

TRANS Asian Journal of Marketing & Management Research (TAJMMR) https://tarj.in



### **TAJMMR**

ISSN (online) : 2279-0667

Editor-in-Chief: Dr. Karun Kant Uppal

Impact Factor : SJIF 2021 = 7.263

Frequency : Monthly
Country : India
Language : English
Start Year : 2012

Published by : www.tarj.in

Indexed/ Listed at : Ulrich's Periodicals

Directory, ProQuest, U.S.A.

E-mail ID: tarjjournals@gmail.com

### VISION

The vision of the journals is to provide an academic platform to scholars all over the world to publish their novel, original, empirical and high quality research work. It propose to encourage research relating to latest trends and practices in international business, finance, banking, service marketing, human resource management, corporate governance, social responsibility and emerging paradigms in allied areas of management. It intends to reach the researcher's with plethora of knowledge to generate a pool of research content and propose problem solving models to address the current and emerging issues at the national and international level. Further, it aims to share and disseminate the empirical research findings with academia, industry, policy makers, and consultants with an approach to incorporate the research recommendations for the benefit of one and all.



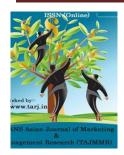
# TRANS Asian Journal of Marketing Management Research (TAJMMR)



(Double Blind Refereed & Peer Reviewed Journal)

SR. NO.	PARTICULAR	PAGE NO.	DOI NUMBER
1.	TAILORING MARKETING MIX FOR FIRM'S PERFORMANCE: A STUDY ON PHARMACEUTICAL SMEs IN TELANGANA  Mr. Ummareddy Venkata Siva Teja, Prof. S. S. Prasada Rao	4-24	10.5958/2279-0667.2021.00036.5
2.	REVIEWING RURAL WELLNESS & YOGA TOURISM: TRADITIONAL WAY OF LIVING HEALTHY AND HAPPY  Dr. Srijib Shankar Jha	25-34	10.5958/2279-0667.2021.00037.7





# TRANS Asian Journal of Marketing Management Research (TAJMMR)



(Double Blind Refereed & Peer Reviewed International Journal)

DOI: 10.5958/2279-0667.2021.00036.5

## TAILORING MARKETING MIX FOR FIRM'S PERFORMANCE: A STUDY ON PHARMACEUTICAL SMEs IN TELANGANA

Mr. Ummareddy Venkata Siva Teja\*; Prof. S. S. Prasada Rao\*\*

\*Research Scholar, GITAM University Vishakapatnam, INDIA

\*\*Professor, GITAM University Vishakapatnam, INDIA

#### **ABSTRACT**

This article sets out to investigate the effects of the chosen marketing mix decisions on the business performanceof80 small and medium pharmaceutical enterprises in Telangana of India. The study took each enterprise's specific choice from the varying categories of marketing mix variables and the data of financial performance relating to 2019. Statistical tests were performed to unravel the link between the specific marketing mix decisions and their impact on sales revenues and profits.

Research Methodology: Kruskal-Wallis and Mann-Whitney tests were performed.

Findings: Sales maximation objective is better for profits performance of pharmaceutical companies. As regards price, current Market Price basis comes out as a better method for a good performance of Sales Revenues. Type of Product/Business influences Sales Revenues and Profits. Businesses with APIs and Formulations are good for both Sales Revenues and Profits. Middlemen Method of distribution is good for Sales Revenues and Wholesale Method of distribution is good for Profits. Promotion method and Advertisement media chosen by a firm makes no difference for firm's sales revenues and profits.

Implications for managers: Firms should be guided by sales maximization objective. Pricing should be in line with what is going in the market. Businesses and products with high value addition influence the firm's performance.

**Limitations:** The sample is small and the respondents are SMEs (small and medium enterprises) operating in Telangana state of India. The findings are rooted in local practices and hence should be generalised with caution for their applicability elsewhere.

**KEYWORDS:** Marketing Mix, 4 P's, Product, Promotion, Detailing, Advertising, and Pharmaceutical Marketing.

#### INTRODUCTION

India is the world's third largest pharmaceutical producer in terms of volume, and fourteenth in value, having 10500 manufacturing units and 3000 drug companies. About 75% of retail pharmaceutical sales in India consist of branded generics. Local companies, with their strengths in formulation capabilities and early investments, enjoy a commanding position. Indian pharmaceutical industry is growing at 11 % in the domestic market and 16% in the export market.

India is a dominant global player of pharmaceutical industry. Current global market share of Indian pharmaceutical industry is 3.6 % by value. What is quite heartening is that 90% of the WHO demand for measles, 80% of global demand for AIDS-related drugs, 50% of the global requirement for vaccines, 40% of the US demand for generic drugs, and 25 % of the UK's requirement of medicines are supplied by Indian pharma industry. India accounts for 20 per cent of global generic medicines exports. Thanks to availability of Indian drugs in Africa, treatment of AIDS patients rose from 2% in 2003 to 37% in 2009. India has become a dominant player and a visionary in pharmaceuticals sphere what with its formulation capabilities and entrepreneurial nature. Indian pharma has established itself as a supplier of high-quality generics at affordable prices. The Indian Economic Survey 2021 expects that the demand for pharmaceuticals will grow three times in the coming decade. The domestic demand for them in 2021 is estimated at US\$42 billion and by 2024, it will reach US \$ 65 billion, and by 2030, it will be at US\$ 120 billion, due to the prospering middleclass, their growing health consciousness, innovation of the industry, and the industry's strong marketing muscle. The value of India's exports of pharmaceuticals and drugs stands at US \$ 24.44 billion in 2021. As a shot in the arm to the industry's growth, Government of India amended its Foreign Direct Investment Policy (FDI) concerning pharmaceutical industry so as to allow FDI up to 100%.

#### Product Mix Decisions of Pharmaceutical SMEs

Product mix, also referred as '4 P's', consists of four categories of business decisions that should be targeted and tailored so that a firm competes successfully in the competitive space; these are four controllable variables that affect customer's decision with regard to product/service offered by the firm (Singh, 2012). These, also called 'marketing levers' are Product (Acceptability, and customer solution), Place (Availability, and convenience), Price (Affordability and cost), and Promotion (Awareness and communication). When the business is in services, the firm should focus on three more variables, i.e., people (the staff involved in the delivery of service, process (the set of activities designed to produce best service, and physical evidence (all the tangible assets that facilitate business operations and impress the customers). Marketing mix is a creator

of differentiation; it is a holy quadruple of marketing faith written on stone tablets (Kent, 1986). A diligent blending of these elements produces the expected response from the target customers.

Marketing mix has its share of opposition and criticism from the scholars; importantly, it emphasizes functions but not output, and lacks emphasis on relationships (Patterson and Ward, 2000); it is internally oriented and lacks focus on external forces like competitors (Robins, 1991); similarly, it does not touch strategic elements like competition, customers and corporation (Ohmae, 1982). However, marketing mix is simple and easy to understand; it introduces the businessman to the basics of business, and helps one avoid the pitfalls that most businesses do.

Many studies attest the link between proper marketing mix decisions and business success (Antonella, 2017). Advertising has positive effects on the long-term profitability (Jedidi, Mela & Gupta, 1999). Montoya (2008) found varying effects of promotion tools in pharma industry; he observes that detailing and sampling have long-term effects; detailing is a customer acquisition tool, while sampling is a retention tool. Strategies relating to marketing mix bring in revenues but all other strategies create costs (Wawira 2016).

To contribute to the debate on the link between decisions on 4Ps and a firm's performance, this research attempted to establish the connection of (1) sales revenues, and (2) profits, each with (a) Product/Business, (b) Pricing Objective, (c) Pricing Basis, (d) Distribution Method used, (e) Major Promotion Method, and (f) Major Advertising Media used.

