19% of the Dutch chose 'feminine'. The third most popular term in France was 'good-looking', but chosen by only a minority of 11%. In all the countries only a minority of 1–2% would agree to use terms such as 'beautiful', 'sophisticated', 'sexy' or 'gorgeous' when describing their appearance. This survey, therefore, points to a certain disinclination by women to describe their own appearance in positive terms.

Physical appearance is integral to women's lives and well-being. There is simply no denying that physical attractiveness is still upheld as a great measure of success in life and that women feel pressure to work on attaining this ideal, which often has implications on their self-esteem and eating habits. Data from the Future Foundation's *Changing Lives Survey* show that the top concern for women is staying fit and healthy. Certainly there is an increased emphasis on healthy living in

**Women's self-descriptors for their looks in selected EU 15 countries**

% who strongly agree (those who selected 8,9,10 on a scale where 1 is 'completely disagree' and 10 is 'completely agree')

"Which ONE of the following words, if any, would you be most comfortable using to describe the way you look?"



Source: Unilever/nVision  
Base: 300 women per country, 2004



20740: Beauty and Appearance in Europe

Figure 6.14: European women's self-descriptors for their looks.

contemporary Europe and women are at the forefront of a trend towards a healthier lifestyle. This is driven largely by an ageing population, but also because of the desire for well-being and inner development which we are witnessing as a result of a backlash to our 24-h, 'have-it-all' lifestyles.

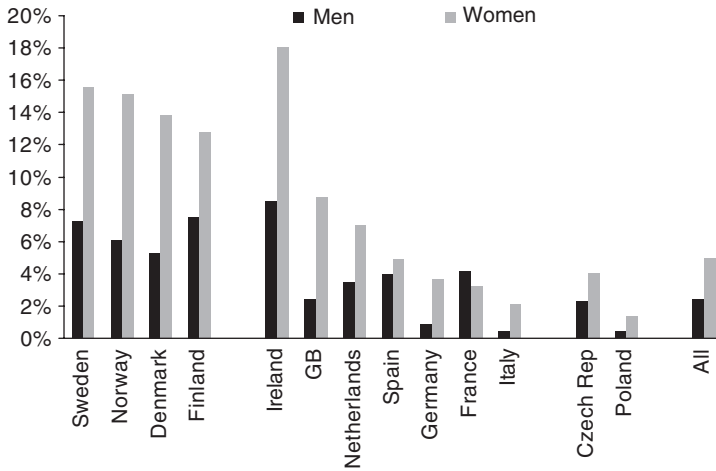
Figure 6.15 shows that the proportion of men and women who claim to take part in 'alternative' leisure activities, such as yoga or meditation, is clearly dominated by women. Whilst men are more likely to take part in sports, women find that alternative leisure activities are more compatible with their lifestyle. Part of this appeal is the 'promise' of alternative activities to improve both inner and outer health — benefiting the mind as well as the body (Figure 6.16).

Research by the Future Foundation's *Changing Lives* Survey on dietary changes reveals that more than a third of women say that they have made changes to their diet in the last 3 years, whilst only 25% of men say they have. In the United Kingdom, about 30% of all adults who have tried to lose weight within the last 12 months have used a slimming product. The number of women using slimming products is twice that of men, but men seem to be just as likely to prepare themselves for public appreciation. In addition, women more than men, say they do so out of a concern to 'stay healthy'. Whilst the trend towards alternative lifestyles is driven by a number of factors outside the scope of this chapter, the link between alternative physical lifestyles and the changing perceptions of beauty should be noted.

**Taking part in ‘alternative’ leisure activities, by gender within country**

% who practice yoga, meditation or alternative therapies at least once a month

“Please say which of the activities on this list, if any, you do on average at least once a month.... Do one of the following –yoga or meditation or alternative therapies”



Source: nVision Research  
Base: 1,000 per country aged 15+, 2005



14712: Beauty and Appearance in Europe

Figure 6.15: Taking part in alternative leisure activities.

