

Research note

Babymoon tourism between emotional well-being service for medical tourism and niche tourism. Development and awareness on Romanian educated women

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ARTICLE INFO

Keywords:

Babymoon tourism
Health service
Emotional well-being
Niche tourism
Romanian consumers
Medical tourism

ABSTRACT

Health tourism and wellness tourism have become "temptations" with many world markets looking to take advantage of their growing popularity. Babymoon tourism is one of the hottest trends in travel today. The aim of this study is to fill a gap in the research on babymoon tourism by measuring the awareness of, and interest in, this trend in Romania through convenient sampling. The results show that 28% of respondents know "babymoon", but they agree on its positive impact. Our research results emphasize the necessity of promoting babymoons due to the actual trend and because the holiday market has been focused on well-being and promoting the concept of hedonic well-being. Additionally, to promote Romania as a babymoon destination, we must consider that today's consumers are prosumers seeking experiences and emotional wellbeing. Promoting babymoons for emotional well-being can result in two managerial outcomes for Romania: brand identification and intention to revisit.

1. Introduction and conceptual framework for the study

Medical tourism is a relatively new phenomenon (Badulescu & Badulescu, 2014, p. 406) and is considered the most important component of trade in health services (OECD, 2011). According to the World Trade Organization (WTO) and the World Health Organization (WHO) (WTO & WHO, 2002), "health is not the mere absence of diseases but a state of well-being," and *well-being* (Hanlon, Carlisle, & Henderson, 2013, pp. 1–11) is defined as "the quality of life, public health, life satisfaction and wellness". Today, this tends to be promoted more frequently as a concept of *emotional well-being*.

Health tourism and *wellness tourism* have become an attraction and a world "temptation", and this trend continues to develop with major prospects for growth. *Health tourism* has been defined by the UNWTO as the "supply of some health facilities that use the country's natural resources, especially mineral waters and climate" (Hall, 2011, p. 5). *Health tourism* is used on a large scale internationally alongside the notion of medical tourism, and this lack of clarity has led to the association of health tourism with the terms *wellness*, *prevention*, and *disease cure* (Nahrstedt, 2004, p. 6). Thus, according to Hall (Hall, 1992, p. 151) cited by Koncul (Koncul, 2012, p. 527), *health tourism* includes activities such as *engaging in healthy activities, traveling for a sauna, massage, and other health activities*. Fig. 1 shows the two main components of health

tourism: medical tourism and wellness tourism (Stăncioiu, Băltescu, Botoș, & Pârgaru, 2013, p. 126).

According to *Global Wellness Tourism Economy* (Global Wellness Institute, 2013:7, 2015), wellness is defined as "a physical, mental and social state rounded by well-being" and emphasizes pro-active care and improvement of health and well-being. Meserli & Oyama (Meserli & Oyama, 2004, p. 9) note its holistic aspect and self-responsibility, and Voight (Voight, 2013) notes the main differences between medical tourism and wellness tourism (different motivations, different services, different employee specializations, different definitions of health and different material bases). Adams (Adams, 2003, p. 221) notes that wellness relates to maintaining a balance and is *relative, subjective and perceptive*. Erfurt-Cooper & Cooper (Erfurt-Cooper & Cooper, 2009, p. 6) see it as being the "opposite to a disease treatment" or (Stedman's Medical Dictionary) "a well-being that excludes any disease" or (Merriam-Webster Medical Dictionary) "an example of lifestyle that promotes well-being". All the concepts and activities specific to these forms of tourism are standard recommendations given by gynecologists to mothers-to-be and, in our opinion, in what we refer to today as a "babymoon," the real reasons people travel for this niche tourism.

Currently, traveling has no physical, economic or cultural barriers (Badulescu & Badulescu, 2014, p. 407) and various categories of people travel seeking medical cures, to improve *well-being* or simply to discover

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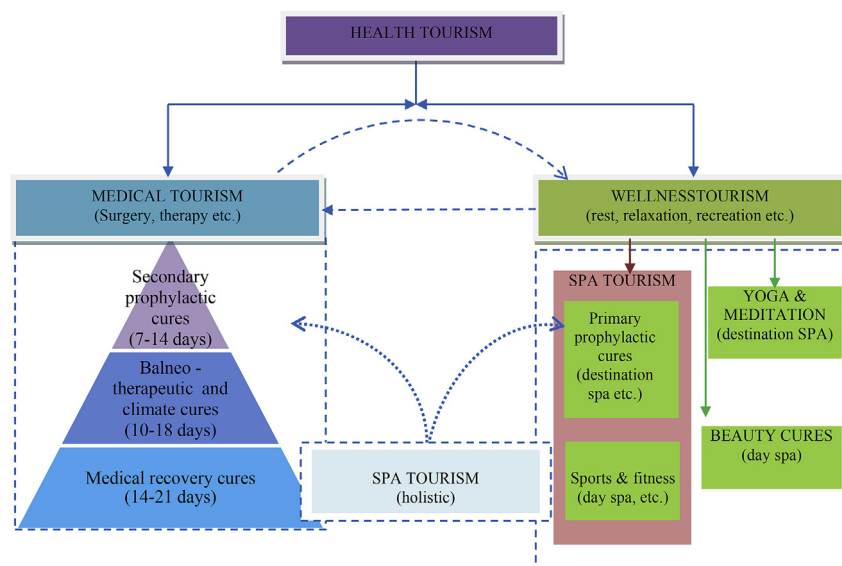


Fig. 1. Health tourism –conceptual framework(Stăncioiu et al., 2013, p. 126).

healthy lifestyles (Badulescu & Badulescu, 2014, p. 415), health holidays represent 15% of the total European international holiday market (ACORN, 2008; European Travel Commission, 2016a, 2016b).