#### LITERATURE REVIEW

#### **Product/Business**

Type of Business that a firm works in, has great implications for Sales Revenues and Profits. A product with high value addition brings in more revenues and more profits. Business with a basic product/service, pressured by similar other businesses and lacking in differentiation, suffers in both revenues and profits. Business with a product recently innovated and created with very relevant features and the new-the-world attributes and benefits is patronized soon and thus phenomenally improves the firm's profitability.

The terms, 'Product' and 'Business' are used interchangeably in this paper, since business is roundly rooted in product. Product is a physical object or service offered to consumer for which he is willing to pay; it includes high-value and low value tangible products and intangible services (Singh, 2012). Product is the first and foremost on an entrepreneur's mind and one of the principal marketing elements; Kotler and Armstrong observe that product is what is offered to the market, to get attention, or to acquire for use, and satisfy wants and needs.

Product should be created for 'Acceptability' which stipulates that it should meet unique, local needs; it should satisfy functional, psychological and environmental needs of an individual and society; it should be customized to be in line with consumer's capability too.

Product should be differentiated and created superior to others of the same category; Cooper (1994) developed an index of the factors that make a superior product. They are enumerated here as: (1) unique attributes, not offered by the competitors; (2) value for money for the customer; (3) ability to better meet customer's needs; (4) excellent relative product quality as compared to

that offered by the competitors; (5) superior price/performance; (6) easily identifiable benefits and attributes, and (7) benefits highly visible to the customer.

Delivering highly differentiated product with highly visible and unique benefits, and a robust value for the customer is the single factor that makes a big difference for a company's performance. Superior products have five times the success rate, four times the market share, and four times the profitability of a undifferentiated, me-too product (APQC, 2003; McNally, Cavusgil, & Calantone, 2010). The product should be new-to-world, not new to the company (Garcia and Calantone, 2002). Some products wear the appearance of newness and novelty to the eyes of the customer but benefits may not be up to the mark. Importantly, the meaning of the product spans not only the physical product but extended product too which is a bundle of benefits like technical support, service support, product image etc. Further, product superiority comes from the extent, to which a new product exceeds the performance of competing products Rijsdijk, Langerak, & Jan, 2011).

The new drug development process, typically in Pakistan, consists of the following steps.

- (1) Molecule identification, (2) Molecule Screening, (3) Raw Material Source Identification,
- (4) Sample Lot Manufacturing, (5) Marketing Strategy Formulation, (6) Clinical Trial/Patient Trial/Test Marketing, and (7) Promotion. The process is refined with a diligent attention to: (1) quality (2) special differentiating features (3) dosage form (4) brand name and (5) packaging of the product.

Park, Srivastava, and Gnyawali (2014) found a positive relationship between innovation, and profit generation. Ambrammal and Sharma (2014) observe that innovations are instrumental in securing competitive advantage.

For this study, four business variants have been identified and studied for their impact on Sales Revenues and Profits. They are: (1) Contract Development & Manufacturing Organization, (2) Active Pharmaceutical Ingredients, (3) API and Formulations, and (4) Others. To understand the impact of Business type on Sales Revenues and Profits, the following hypothesis is formulated.

#### Hypothesis I

Type of Business does not influence Sales Revenues and Profits.

Place

Distribution Method (Place) is the way pharmaceutical products are carried away from manufacturing point to a farther place so as to make them available to the final buyers. Stated differently, Distribution Method is a series of service activities that help the product reach the final consumers. Several intermediaries are involved in the process, each adding some value like transport, storage, credit, convenience, educating and information sharing.

Distribution strategies profoundly influence the business performance of an organization; several studies attest the key role of distribution in achieving high business performance (Louter, Ouwerkerk and Bakker, 1991; Wolok, Mandey, & Kojo, 2015; Schoviah, 2012; Laswai, 2013. Ferri, Mohd, Radia and Hamidreza (2012) with their study on innovative business channels of SMEs established that innovation, information sharing and well-coordinated transportation

positively and strongly affect firm's business performance. Some studies found a strong connection between geographic location of a business and its sales performance, customer patronage and profitability (Nguyen, McCracken, Casavant, and Jessup, 2011; Eze, Odigbo and Ufot, 2015).

For this study, three different kinds of distribution methods were identified, and data collected from them. They are: 7 companies with Retailing Method, 22 with Wholesalers, and 51 Middlemen. The purpose of this part of research is to understand the impact of Distribution Method on Sales Revenues and Profits. To realize this purpose, the following hypothesis is formulated.

#### **Hypothesis II**

Distribution Method does not influence Sale Revenues and Profits of pharmaceutical companies.

#### **PRICE**

Price is the sum total of costs incurred on creating, distributing and promoting, and organizing the concerned processes. (Kotler 2007). Penetration Pricing, in which the price is kept at the minimum, gives advantage to the company in spreading its wings; when a new product is launched or new market entered, if penetration pricing is followed, the company draws more customers and generates higher revenues to get a foothold in the market.

Odhiambo (2013), found through his study on pharmaceutical companies' sales revenues, that pricing strategy significantly influences the organization's sales performance. Importantly, price leadership has a huge impact on the organizational efficiency. The studies of some scholars (Colpan, 2006; Owomoyela et al, 2013) to testify to the importance of pricing strategies in raising organizational performance. The study of Owomoyela, Oyeniyi, & Ola (2013) confirmed a strong connection between price and business performance; price is the key to marketability of a product. Gbolagade, Adesola & Oyewale (2013) similarly concluded through their study that price influences the business performance. For this study, two price parameters are chosen for investigation: (1) pricing objective, and (2) pricing basis.

#### **Pricing Objective**

Sales Revenue Maximization is expected to bring about market power, market leadership, liquidity for further expansion of business, and higher employment. On the contrary, Profit Maximization ignores revenues in favour of profits. Profit maximization is expected to keep in good shape the financial health of the firms, shareholder satisfaction, and long-term survival of the firm. But the consumer outreach is low in the case of profit maximization pursuit. These two mutually exclusive objectives, which drive the thinking of the organization as a whole, must influence the performance. This research intended to check the influence of price objective on performance indicators of the firm. Accordingly, a hypothesis is formulated as follows.

#### **Hypothesis III**

The Pricing Objective does not influence the firm's performance indicators, i.e., Sales Revenues and Performance.

#### **Pricing Bases**

Pricing is usually done on any of two distinct bases, (1) the ruling current market price trend, and (2) desired profit and total effective cost. Which basis is good for Sales Revenues Performance? Which basis is good for Profit Performance? Taking cue from the foregoing questions, the following hypothesis can be formulated.

#### **Hypothesis IV**

Pricing basis does not influence Sales Revenues and Profits of pharmaceutical companies.

#### **Promotions**

Promotions are employed for persuasion of the user; quick responses ensue from customer with the promotions. In other words, Promotions, unlike advertisements, provoke quick action. The effects of promotions are naturally short-termed. That apart, promotions might potentially affect brand equity also. For achieving quicker and higher turnover and for the inventory to fly off the shelves, promotions are resorted to.

According to Donohue, Cevasco, and Rosenthal (2007), based on their study on arthritis, depression, cholesterol and allergy drugs, advertisements lead to use of drugs and also reporting of negative medical consequences, but with detailing, such reporting comes down; promotion and advertising creates a proper understanding between physician and patients and thus improves the welfare of the patients. The study of Kalyanaram (2009) found that both consumer-directed and physician-directed advertising campaigns lead to positive change in brand's market share. The demand elasticity with consumer-directed advertising is 0.21 while that with doctor-director is 0.62. This is consistent with the results of the study of Wosinska (2002). Between 1996 and 2000, consumer advertising was a rapidly increasing part of the pharmaceutical promotion, with an average yearly growth rate of 33% for gastrointestinal, cholesterol, insomnia, and anti-arthritic/analgesic drugs. In contrast, detailing and sampling grew at annual rates of 12-13%, whereas professional journal advertising remained almost the same (Dave and Saffer 2012).