Data from the Future Foundation’s *Changing Lives Survey* (Figure 6.17) show that an average of only 10% of working women’s time is spent on meals and personal care. This is just a fraction compared to the time that goes into working (whether paid or housework), sleeping and socialising. This research reveals that an average of 40% of European women say that ‘I never have as much time as I would like to spend on my appearance’, pointing to a balancing act for women, who have to juggle family and working life and, therefore, lack the time they would ideally like to invest in looking after themselves.

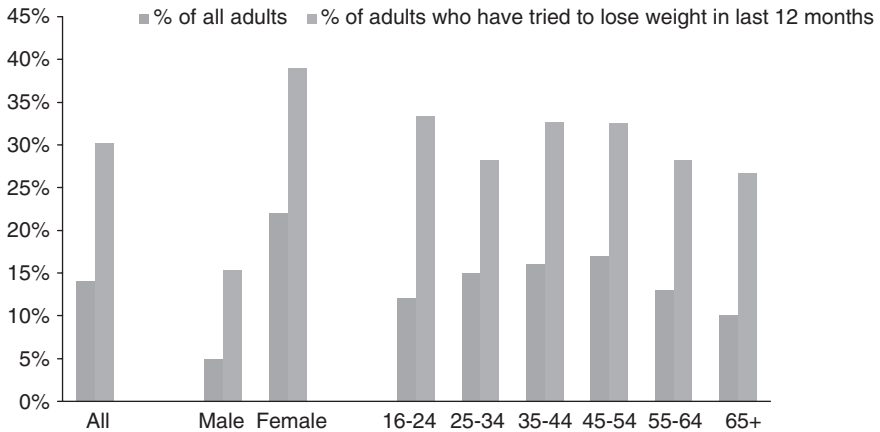
Most modern definitions of ‘beauty’ are nearly always constructed in terms of outward appearance and physical attractiveness. But ‘beauty’ can also include intangible personal qualities. Baker (1984) writes in *The Beauty Trap*, ‘A truly beautiful woman makes the best of her physical assets but, more importantly, she also radiates a personal quality which is attractive’.

In *Beauty in History*, Marwick (1998) defines human physical beauty in more direct terms: ‘The beautiful are those who are immediately exciting to almost all of the opposite sex’.

These alternative views of beauty, ranging from the skin deep to beauty from within, still undoubtedly prevail. Perhaps today there is one dominant camp

**Proportion of adults who have consumed slimming products in last twelve months, by gender and age**

"Have you eaten slimming products at all in the last twelve months?"



Source: nVision Research  
Base: 1000 adults 16+, UK, 2001



8452: Growing Consumerism in the UK Healthcare Market

Figure 6.16: Use of slimming aids in the United Kingdom.

operating in terms of physical perfection where beauty is only skin deep, whilst another is about beauty from within, about being natural and healthy and one's radiance being the embodiment of life and character.

***What Does This All Mean?***

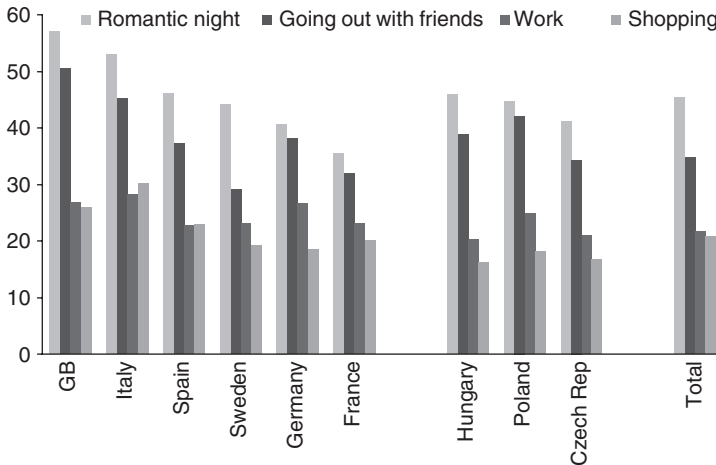
It is, however, unlikely that we will witness a move away from the emphasis on youth and physical attractiveness for a very long time. And yet certain trends are changing and broadening the definitions of beauty:

- *Old beauty*: In an ageing society are we going to start accepting our looks and seeing old age as beautiful? Are there not already calls for older women to be more interested in looking good for their age rather than trying to look a different age?
- *The changing role of women*: As women become stronger and more independent in various spheres of life, the view that appearance is a measure of success seems dated. Yet in an image-dominated society the pressures to conform still prevails.