According to the WTO, the WHO (WTO & WHO, 2002), and Henderson's definition of medical tourism (Henderson, 2004, p. 111), we can consider a babymoon to be a *consumption of health services* (abroad or not) and the *spa and alternate therapies* considered part of the spa industry to be *celebration travels* (TripAdvisor). According to the *Oxford Dictionary* (Oxford Dictionaries) a babymoon is “an informal relaxing or romantic holiday taken by parents-to-be before their baby is born, a babymoon is regarded as a crucial time for a family to establish itself” (TripAdvisor). Pre-baby vacations are one of the hottest trends in travel today and with good reason (Babymoon Guide), as they serve as a *romantic gateway with the intention of relaxing before the baby is born* (Deloitte, 2009); it is the last vacation a pregnant woman or couple take to enjoy their time before the birth of their baby (McKersie, 2013). A babymoon is, according to McKersie (McKersie, 2013), a part of reproductive tourism, similar to hotel baby programs fertility travel and procreation tourism programs (Voigt & Laing, 2010).

The *babymoon* concept was introduced in 1996 by the anthropologist S. H. E. Kitzinger who suggested that babymoon trips aim to strengthen the father's role and identity. A few years later, the American and European industries took advantage of these new forms of niche tourism. In 2013, over 3 million couples worldwide enjoyed the benefits of a babymoon program (Antena 1 TV, 2010) with specialty sites such as www.whattoexpect.com providing recommendations on topics such as increasing relaxation, choosing a time to travel, avoidance of regions that are too exotic, avoidance of long distance travel, avoidance of stress, proximity to a hospital, menu suitability, etc.

The most common babymoon destinations are seaside complexes, wellness hotels and rural mountain regions (www.baby-moon.eu) with tourist packages including massage services, luxury accommodation, training for parents before childbirth, romantic dinners, prenatal treatments etc. Additionally, consumer interest in wellness tourism has grown. In 2011, 55% of travel agents reported that hotels, resorts and destination spas were being more aggressive with pricing and value-added packages than they had been in 2010 (Verrastro, 2012).

One of the most important factors to consider when traveling for medical/health tourism is the benefit of a combination of medical procedures/treatments and luxury travel packages for the patient or the accompanying persons (Badulescu & Badulescu, 2014, p. 410). This is a real and important motivation for babymoon tourism; it *helps eliminate stress and creates other social benefits for couples looking forward to the*

birth of their child (McKersie, 2013). Currently, travelers have become especially concerned not only with “being there” but also with participating, learning and “experiencing the place they visit” (Freund & Klumbis, 2004).

With regard to destinations, OECD statistics note Central and Eastern European countries, including the Czech Republic, Hungary, Poland, Romania, Russia and Latvia, as the most popular destinations for medical/wellness tourism. At the international level, the *2014 Trend Report – Top 10 Global Spa and Wellness Trends Forecast* recommend destinations such as Bhutan, Ghana, Nicaragua, Portugal, Vietnam, Colombia, Croatia, Lithuania, Morocco, and Saudi Arabia. Most of these are known as *luxury babymoon* destinations.

The conceptual framework in Fig. 1 shows that *spa tourism* offers a holistic perspective for both medical and wellness tourism; “*health, wellness & spa*” tourism refers to *trips that are taken by tourists for the principal purpose of improving their health and/or well-being* (ACORN, 2008).

Spas and wellness have been important since the Romans discovered the natural curative powers of springs and thermal baths, one of the most famous of which is Herculaneum in Romania (Badulescu & Badulescu, 2014, p. 410). Since ancient times, along with other well-known resorts in Bath, Baden, and Vichy, Romania has been a country rich with thermal springs - of its 8500 springs, only 10–15% are utilized. This prevalence of thermal springs could *present a high potential for developing health and wellness tourism in Romania, but focus has been placed on developing the private sector, as the state cannot sustain an entire industry of this type* (Euromonitor International, 2014). In recent years, wellness tourism has also developed in Romania; in 2013, the Ramada hotel in Sibiu placed 16th in Forbes Top 20 Best Wellness Hotels in Europe. The *Global Wellness Institute* (Global Wellness Institute, 2017, p. 23) also includes Romania on the list of leading growth markets for wellness tourism trips for 2013–2015 with *1.3 million arrivals/trips added* and a *34.4% average annual growth rate*, placing it third after Australia and Sweden (Global Wellness Institute, 2017, p. 23). The European Travel Commission also ranks Romania 4th (following Iceland, Slovakia and Serbia) in terms of the number of arrivals in 2016 compared to 2015 (European Travel Commission, 2016a; b). Wellness tourism is in a nearly phase of the niche tourism life cycle and seen as an “emerging trend” (Ali-Knight, 2011:58).

A niche market (ACORN, 2008, Ali-Knight, 2011:58) is a *specific market segment, usually with a well-defined product that can be tailored to meet a customer's needs, and niche tourism is a diverse and innovative segment of the global tourism industry* (Deloitte, 2009) that responds to

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