For this study, three promotional methods have been identified for knowing their impact on Sales Revenues and Profits. They are (1) Personal Selling, (2) Advertising, and (3) Sales Promotion. These are the dominant methods used in this universe of respondents. Personal selling involves personal, face-to-face presentations of the information. Advertising is a non-personal presentation of information through media like newspapers, TVs etc. Sales Promotion is a time-limited offer, inter alia, of products more than the usual, reduction in the prices etc. This research set out to investigate the influence of Promotion Method on Sales Revenues and Profits. The following hypothesis is made to proceed further with this part of research.

#### Hypothesis V

Promotion method does not influence Sales Revenues and Profits.

#### Advertisement

Advertisement is a non-personal presentation of information to inform, persuade, and remind the consumers about a product or a service. Advertisements inform the customers. This is referred as information-view which is different from persuasion-view.

The study of Rosenthal et al (2003) conducted on the data relating to the period from 1996 to 1999 of USA pharmaceutical industry, stumbled on a finding that direct-to-consumer (DTA) advertisement expands the total demand and the sales for the product, but not the market share of the advertiser or brand specific demand. Wosinska (2002) found that if a drug has a top place in the formulary (list of recommended drugs) and is advertised, such advertisement leads to increase in the demand. Some researchers (Bhattacharya and Vogt, 2003; Dave & Saffer, 2012) observed that product life cycle should guide the advertisement and promotion activities, since certain stages of product life cycle don't lead to any effects and some do.

Meyerhoefer and Zuvekas (2008) who studied depression drugs with the help of the data relating to the period of 1996-2006 found that advertisements increase the demand from new patients, with an elasticity of 0.16; the effect is substantial when they pay on their own in small amounts. Liu and Gupta (2011) found that advertisements cause visits of patients to physicians. Iizuka and Jin too found that advertisement drives visits to physicians and increase in demand. Bradford et al (2006) too found the same effects of market expansion when consumer advertising is used.

Consumer-directed advertisements in televisions will strongly impact the demand from less-served communities (Liu and Gupta, 2011). Bradford et al (2006) who studied 57 doctors between 2000-2002 with regard to use of Vioxx and Celebrex also found the market expansion effects; they also found that advertisements on local and network television drove the osteoarthritis patients to doctors.

For this study, three kinds of advertisement are found being used in this universe selected for this research. They are: (1) Print, (2) Electronic, and (3) Trade Expos. This research intended to find the evidence for the influence of Advertisement Method on Sales Revenues and Profits. Hence the following hypothesis is formulated.

#### Hypothesis VI

Advertisement Method does not influence Sales Revenues and Profits.

The following is the list of hypotheses for ready reference.

#### **List of Hypotheses**

- I. Type of Business/Product does not influence Sales Revenues and Profits.
- II. Distribution Method does not influence Sale Revenues and Profits of pharmaceutical companies.
- III. The Pricing Objective does not influence the firm's performance indicators, i.e., Sales Revenues and Performance.
- IV. Pricing basis does not influence Sales Revenues and Profits of pharmaceutical companies.
- V. Promotion method does not influence Sales Revenues and Profits.
- VI. Advertisement Method does not influence Sales Revenues and Profits.

#### **Sample Description**

ISSN: 2279-0667

This research has selected on a convenience basis the data of 80 pharmaceutical units operating in Telangana state of India. The sample is stratified on different bases as described below.

Major Market		
•	Export	37
	In-state	22
	Out-state	21
Product Type		
• •	Generic/small molecules	62
	Biologics	7
	Nutraceuticals 3	
	Others	8
R & D Ownership		
•	Own R&D	45
	Others' R & D	35
Certification		
	Others	55
	Own Labels	25
Business Type		
• •	CDMO*	16
	APIs** 34	
	API and formulations	17
	Others	13

#### Data

Data was collected with the help of a questionnaire.

Kruskal Wallis and Mann Whitney tests were performed on SPSS software.

Sales Revenues and Profits, which vary with the size of the firm and the staff size, their absolute figures, were converted into quotients. This ensures comparability of the data of one firm with that of the other.

Dependent variables are: (1) Sales Revenues, and (2) Profits.

Independent variables are (1) Product/Business, (2) Pricing Objective, (3) Pricing Basis, (4) Distribution Method used, (5) Major Promotion Method, and (6) Major Advertising Media used.

#### **Findings & Discussions**

#### **Product Decision**

The following hypothesis was first taken for research and data analysis.

Type of Business/Product does not influence Sales Revenues and Profits.

To clarify on the above hypothesis, means of Sales Revenues and Profits were calculated separately for each of the four different kinds of businesses, i.e., Contract Development and Manufacturing Organization, Active Pharmaceutical Ingredients, APIs and Formulations, and

Others. They were compared and statistical tests conducted. A suitable test for this kind of test is Kruskal Wallis Test.

The means of Sales Revenues and Profits of companies doing APIs and Formulations are higher than those of all other business. The results are displayed in Table # 1.

Table #1

#### **Sales Revenues**

Product/Business Type	Mean	N
Contract Development & Mfg. Organization	4.38819	16
Active Pharmaceutical Ingredients	8.01797	34
API and formulations	13.00547	17
Others	1.70031	13
Total	7.32524	80

#### Profits -Table #2

Product Type	Mean	N
Contract Development & Mfg. Organization	.29419	16
Active Pharmaceutical Ingredients	.66279	34
API and formulations	1.57106	17
Others	01985	13
Total	.67115	80

Table # 3

Ranks			
Product/Business Type		N	Mean
			Rank
Sales Revenue	Contract Development & Mfg. Organization	16	40.91
Quotient	Active Pharmaceutical	34	42.93
	Ingredients		,,
	API and formulations	17	53.35
	Others	13	16.85
	Total	80	

Profits Quotient	Contract Development & Mfg. Organization	16	36.16
	Active Pharmaceutical Ingredients	34	41.41
	API and formulations	17	57.76
	Others	13	20.88
	Total	80	

(The means of ranks are not useful for comparison but used in further statistical test.) Table # 4

Test Statistics <sup>a,b</sup>			
	Sales Revenue Quotient	Profits Quotient	
Chi-			
Square	19.046	19.263	
df	3	3	
Asymp.			
Sig.	.000	.000	
a. Kruskal Wallis Test			
b. Grouping Variable: Product/Business Type			

The Kruskal Wallis Test, whose results are shown in Table # 4, gives the evidence that Type of Business influences the firm's performance outcomes, i.e., Sales Revenues and Profits. The significance values are 0.000 in both the cases; they are <0.05, implying that Business type influences the Sales Revenues and Profits.

Hence the hypothesis that Product/Business Type does not influence Sales Revenues and Profits is not accepted.

#### **Distribution Method**

The data analysis was made on the following hypothesis.

Distribution Method does not influence Sale Revenues and Profits of pharmaceutical companies.

Towards settling the above hypothesis, statistical tests were performed on the data collected. Group means were computed first, and later Kruskal Wallis tests run; for Kruskal Wallis test, computation of rank means is a prerequisite, and they are, needless to say, not useful for comparison of one group with the other.

The mean of Sales Revenues of companies whose dominant distribution method is Middlemen is greater than that of the remaining two groups. This comparison prompts us to consider Middlemen Distribution as the best for high Sales Revenues. But Kruskal Wallis test has to be run to check if the difference is a real one or a just an error of the sampling.