**Women: time spent getting ready before going out, by country**

In minutes

"Roughly how long does it take you to get ready on each of the following occasions... Before going out on a Saturday evening with a group of friends / Before going out on a Saturday evening for a romantic night out / Before going to work / Before going shopping?"



Source: nVision Research  
Base: 500 women per country aged 15+, 2004



19640: Beauty and Appearance in Europe

Figure 6.17: Time spent on getting ready before going out.

- *Beauty from within:* With the growing emphasis on healthy living and physical as well as psychological well-being, perhaps the notion of inner health and beauty will contribute to ‘beauty from within’ becoming more highly regarded.
- *Multi-culturalism:* This is another contributing driver to expanding the ideal of beauty. Representations of non-whites in the fashion world were until recently almost non-existent. To a certain extent a woman’s beauty is still determined by her ethnicity and black women are encouraged to follow the same standards as white women. But in a successful multi-cultural society diversity and differences are celebrated and, although we are far away from equal representation, things are beginning to change.

The Unilever study (Etcoft et al., 2004) tells us that there is clearly a desire amongst women for a letting go of conventional and stereotypical representations, into which only a small minority of women fit — would the beauty industry perhaps act wisely to talk about ‘making the best of who you are’ rather than trying to make you become someone different? ... who knows.

**Plastic Surgery**

Many people today are prepared to go under the knife to improve their appearance. There are countless examples of people who have endured great suffering in the name

of beauty and physical appearance — either voluntarily, as with modern-day cosmetic surgery where the tip of the surgeon's knife promises to hold an elixir to immortality, or because of societal pressures and habits, as with China's foot-binding practices or Victorian corsets. Although modern techniques have removed much of the 'pain' from the 'gain', beauty enhancers, such as body-piercing, tattoos, chemically enhanced hair products, waxing and acid skin treatments, mean that the cliché still rings true for many.

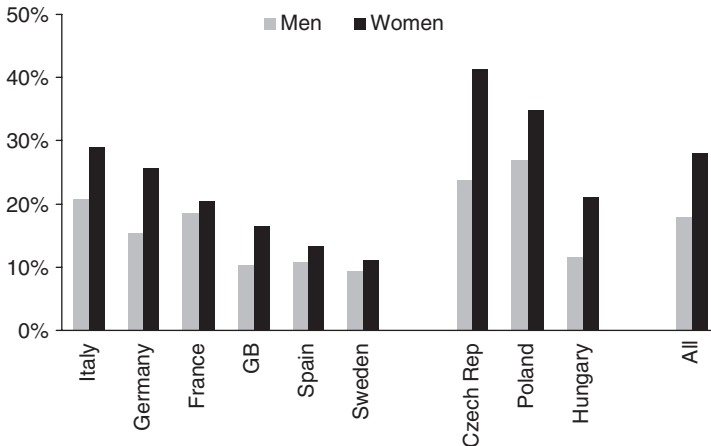
Figure 6.18 shows that a minority of Europeans say that they are 'prepared to suffer physical discomfort to look attractive'. More women admit to this than men: 28% versus 18%. Italians, Czechs, Poles and Hungarians are more likely to say that they are willing to suffer in the name of attractiveness, but the numbers are low and we suspect that — across Europe — there is a degree of resistance to openly declaring a willingness to suffer discomfort, either because of pure vanity or simply because of the taboo nature of the subject. It is undeniable, however, that one of the most extreme forms of body modification — plastic surgery — is on the rise in many parts of the world (Figure 6.19).