As regards Profits performance, similar exercise is performed. But, in this case, when means of the groups are compared, the mean of the companies with Wholesalers as a dominant distribution

Vol 10, Issue 7- 8, July- August 2021, Impact Factor: SJIF 2021 = 7.263 ISSN: 2279-0667

method emerges as one with a high mean and prompts us to judge Wholesale method as the best distribution method for achieving high Profits performance. So, to be sure whether it is a true and reliable difference, or a product of a sampling error, Kruskal Wallis test has been run and results presented in Table #8.

#### **Sales Revenues**

Table # 5

Distribution Method	Mean	N
Retail	1.82957	7
Wholesale	6.91841	22
Middlemen	8.25504	51
Total	7.32524	80

#### **Profits Quotient**

Table # 6

Distribution Method	Mean	N
Retail	.02229	7
Wholesale	1.34786	22
Middlemen	.46829	51
Total	.67115	80

#### Rank Means

Table #7

Ranks			
Distribution 1	Distribution Method		Mean Rank
Sales Revenue Quotient	Retail	7	9 18.2
	Wholesale	22	42.1
	Middlemen	51	42.8
	Total	80	
Profits Quotient	Retail	7	17.1
	Wholesale	22	47.5 5

Middlemen	51	40.6
Total	80	

#### Kruskal Wallis Test Results

Table #8

Test Statistics <sup>a,b</sup>			
	Sales Revenue Quotient	Profits	
		Quotient	
Chi-Square	7.025	9.09	
_		9	
df	2	2	
Asymp. Sig.	.030	.011	

Kruskal Wallis test results (Table # 8), with their significance values of 0.030 and 0.011 for Sales Revenues and Profits respectively, which are less than 0.05, prove that the differences are not from a sampling error, but true and statistically dependable. Based on the results of this test, one can conclude that Middlemen method of distribution is best for achieving superior Sales Revenues performance, and Wholesale method of distribution is best for raising Profits performance of pharmaceutical units.

Hence, the null hypothesis that Distribution Method does not influence Sales Revenues and Profits is not accepted.

Pricing Objective and Basis

The research and data analysis were made on the following hypothesis.

The Pricing Objective does not influence the firm's performance indicators, i.e., Sales Revenues and Performance.

Towards resolving the above hypothesis, statistical tests were performed on the data collected. The means of performance indicators of the companies pursuing Sales Revenue Maximisation and Profit Maximisation are first separately calculated for each group. Later, MannWhitney U Tests were run and the results presented in Table # 11.

#### **Actual Means**

Table #9

Pricing objective		N	Mean	
Sales	Revenue	Maximize sales	24	7.136
Quotient		Maximize profits	56	7.406
Profits Que	otient	Maximize sales	24	0.754
		Maximize profits	56	0.635

The means of Sales Revenues of companies pursuing Profit Maximization greater than those pursuing Sales Maximization;

The means of the Profits Quotient of companies pursuing Sales Maximization are greater than those pursuing Profit Maximization.

Rank Means (Useful for Test Calculation only)

Table # 10

Pricing objective		N	Mean Rank
Sales Revenue	Maximize sales	24	45.21
Quotient	Maximize profits	56	38.48
	Total	80	
Profits Quotient	Maximize sales	24	49.06
	Maximize profits	56	36.83
	Total	80	

In this particular case, rank means don't clearly convey the performance differences.

**Table #11** 

Test Statistics <sup>a</sup>			
	Sales Revenue Quotient	Profits Quotient	
Mann- Whitney U	559.000	466.500	
Asymp. Sig. (2-tailed)	.235	.031	
a. Groupi	ng Variable: Pricing objective		

As attested by the significance value, i.e., 0.235 (> 0.05) Sales Revenues are not affected by the Pricing Objective.

But Pricing Objective discriminates between those pursuing sales and those pursuing profits in terms of profits. The profits performance of those pursuing Sales Revenues is significantly greater than those pursuing Profits. This is attested by the significance value which is less than 0.05. The results testify to the attractiveness and worth of Sales Maximization Objective.

But with regard to Sales Revenues, the pricing objective does not make any difference. Moreover, profit maximization objective shows higher means of Sales Revenues than those of sales maximization objective.

The null hypothesis is accepted in respect of Sales Revenues since the objective does not have any influence on it. But in respect of Profits, null hypothesis is not accepted since the difference is significantly greater for those pursuing sales maximization. This boils down to the conclusion that sales maximation is better for profits performance of pharmaceutical companies in this part of the world.

#### **Pricing Basis**

The next part of data analysis was made on the following hypothesis.

Pricing basis does not influence Sales Revenues and Profits of pharmaceutical companies.

Going forward for resolving the above hypothesis, actual means were calculated; the means of Sales Revenues and Profits are presented in Table #. It is evident from the means table that means of Sales Revenues and Profits of companies using current market price trend as a basis for pricing are higher than those using Cost plus Profit as a basis. As attested by the means, current market price as the basis of pricing comes out as an attractive alternative. But to allow for sampling error, statistical tests, Mann Whitney U tests were run and the results shown in Table # 14.

Table # 12
Actual Means

	Basis of Pricing	N	Mean
Sales Revenue	Current Market -Determined	72	7.86160
Quotient	Cost + profit	8	2.49800
Profits Quotient	Current Market -Determined	72	.71838
	Cost + profit	8	.24613

Table # 13

Rank Means (For test calculation only)

Ranks	Ranks				
Basis of Pricing		N	Mean Rank	Sum of Ranks	
Sales Revenue	Current Market - Determined	72	42.25	3042.00	
Quotient	Cost + profit	8	24.75	198.00	
	Total	80			
Profits Quotient	Current Market - Determined	72	40.72	2931.50	
	Cost + profit	8	38.56	308.50	

	Total	80	

Table # 14

Test Statistics <sup>a</sup>			
	Sales Revenue Quotient	Profits Quotient	
Mann-Whitney U	162.000	272.500	
Asymp. Sig. (2-tailed)	.043	.804	
a. Grouping Variable: Basis of Pricing			

The difference in Sales Revenues for those following Current Market Trend and those following Cost-Plus Profit are significant as evidenced by the significance value, 0.043 ( Table # 14), which is less than 0.005. But in respect of Profits, pricing basis has no influence as testified to by the significance value, 0.804 which is far greater than 0.05.

So, the null hypothesis in respect of Sales Revenues is not accepted since the mean difference is significant. But in respect of Profits, null hypothesis is accepted since the difference, although greater, is not significantly greater to consider it as an influencer.

#### **Promotion Method**

The following hypothesis guided my next part of the data analysis.

Promotion method does not influence Sales Revenues and Profits.

Means have been computed for inter-group comparison. The means of Sales Revenues of three groups, (companies following Personal Selling as a dominant method, companies following Advertising as a dominant method, and companies following Sales Promotion as a dominant method), are presented in the Table #. A quick scan of the table (Table # 15) suggests that Sales Promotion is giving the highest mean, followed by Advertising. These means, after comparison, prompts us to conclude that Sales Promotion is the best method for Sales Revenues. But sampling errors have to be reckoned for figuring out the true influence. Kruskal Wallis test has been performed. See Table #. The significance value of the test is greater than 0.05. Hence, the difference is not a real and dependable one. It implies that Promotion method has no bearing on sales revenues.

Hence the null hypothesis that Promotion method does not influence Sales Revenues is accepted.

#### **Sales Revenues**

Table # 15

Major promotion method	Mean	N
Personal Selling	5.14830	33
Advertising	8.21800	15
Sales Promotion	9.15172	32
Total	7.32524	80

Profits
Table #

ISSN: 2279-0667

Major promotion method	Mean	N
Personal Selling	.53439	33
Advertising	1.46427	15
Sales Promotion	.44041	32
Total	.67115	80

Means comparison exercise was performed for Profits also. See Table # for means comparison. The group whose dominant promotion method is advertising has higher Profits mean. This suggests that Advertising is the best method for achieving best Profits. But, to make sure that the difference is not a product of sampling error, Kruskal Wallis test has been performed to detect the true difference.

The results (Table # 17) show that the significance value is much greater than the cut-off value of 0.05, which implies that the difference is just a result of sampling error but not difference those matters.

Hence the null hypothesis that Promotion does not influence Profits is accepted. Rank Means

Table # 16

Ranks			
Major promotion method		N	Mean Rank
Sales Revenue	Personal Selling	33	39.70
Quotient	Advertising	15	42.73
	Sales Promotion	32	40.28
	Total	80	
Profits Quotient	Personal Selling	33	41.00
	Advertising	15	47.33
	Sales Promotion	32	36.78
	Total	80	

Rank means are not suitable for attempting inter-group comparisons. As said before, they are just prerequisite for running Kruskal Wallis test.

#### Kruskal Wallis Test

Table # 17

Test Statistics				
	Sales Revenue Quotient	Profits Quotient		
Chi-Square	.181	2.132		
df	2	2		

Asymp. Sig.	.914	.344	
Grouping Variable: Major promotion method			

#### **Advertisement Medium**

The following hypothesis was the cue for the next part of the research and data analysis.

Advertisement Medium does not influence Sales Revenues and Profits.

To resolve the above hypothesis, group means were computed. There are three groups of firms: (1) firms with Print Media advertising as a dominant advertising method, (2) firms with Electronic Media advertising as a dominant advertising, and (3) firms with Trade Expos as a major advertising method.

The computed group means for Sales Revenues and Profits were compared to get an idea about which advertisement method is showing higher performance on Sales Revenues and Profits. Electronic media is showing higher mean of Sales Revenues, followed by Print. Coming to Profits, Print media is showing a higher mean of Profits. These differences might not be true differences. So, to settle this dilemma, Kruskal Wallis tests were run.

Table # 18

		N	Mean
Sales Revenue	Print	9	8.31767
Quotient	Electronic	29	10.18172
	Trade expos	42	5.14024
	Total	80	7.32524
Profits Quotient	Print	9	1.15378
	Electronic	29	.70210
	Trade expos	42	.54636
	Total	80	.67115

Table # 19

Ranks			
Major Advertisement Method		N	Mean Rank
Sales Revenue Quotient	Print	9	39.94
	Electronic	29	41.28
	Trade expos	42	40.08
	Total	80	
Profits Quotient	Print	9	47.22
	Electronic	29	38.48
	Trade expos	42	40.45

Total	80	

Table # 20

Test Statistics <sup>a,b</sup>		
	Sales Revenue Quotient	Profits
		Quotient
Chi-Square	.051	.972
df	2	2
Asymp. Sig.	.975	.615
a. Kruskal Wallis Test		
b. Grouping Variable: M	ajor Advertisement Method	

Kruskal Wallis tests (Table # 20) report significance values greater than 0.005. it implies that the differences are a result of random error but not a true difference caused by the efficiency of any particular method. It means that Advertising Method has no influence on the performance of the firms.

Hence the null hypothesis that Advertising Method does not influence Sales Revenues and Profits is accepted.

#### **Scope for Further Research**

The next phase of research should better be made on a bigger sample spanning the entire India. A more comprehensive research output will emerge if many other practices, particularly of strategic marketing, are studied for their connection with firm's performance. In the next phase, panel data relating to several years should be used for better accuracy of the results.

#### Limitations

The sample is small and the respondents are SMEs (small and medium enterprises) operating in Telangana state of India. The findings are rooted in local practices and hence should be generalized with caution for their applicability elsewhere.

#### **Conclusion and Summary**

Sales Revenues are not affected by the Pricing Objective. Importantly, sales maximation objective is better for profits performance of pharmaceutical companies. Further, Sales Revenues are affected by Pricing Basis. But Profits are not affected by the Pricing Basis. Most notably, current Market Price basis comes out as a better method for a good performance of Sales.

#### Revenues

Type of Product/Business influences Sales Revenues and Profits. Businesses with APIs and Formulations are good for both Sales Revenues and Profits. Distribution Method influences a firm's financial performance. Middlemen Method of distribution is good for Sales Revenues and Wholesale Method of distribution is good for Profits. As regards promotion and advertising medium, it is found that Promotion method does not influence the financial performance, i.e.,

Sales Revenues and Profits; Type of Advertising too does not influence the financial performance of a firm.

#### **REFERENCES:**

Ambrammal, S. K., & Sharma, R. (2014). R&D and patenting by firms in India in highand medium-high-technology industries. Journal of Chinese Economic and Business Studies, 12, 181-207.

Antonella, S. F. (2017). The Effects of Marketing Mix (4P) on Companies' Profitability: A Case Study of Automotive Industry in France. *Journal of Research in Marketing*, 8(1), 636-640.

APQC (American Productivity and Quality Centre) (2003). Improving new product development performance and practice. Houston, TX: APQC.

Colpan, A. M. (2006). Dynamic Effects of Product Diversity, International Scope and Keiretsu Membership on the Performance of Japan's textile firms in the 1990s: Asian Business and Management, 5(3), 419-445.

Cooper, R. G. (1994). New products: the factors that drive success. *International marketing review*.

Cooper, R. G. (2019). The drivers of success in new-product development. *Industrial Marketing Management*, 76, 36-47.

Dave, D. M. (2013). Effects of pharmaceutical promotion: A review and assessment (No. w18830).

Eze, J., Odigo, Benedict E., &Ufot, J., A. (2015). The correlation between the business location and consumers' patronage: Implications for business policy decisions. British Journal of Economics, Management, and Trade, 8(4): 294-304.

Ferri, K., Mohd, R., Radiah, A., &Hamidreza, G., (2012). Impact of distribution channel innovation on the performance of Small and Medium Enterprises. International Business and Management, 5 (1), pp. 52-61.

Garcia, R., &Calantone, R. (2002). A critical look at technological innovation typology and innovativeness terminology: a literature review. *Journal of Product Innovation Management: An international publication of the product development & management association*, 19(2), 110-132.

Gbolagade, A., Adesola M.A. &Oyewale I.O. (2013). Impact of marketing strategy on business performance: A Study of Selected Small and Medium Enterprises (SMEs) In Oluyole Local Government, Ibadan, Nigeria. IOSR Journal of Business and Management, 11(4), 59-66.

Jedidi, K., Mela, C. F., & Gupta, S. (1999). Managing advertising and promotion for long-run profitability. *Marketing science*, 18(1), 1-22.

Kent, R. A. (1986). Faith in the four Ps: An alternative. Journal of Marketing Management, 2, 145-154.

Kotler P (2007). Marketing: An introduction, New Jersey: Pearson Education Inc.

Laswai, M., E. (2013). Assessment of the effectiveness of channels of distribution models in the sales performance of an organization: The Case of Coca-Cola Morogoro Region. Unpublished Thesis Submitted to Mzumbe University.

Liu, Q., & Gupta, S. (2011). The impact of direct-to-consumer advertising of prescription drugs on physician visits and drug requests: Empirical findings and public policy implications. *International Journal of research in Marketing*, 28(3), 205-217.

Louter, P., J., Ouwerkerk, C., & Bakker, B., A. (1991). "An inquiry into successful exporting". European Journal of Marketing, .25 (6), pp. 7-23.

McNally, R. C., Cavusgil, E., &Calantone, R. J. (2010). Product innovativeness dimensions and their relationships with product advantage, product financial performance, and project protocol. Journal of Product Innovation Management, 27(1), 991–1006.