At a global level, by far the largest market for aesthetic plastic surgery is the United States. According to the International Society of Aesthetic Plastic Surgery (2006), the American market accounted for 16.4% of the global market in 2003. However, this was down from 21% in 2001. Add in Mexico, Brazil, Canada and

#### "I'd be prepared to suffer physical discomfort to look attractive"

% who agree or strongly agree, by gender within country

"Please indicate how much you agree or disagree with each of the following statements that I read out. Firstly...



Source: nVision Research  
Base: 1,000 per country aged 15+, 2004

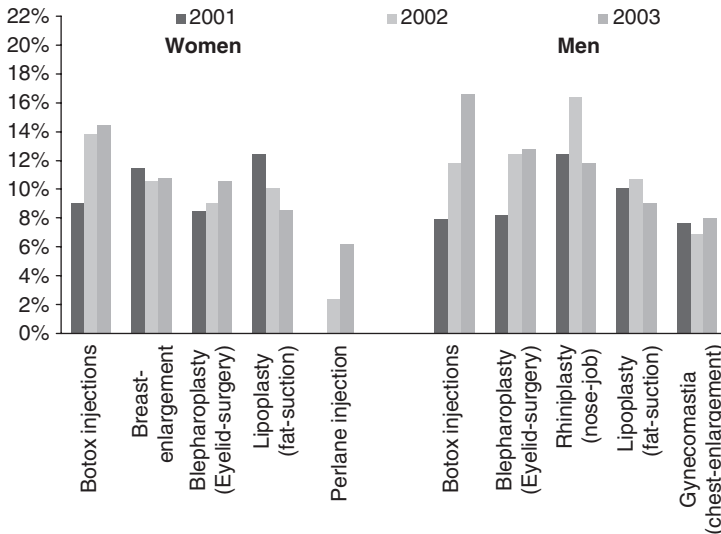


19966: Beauty and Appearance in Europe

Figure 6.18: Physical discomfort and attractiveness.

**Type of most popular plastic surgery procedures performed worldwide, by gender**

As a % of all procedures performed on women and % of all procedures performed on men



Source: International Society of Aesthetic Plastic Surgery/nVision



20746: Beauty and Appearance in Europe

Figure 6.19: Most popular types of plastic surgery.

Argentina and the five countries together account for nearly 50% of procedures worldwide. But the European market for plastic surgery is expanding. Procedures in the three biggest countries — Spain, France and Germany — total 14% of all global cosmetic surgery operations.

Currently, the most popular procedure for both men and women is Botox treatment — a muscle-relaxing injection which softens wrinkles and gives a more youthful appearance. Part of its popularity is that it is a non-surgical treatment which means that its users can pop out for lunch and return looking years younger! According to the British Association of Cosmetic Doctors (Mathews, 2004), 40,000 vials of Botox-enough to treat 150,000 patients-were sold in 2004 in the United Kingdom. On a worldwide scale, Botox treatments grew in popularity from 9% of total procedures in 2001 to 14% in 2003.

For men the second most popular treatment is eyelid lifts, whereas for women it is breast enlargement. Breast augmentation apart, it is clear that the growth in the market is driven by an ageing population — most treatments are sought by the middle-aged, but an increasing percentage is being carried out on under-21s. The gender division is also clear; 89% of procedures are carried out on women.

## Tourism and the Search for the Fountain of Youth

Wellness can be defined as a balanced state of body, spirit and mind, with fundamental elements such as self-responsibility, physical fitness, beauty care, healthy nutrition, relaxation, mental activity and environmental sensitivity. According to Mueller and Lanz-Kaufmann (2001), wellness is viewed as a way of life, which aims to create a healthy body, soul and mind through acquired knowledge and positive interventions. Health tourism is defined as any kind of travel to make oneself or a member of one's family healthier. Health tourism and wellness tourism are frequently used interchangeably. According to Lister (1999), healthcare and health treatments will be the world's largest industry in 2022, principally driven by an ageing population who are active rather than passive when it comes to healthcare. Lister goes on to say that tourism will become the world's second largest industry over the same period. Combined, health and tourism will represent 22% of the world's GDP. Therefore, the search for the fountain of youth will become one of the world's largest leisure activities.