Montoya, R. (2008). *Dynamic marketing mix allocation for long-term profitability*. Columbia University.

Nguyen, D., McCracken, V., Casavant, K. & Jessup, E. (2011). Geographic location, ownership and profitability of Washington log trucking companies. Regional Science Policy & Practice, 3 (2) 115–125.

Odhiambo, M. (2013). The effect of pricing as a competitive strategy on sales performance of selected pharmaceutical companies in Nairobi County (Doctoral dissertation, University of Nairobi).

Ohmae, K. (1982). The Mind of the Strategist: The Art of Japanese Business. New York: McGrow-Hill Inc.

Owomoyela, S.K., Oyeniyi, K.O. & Ola, O.S. 2013. Investigating the impact of marketing mix elements on consumer loyalty: An empirical study on Nigerian Breweries Plc. Interdisciplinary Journal of Contemporary Research in Business, 4(11): 485-496.

Park, B. J. R., Srivastava, M. K., &Gnyawali, D. R. (2014). Walking the tight rope of coopetition: Impact of competition and cooperation intensities and balance on firm innovation performance. Industrial Marketing Management, 43, 210-221.

Patterson, G.P. & Ward, T. (2000). Relationship Marketing and Management, Handbook Services Marketing and Management. Sage Publications Inc, 416.

Rijsdijk, S. A., Langerak, F., & Jan Hultink, E. (2011). Understanding a two-sided coin: Antecedents and consequences of a decomposed product advantage. *Journal of Product Innovation Management*, 28(1), 33-47.

Robins, F. (1991). Four Ps or Four Cs or Four Ps and Four Cs. Paper Presented at MEG Conference.

Schoviah, A. (2012). The effect of marketing distribution channel strategies on a firm's performance among Commercial Banks in Kenya. Unpublished Thesis Submitted to University of Nairobi.

Singh, M. (2012). Marketing Mix of 4P'S for Competitive Advantage. IOSR Journal of Business and Management (IOSRJBM), 3(6).

Singh, M. (2012). Marketing mix of 4P's for competitive advantage. *IOSR Journal of Business and Management*, 3(6), 40-45.

Varadarajan, R. (2010). Strategic marketing and marketing strategy: domain, definition, fundamental issues and foundational premises. Journal of the Academy of Marketing Science, 38(2), 119-140.

Wawira, P. L. (2016). Marketing strategies and performance of large hotels in Nairobi County (Doctoral dissertation, University of Nairobi).

Wolok, R. E., Mandey, S. L., & Kojo, C. (2015). The Effect of Distribution Channel Sales Volume in Pt. varia Indah Paramitha Manado. Jurnal EMBA: JurnalRisetEkonomi, Manajemen, Bisnis dan Akuntansi, 3(2).





# TRANS Asian Journal of Marketing Management Research (TAJMMR)



(Double Blind Refereed & Peer Reviewed International Journal)

DOI: 10.5958/2279-0667.2021.00036.5

# REVIEWING RURAL WELLNESS & YOGA TOURISM: TRADITIONAL WAY OF LIVING HEALTHY AND HAPPY

Dr. Srijib Shankar Jha\*

\*Associate Professor,
Department of Travel & Tourism Management,
Siliguri Institute of Technology
Sukna, District: Darjeeling (W.B), INDIA
Email id: srijib.jha@gmail.com

#### **ABSTRACT**

Today, people are so busy in the race of success that their lives have become so stressful affecting negatively to their health, emotion and mental faculty. To get a breath of relief, one decides to travel, however, travelling leads to unhealthy and overeating, disturbing of fitness routine, poor sleeping and travel stress which means 'unwell travel'. Hence, one seeks for wellness tourism which rejuvenates tourists, offers authentic experience, includes healthy eating and staying and connects oneself with soul and god. Wellness tourism is defined as all travel associated with the pursuit of maintain or enhancing one's personal well being. Rural Wellness and Yoga tourism is a new and fast growing trend on the global tourism market and as such it brings new changes in the client base, service and product offer and attracts new providers into the traditional tourism and spa field. In order to understand the changes, author has conducted a literary review that aimed at clarifying the meaning of the wellness concept that describes the changes that are driving the market changes through SWOT analysis. The primary aims of this study are to review the emergence and growth of wellness tourism and to report its present status. The conclusion suggests possible implications of embracing the term "wellness" in its deeper meaning instead of just a trendy marketing label. This paper talks about the concept of wellness tourism, components and worldwide view of wellness tourism with the support of related reports, articles and secondary data.

**KEYWORDS:** Wellness, Rural Tourism, Yoga, Sustainability, Traditional Healing.

Vol 10, Issue 7- 8, July- August 2021, Impact Factor: SJIF 2021 = 7.263

#### **INTRODUCTION**

ISSN: 2279-0667

In general parlance, the word 'Wellness' refers to the state of being well and fit mentally, physically and emotionally. Wellness is the amalgamation of medical, spiritual, mental peace, relief and leisure. It is rightly said that good health is the God gift and the real wealth. The greater concern for the good health has resulted into the high demand for wellness tourism which has created a buzz among wellness seekers across the world. In fact, wellness tourism is as old as ancient civilization such as Greece, Rome and Asian. Wellness tourism can be defined as all the activities of tourists at destination, seeking the well being resulting into a healthy balance of mind, body and spirit. Wellness tourism encompasses various activities such as yoga, meditation, ayurvedic therapy, exercise, beauty treatment and spa etc offering the bundle of advantages namely rise in concentration power, enlightenment of thoughts, physical fitness, remedy of prolonged diseases, stress buster etc. As a matter of fact, wellness tourism is linked with Medical tourism and spiritual tourism due to the commonness of the characteristics and objectives. However, medical tourism is different from wellness tourism. According to SRI, wellness tourism is defined as all travel associated with the pursuit of maintain or enhancing one's personal well being. Wellness tourism is for mental, physical, emotional, spiritual and environmental wellness. It cannot be regarded as medical tourism. Wellness tourism has a pro active approach while medical tourism has a reactive approach. Medical tourism involves people who travel to a different place to receive treatment for a disease, an ailment, or a condition, or to undergo a cosmetic procedure, and who are seeking lower cost of care, higher quality of care, better access to care or different care than what they could receive at home. Wellness tourism involves people who travel to a different place to proactively pursue activities that maintain or enhance their personal health and wellbeing, and who are seeking unique, authentic or locationbased experiences/therapies not available at home (Global Spa Summit LLC 2011). SPA tourism and CAM tourism are the core businesses of Wellness Tourism. The word SPA is derived from the Latin phrase Salus per Aquam which means health by water (healing through water therapy). The International Spa Association has defined Spa as places devoted to overall well being through variety of professional services that rejuvenates mind, body and spirit. WHO defines CAM (Complementary & Alternative Medicine) Tourism as the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different culture that are used to maintain health as well as to prevent, diagnose, improve or treat physical and mental illnesses.

Why Wellness Tourism?

- Wellness tourism is opted to gain below benefits.
- To get rid of stress, anxiety and tension
- To get connected with soul
- To manage proactively chronic and fatal diseases
- To acquire the feeling of contentment
- To achieve high concentration power and control over the oneself

• To bring healthy balance into mind, spirit and body

Wellness tourism association not only promotes but also develops wellness tourism products/services. It is the group of wellness tourism service providers which decides framework of wellness tourism services and other related issues. Accreditation Authority / Board for Wellness Tourism - Such board and accreditation authority recognizes wellness tourism centers as well as assesses the services of such centres. Licence is also issued by such authority. For example, NABH, AYUSH. Wellness tourism facilitators are those who assist in wellness tourism such as Tour Operators, Travel Agent. Wellness Tourism Service providers are Hospitals, Spas, Ayurvedic health centre, retreat centers / ashram wellness centre where wellness services are performed. Wellness seeker is one whose purpose of visit is wellness. Government Agency like Ministry of Tourism and State Tourism Department formulate policy pertaining wellness tourism and develop necessary infrastructure by the way of financial assistance.

The word yoga means 'union', though a more literal equivalent is the English 'yoke'. In fact, the words yoga and yoke have the same Sanskrit root. In fact yoga are practiced in a different manner altogether. While yoga comprises of body postures using hands and legs, meditation is more of a spiritual thing. It involves exercises with your breathing. Most people associate yoga and meditation with the Hindu religion, however it is only after one learns or starts to practice them that one knows that the effect and healing powers transcend the boundary of religion. Yoga and Meditation are just such indigenous twin techniques of self-realization and purification. One incomplete without the other, they help an individual to develop a sense of physical, mental, emotional as well as spiritual well being. Yoga in all its forms tries to create harmony of the body with the mind and soul. It is a very general term that encompasses many different disciplines ranging from the purely physical to the purely spiritual, and is a truly original Indian concept. People from across the world now come to India for Ayurveda, yoga and meditation in Rishikesh, Uttaranchal that is practiced since centuries. In fact India has fast emerged as a health tourism destination because of these. Since time immemorial, India has been known for its spirituality, religious and yoga tolerance and its secular character. India is called the "Yoga-Bhoomi" and the gateway to the heavens. India is internationally renowned for its ancient healing practices and alternative therapies. For more than thousands of years now, we have followed our own indigenous healing systems and medicinal practices such as Ayurveda, Naturopathy, and Pranic Healing to name just a few. It is no wonder then that people from all over the world are turning to the Indian sub continent for guidance towards a more spiritually satisfying way of life.

#### LITERATURE REVIEW

Smith and Kelly (2006) opined that wellness tourism one of the ancient forms of tourism and the proliferation of wellness centers, holistic retreats, spas, spiritual pilgrimages, complementary and alternative therapies is unprecedented. Mueller and Kaufmann (2001) concluded that there is a need for clear demarcation of the wellness concept from the cure. And, special emphasis on quality management and wellness professionals (doctor, physiotherapists, wellness trainers and sports instructors) was also suggested. Upadhyaya (2014) carried out the study to explore the methods to develop the medical and wellness tourism strategy. He also stressed on building of brand image of India, proper policy frame work, good infrastructure and professional marketers

for wellness tourism. Koncul (2012) stated that it is important to devote a considerable part of leisure-time in health, sport and other wellness activities. Shaik (2013) attempted to address the issues and prospects of medical and wellness industry in India and to outline strategies for making India as an ideal hub for medical and wellness tourism and also suggested to identify the macro and micro issues facing the tourism industry.

Wellness evolved as early as 4200 BC when the Sumerians recuperated their health by bathing in thermal springs and fountains located in temples; medical care can be dated back to 1500 BC with the Greeks laying a foundation stone in a temple in honor of their God of Medicine. Ever since, history has evidence of man travelling out of his country to avail himself of suitable medical treatment. Currently more than 50 countries are engaged in medical tourism with developing nations from Asia, Latin America and South Africa capturing amajor segment. The reasons for growth in wellness tourism stem from the following: One, high levels of uninsured population (asin the case of USA); two, lack of private participation and high waiting times (as in UK); three, pressures of aging population and over- hospital stay (as in Japan); four, dearth of sufficient and cost-effective healthcare facilities across various parts of the world; five, elective surgery with privacy (such as Botox treatment, rhino plasty, liposuction, etc); and six, inefficient healthcare systems in developing and underdeveloped world. In addition to the primary factors mentioned above, certain secondary factors have influenced the growth in wellness tourism as well: secular shifts across the developed and developing world (such as working versus leisure time, population pyramid, individualization, increasing demand regarding quality, etc.,) have led to modified leisure and tourism behavior. Moreover, socio-economic factors such as flexible working times, higher incomes, more leisure time and the changing value of holidays (now seen as a part of life) have also resulted in new and changed lifestyles. Having identified the growing potential of wellness segments, several wellness tourism companies/facilitators promising endto-end wellness tourism services have sprung up across the globe. They have strategically identified wellness needs and mapped them with expert wellness care services from various country destinations. Inarguably wellness tourism is an economic tool for nations striving to boost their economies through direct benefits such as increase in revenue, employment opportunities, investment in tourism avenues etc and indirect benefits that include spillover effects leading to growth in other industries. Though the benefits may apparently be micro-faced, the ripple effect is capable of touching innumerable spheres in the economy, namely, rise in living standards of people associated with tourism, need for education, demand for related educational courses, growth of ancillary industries, and so on.

#### **METHODOLOGY**

The primary aims of this study are to review the emergence and growth of wellness tourism and to report its present status through SWOT analysis. The researcher has made use of purely secondary data and referred research papers, reports and articles pertaining to wellness and yoga tourism.

#### **SWOT ANALYSIS**

ISSN: 2279-0667

#### **STRENGTHS**

- o Wellness is synonym to India o World class wellness facilities at affordable costs established at aesthetic locations.
- o International visitors are already well versed with the alternative therapies prevailing in India.
- o State- of-the-art equipments, technology and procedure.
- o Tourists are welcomed as 'guests' and made to feel at home in unfamiliar surroundings.
- o Recognition and classification of centers facilitated by the Central and State Government.
- o Ayurveda & spa available in all major resorts.
- o Permanent cure of disease and rejuvenation of body, mind and spirit imparted by the Wellness therapies
- o Predicted as best performing Country in wellness tourism by UNWTO.
- o Wide range of tourism resources, equable climate, variety of cuisine and vivacious culture.
- o The country has states for best services to the wellness tourists like Kerala, Uttarakhand, Himachal etc moreover Kerala has been selected by World Travel and Tourism Council as a partner State
- o Wide usage of English.

#### **WEAKNESSES**

- o Poor infrastructure in terms of roads, drainage and traffic systems.
- o Unscientific waste management system and pollution control.
- o The positive message and curative therapies of Ayurveda has not yet spread globally to the full extend
- o Presence of a large number of unlicensed alternative medical practitioners.
- o If Ayurvedic medicines need to be exported, many countries pose compulsion of a certification regarding non-existence of metals in medicines.
- o Open latrines, contaminated water and sewers convey a negative image
- o Spread of diseases like swine flu, chikungunya, birds' flue and leptospirosis. o Irritating behavior from the local public towards foreign visitors.
- o Lack of standardization in alternative Medicare and costing methods.
- o Poor internet connectivity.
- o Threat of terrorist activities
- o Lack of international accreditation.

o Poor coordination among tourism providers.

#### **OPPORTUNITIES**

- o Preventive healthcare
- o Combination of Ayurveda, Spa, Meditation, Naturopathy or healthcarewith leisure tourism.
- o More stress management and holistic treatment centers.
- o Medical outsourcing.
- o Government controlled information centers on Wellness in all countries.
- o Organizing of International Wellness expos in India, annually.
- o An exclusive website for wellness tourism facilities in India monitored by Government.

#### **THREATS**

- o Commercialization of health care.
- o Threat on public health system due to over emphasis on health tourism.
- o Sexual exploitation and development of sex tourism.
- o Travel agents stress only on the massage part of Ayurveda
- o Unlicensed and unqualified medical practitioners getting established.
- o Hike in charges o Adverse effects on culture
- o Unhealthy competition among Wellness providers.