Travelling for the purpose of undergoing treatment is not new; escalating medical costs and waiting lists for treatments in both developed and developing countries have led consumers to look further a field. For example, the Malaysian government has since 1998 specifically targeted this segment, with the Health Ministry forming a special unit to promote health tourism. Government efforts to fill beds in 35 hospitals in Malaysia have contributed towards the Association of Private Hospitals in Malaysia (APHM) reporting a total of 191,000 foreign patients in 2002, generating revenue of RM150 million. The main markets for Malaysia's health tourism products are the rising middle classes of China and India and the medical tourists of the Middle East (Mintel, 2004b).

According to Mintel (2005c), spa holidays in the Far East and on the islands of the Indian Ocean are flourishing. This is attributed to the 'spa-savvy', that is, those who are seeking more 'authentic' experiences in exotic destinations. With the expansion of the European Union, destinations such as Hungary and Bulgaria offer value-for-money packages. Mid-haul destinations such as Lebanon and Dubai continue to grow in the extended short-break market. Spa holidays in destinations such as India will grow because of improved facilities and investment by international hotel chains. India offers great value for money and provides a spa experience in an unspoilt, spiritual and scenic setting.

The term *spa* comes from the Latin *sanitas per aqua* — health through water — and according to Mintel (2005) is broadly defined as water-based and non-water facilities offering a range of health/medical/beauty/relaxation treatments. Otherwise, spa treatments are classified as

- *A Day Spa*: A facility that offers a variety of spa services on a day-use basis only.
- *Mineral Spa Springs*: A spa offering an on-site source of natural mineral, thermal or sea water used in hydrotherapy treatments.
- *Resort/Hotel Spa*: A spa located in a resort/hotel providing spa services, fitness and wellness components and spa-cuisine menu choices.



## **A Case Study of Medical Tourism in India — Will Michelle Find the Fountain of Youth?**

From India's exotic destinations in the high mountains of the Himalayas to Goa's sun-drenched beaches, wellness abounds. The destination resorts, wellness retreats and spas offer the body, mind and spiritual wellness, traditions of yoga, ayurveda and numerous other healing practices, all in the name of Michelle searching for the fountain of youth.

India has several areas of excellence in its healthcare industry which appeal to potential medical tourists. High-demand areas for international patients include

- Breast implants
- Orthopaedics
- Non-trauma disease treatment
- Replacement/corrective surgery
- Urology
- Dental surgery

In these specialisations, India has the advantage of cost savings and expertise, as well as minimal waiting times for treatment. Many non-resident Indians who have been educated and trained abroad and have worked abroad are now returning to India with their expertise and expanding these capabilities, skills or products. Healthcare costs are considerably lower in India compared to those in the Western Hemisphere; for example, costs for open-heart surgery in the United Kingdom run from \$40,000 to \$100,000, whereas in the United States such surgery can cost up to \$200,000. In comparison, the average cost of open-heart surgery in India is closer to \$10,000. Therefore, price becomes a key driver in the choice of destination.

A report by the Confederation of Indian Industry (Connell, 2006) projected that medical tourism in India will be worth \$1 billion by 2012 and is expected to contribute 3–5% to India's healthcare sector. It is now typical for the UK residents to travel to India for medical care, whether for a hip replacement or a breast implant (Wright, 2004). In 2004, 80,000 non-resident Indians and foreign nationals travelled to undergo medical treatment which was worth \$300 million (Mintel, 2004b).

In order to target this market of international medical tourists, the Indian government is cultivating the need for medical facilities to be developed throughout the states. Kerala, in the south west of India, already receives patients from the Gulf countries, Canada and the Maldives. Mumbai attracts patients from European countries. Gujarat, in the north west of India, has quickly emerged as a preferred destination for tourists with cardiology problems because of its specialised centres. To leverage this trend, serious promotional efforts have been initiated. For example, a group of Indian tourism officials recently visited Dubai to promote their 'Greet and Treat' packages which include treatment options, plus visits to holiday resorts and rejuvenation centres. The state of Karnataka has also promoted its offerings in Bahrain at the International Health Tourism and Holidays Exhibition. The tourism staff and hospital representatives from this state are working with the Bahrain

government to send its patients to Bangalore for specialised treatments. Sri Lankan tour operators have also developed specific tour packages for medical tourists to Karnataka.

The India Healthcare Federation, an association of the healthcare delivery sector that includes Apollo Hospitals Group, Mumbai's Hinduja Hospital, Max Healthcare and the Fortis Heart Institute, has announced a co-operative promotion between members to help promote India as an attractive healthcare destination (Connell, 2006). In 2005, the Apollo group alone treated 95,000 international patients, many of whom were of Indian origin. Apollo has been a forerunner in medical tourism in India and attracts patients from South East Asia, Africa and the Middle East. The group has established links with hospitals in Mauritius, Tanzania, Bangladesh and Yemen as well as has been running a hospital in Sri Lanka and managing a hospital in Dubai. The Ruby Hospital in Kolkata has signed a contract with the British insurance company, BUPA, to treat British patients who are in the queue for National Health Services.

The market is growing; for example, the Escorts Heart Institute and the Research Centre in New Delhi has seen a large exponential growth in the number of patients, from 89 in 1988 to 5533 in 2004 (EHRIC, 2004). It is estimated that foreigners account for 10–12% of all patients in the top Mumbai hospitals, despite obstacles such as poor road infrastructure and the absence of uniform quality standards. Price is the key driver shaping this trend.

Health Tourism India is a company established by SAMI World Travels and medical professionals to help people with medical needs to schedule medical treatments in India, as well as making the necessary travel arrangements on their behalf. The company will

- Suggest hospitals/clinics as per the treatment required and budget
- Organise world-class treatment by UK/US-trained doctors
- Arrange appointments, prior to arrival, with chief doctors as a top priority
- Arrange consultations with doctors
- Arrange accommodation for family members and/or carers
- Organise package tours at very reasonable cost to various places of interest, such as Delhi, Chennai, Bangalore, Hyderabad, Mumbai and Agra

For further details see <http://www.health-torism-india.com/introduction.htm> Whether for breast enhancement combined with a beach holiday in Goa or that elusive search for the fountain of youth which Michelle craves for, India appears to be well placed to satisfy both needs and desires.

## **Prospects for Health and Beauty Tourism**

With the rising cost of healthcare in the Western world, the trend of medical tourism in India and other emerging destinations is likely to continue because price is a core demand driver. India, with its exotic climate, combined with the merging of the

concepts of medical, health and beauty into one concept called 'wellness', will lead to the prosperity of resort-style destinations offering a range of services, from breast enhancement to safari excursions, from hip replacement to holistic experiences. Furthermore, hospitals will resemble resort hotels, with golf courses and a pampering service. In the foreseeable future, branded spas will be set up in hospitals and resorts for seniors will emerge.

Many other destinations also follow these trends, mainly driven by the world's ageing population seeking the fountain of youth. Middle-class consumers will travel anywhere in the world to seek out the best services and the most competitive prices. As better health in later life reinforces the consumers' focus on appearance and physical condition, cosmetic surgery and beauty treatments will become more important. Concepts such as Healthcare City in Dubai will appear in destinations with a lower cost of living, especially in India and Eastern Europe. These concepts will combine the best of Dubai's Healthcare City and McCarthy Retirement homes.

At the same time, healthcare insurance providers will focus on preventive measures to improve people's health, such as checking on body mass indexes, lifestyles and alcohol consumption levels and the results will shape the cost of premiums.

By 2030, new markets will emerge, based on specific consumer segments; for example, spas are expanding and in the near future every destination in the world, a rural or an urban location, will have some sort of health proposition, similar to the Bliss spa in New York, operated by the luxury conglomerate, Moët Hennessy Louis Vuitton, or the brand extension of chocolate as seen in the Hershey's spa and chocolate treatments in the United States.

Beauty bars will open up in leisure centres and hotels will offer these products as part of the room-service menus. Watch out for the mobile beauty bar, part of a home-delivery service brought to you by Tesco or Wal-Mart (ASDA). Hotels will extend the range of health-style services, such as 'the waiter as nutritionist' who can advise on the right balance of food, water and the calorie count of meals.

Indian and Chinese medicine spas will appear in resorts all over the world, combining herbal medicine and yoga with spa treatments. Even Chinese restaurants will offer a herbal fusion of ingredients at a premium price. Indian spa centres will offer a range of cultural health products, such as dance, meditation, yoga, readings and drumming workshops as well as selling organic products from India and Asia.

Wellness products will focus on men, teenagers, children and the family pet! The metrosexual man will seek feminine-like treatments, such as manicures and facials. Metrosexual-man centres will combine physical, emotional and medical products, whether climbing mountains, camping out, massage services or cosmetic surgery.

Rising obesity in children will lead to fitness camps and lifestyle gurus for teenagers, and spa days for groups of female children aged 7+ will become mainstream. Parent-and-baby packages will become more popular, both for fathers and mothers, as offered at Evian Spa in France. These packages will focus on the concept of good parenting and healthy lifestyles. The rising number of singletons in society means that money will be spent on pets rather than on children. Spa centres will also offer grooming and massage services for pets and their owners. Every major

health and spa centre will have a resident behavioural therapist available for both owners and pets in order that they can understand each other. Cats and dogs will even be hired out to consumers as therapeutic products. Relaxation music for pets will also be available.

Tour operators will offer Chinese medicine tours and spa tours to the Far East, combining expert lectures with visits to the local herbal doctor for the latest treatments. Exclusive retreats, associated with religious orders, will be set up in Bhutan and Nepal. Operators will combine and promote a number of themes; for example, wine tours in South Africa will be based on the assertions that drinking red wine in moderation is good for one's health. Even Amsterdam will promote itself as a health destination, based on the availability of cannabis, specifically focusing on people suffering from acute pain or a debilitating disease. At the same time, rural destinations, such as the Highlands of Scotland, which are accessible but still remote, will emerge as premium destinations because of their tranquillity, authenticity and the closeness to good, public-sector healthcare. Sport will become an important well-being and life-improvement tool of the future, whether participating in fat-busting camps or hill-walking in the Scottish Highlands. It can be expected that consumers will employ lifestyle gurus to help them achieve a balanced lifestyle of enjoyment and well-being.

In the future, the state will regulate the health of its people as a way of improving the quality of life and reducing the burden on front-line medical services that deal with diseases such as obesity and liver damage. Governments will use supply-side regulations to improve consumers' well-being, for example by imposing taxes on unhealthy living choices such as the over-consumption of fast food; banning fizzy drinks in schools; or limiting the provision of calorie allowances for all consumers.

As price becomes more important to the consumer, revenue management and Internet models, as used by the airline industry and online providers such as [www.expedia.com](http://www.expedia.com) or [www.lastminute.com](http://www.lastminute.com) will become mainstream. As health and beauty becomes more of a commodity rather than an experience, the consumer will use only price as a distinguishing factor. Such Internet pricing models will be used to search for last-minute deals or to make advance bookings. Buying a spa treatment on [www.easyjet.com](http://www.easyjet.com) in Bulgaria, along with the flight, will become the norm-all part of the trend of dynamic packaging and pricing.

## **Conclusion**

As health and beauty becomes even more mainstream, *yet* highly fragmented, global and destination brands will emerge. India will become a leading medical destination, highly regulated and offering first-class products. At the same time, because of their close proximity to Western Europe, countries in Eastern Europe will grow more popular as both health and beauty destinations. Demand for wellness will sore as the consumer's perception of health changes into a concept of a combination of mind, body and spirit. Whether travelling to 'no-food' Japanese hotels for the weekend,

having a spa treatment in Thailand or hill-walking in Scotland, the prospects are excellent. According to [Lister \(1999\)](#), tourism and health will become the world's two biggest industries by 2022. Together they will be an unbeatable consumer force. Somehow, she hopes, Michelle will find the elusive fountain of youth. But in the meantime, world tourism will grow richer as it follows demand to help those travellers who, like Michelle, are seeking health and beauty treatment. First-class standards will be combined with price competitiveness — and a holiday in an exotic destination.

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