Globally, wellness tourism accounts about 6% (524.4 million) of all domestic and international trips and 14% (\$438.6 billion) of all domestic and international tourism expenditures. Wellness tourism is expected to rise by more than 9% per year through 2019 which is approximately 50% greater than growth rate of overall global tourism Wellness tourism generates 11.7 million direct jobs, delivering \$1.3 trillion of global economic impact. Spa Tourism occupies the significant place in the business of wellness tourism which accounts about 41% of wellness tourism expenditure. It accounts \$179.7 billion market and 224.9 million spa trips.

Ayurvedic Practice is deeply ingrained in Indian tradition and culture. Historically, 'water' therapy gained popularity since people would travel to bath hot springs and seaside resorts for purification and spiritual rituals. Wellness Tourism in India is as old as the ancient civilization of Asia, Greece and Rome. As India is blessed with varied natural resources, it is the main hub for the wellness tourism. Other reasons for India being the hub for well tourism are cost effective naturopathy and ayurvedic therapies, quality of service, tourist friendly climate, spa and health care centres, yoga and meditation centers, gym and spiritual retreats ashrams. Similarly, internationally famous yoga and spiritual gurus of India attract wellness seekers across the world. Spa Tourism affiliation is with Indian Railways - Palace on Wheels and Royal Rajsthan on Wheels while CAM tourism affiliation is with Ananddham Nature Cure Centre – managed by SWAS Healthcare Pvt Ltd, Ayurveda Clinics, Maharshi Atrey Health Centre, Global Health Foundation, AUN Swasthya Holistic Centre and Atharva Multispecialty Ayurvedic Centre. The

most frequent visited destinations of India for Wellness Tourism are Rishikesh, Kovalam (Somatheeram Ayurvedic Health Resort, Ideal Ayurvedic Resort, Shin Shiva Ayurvedic Resort and Shin Shiva Ayurvedic Resort and Niraamaya – Surya Samudra), Goa (Yoga Magic Eco Retreat, Little Cove Yoga Holiday Retreat and The Mandala), Thekkadyetc.

The main products of wellness tourism are spas, ayurveda, naturopathy, yoga and meditation which rejuvenate one's mind, body and soul. There are many destinations and places in India encouraging Yoga Tourism. The mountain ranges of the Himalayas, Rishikesh, Kedarnath, Gangotri of northern India, Kerala, Tamilnadu, Goa and New Delhi are some of the places where one can get eternal peace and satisfy their spiritual quest and are the perfect destinations for Wellness Tourism. Some of the most popular places in India for wellness tourism draw regular tourists and travelers from all over the globe to various travel destinations in India that boasts of some of the natural healing procedures and life style changes to foster physical and psychic wellbeing of the deserving tourists. There are many popular places in India for wellness tourism that are renowned for their tranquil living atmosphere, natural environment, beautiful flora and fauna and organically validated traditional healing procedures for the mind and body. Here we would name some of the most popular places in India for Wellness tourism.• Ananda, Narendranagar, Uttarakhand • Banyan Tree Spa, Udaivilas, Udaipur • Golden Palms, Bangalore • Vedic Village, Kolkata • Amatrra Spa, New Delhi • Aturvedagram, Bangalore • Jindal's Healthfarm, Bangalore • Krishnamacharya Yoga Mandiram, Chennai, Tamilnadu • Sivananda Ashram, Madurai, Tamilnadu • Iyengar Institute, Pune • Atma Darshan Yogashram, Bangalore • Kaivalyadhama, Lonavala • Patanjali Yogpeeth, Haridwar • AtmaVikasa Centre, Mysore • Yog-Ganga Centre, Dehradun • International Yoga Festival, Rishikesh etc.

The quality Council of India and the Ministry of Tourism has taken the first step to extend the National Accreditation Board for Hospital and Wellness Centers (NABH) certification for Spas and wellness centers. This will be a first step to making a statement to the world that we have adopted the finest in quality standards and will give the clients tremendous confidence. The second challenge will be to develop trained and certified manpower. It is estimated that 600,000 jobs will be created in the wellness industry in next five years. A great deal will have to be developed to meet the human resource challenge. In fact this must be the focus during the next few years. The third challenge is safety and security. As we know that tourism is a fragile and delicate industry. Wellness tourists will come to visit our destinations for peace, calm, meditation, yoga, health and wellbeing therefore the first and foremost issue will be safety and security of the tourists because in the presence of the fear we cannot promote tourism worldwide.

The Ministry of Tourism also provides financial assistance under the Market Development Assistance Scheme (MDA) to approved wellness centers, i.e. representatives of wellness centers accredited by NABH or the State Governments. The MDA assistance is for participation in medical/tourism fairs, medical conferences, wellness conferences, wellness fairs, and allied road shows. Yoga/Ayurveda/Wellness has been Opportunities and Challenges of Wellness Tourism in India promoted in the past years in the print, electronic, internet and outdoor medium under the Ministry of Tourism's "Incredible India Campaign". Ministry of Tourism, Department of AYUSH and NABH brings Accreditation for Wellness Centers.

#### RECOMMENDATION

- Wellness tourism week should be celebrated with collaboration of wellness tourism centres
- In India, destinations should be rightly identified where wellness tourism centres can be established
- Policy framework for wellness tourism should be investor friendly
- Wellness tourism should be endorsed by celebrity
- On regular basis, Ministry of Tourism and State Tourism Department should arrange workshop and training programme for wellness instructors.
- Government should release funds for the development of infrastructure suitable for wellness tourism and also offer concession or relaxation to wellness tourism service providers.

#### **CONCLUSION**

The SWOT analysis brings forth the following issues. India has a wide range of tourism resources, equable climate, variety of cuisine and vivacious culture. Lack of international accreditation among tourism providers means poor coordination among services. Poor infrastructure in terms of roads, drainage and traffic systems. Unscientific waste management system and pollution control. Ayurveda & spa available in all major resorts. Ayurveda is a form of Ayurvedic medicine. It has been linked to sexual exploitation and development of sex tourism. There are also concerns over unlicensed and unqualified medical practitioners getting established in the region. Wellness broadens the original understanding of health and rather than a state free from desease aims for a multidimensional balance in the given situation. This notion of wellness as positive health invites to broaden the curative spa services of more general offerings that focus on the individuals' subjectively perceived well-being... Promoting the social component of wellness as an experience possible to all humans, not just the healthy and rich, allows for engaging new social groups that are now left untreated by the general wellness offer in the tourism context, elderly persons, minorities, youngsters etc.. This broader understanding of wellness would open the private wellness centers to the local communities, becoming place where everybody can come to feel better.

Wellness tourism is much broader; it addresses the complexity of human and penetrates beyond the material barriers, which is essential in restoring the human being (balance on physical, emotional, mental and spiritual plans,) by inducing a state of well-being. Understanding the meaning of the wellness concepts, although very theoretical at first sight, helps management of wellness facilities to position themselves on the wellness market by consciously choosing which wellness demand they will respond to with which services and products. A proactive approach to wellness tourism would not only address the current trends on the market, but would also create offerings that help the persons to feel better in the broader sense of wellness. The human need to attain wellness can be met not only through spa treatments and wellness oriented products, but also services that have not until now been traditional in the spa setting – communication courses, family days, silence hours, creativity workshops or many others. A conceptual option is introducing a position of a wellness coach who gives initial assessment and guidance to new

coming clients and provides continuity to returning clients with respect to their wellness path. And even if the offer is focused on activities that are predominantly physical, wellness providers should be aware of the spiritual, psychological or holistic dimensions of the experiences and consciously use them in the strategic planning or market positioning. The term "wellness" has already been used as a marketing label for various services across the world. Understanding the meaning the wellness concept allows further use in the promotion matter – in the external marketing for labeling services and treatments that could be otherwise seen by customers as too spiritual or uncommon (as tai-chi, meditation, thai massage and others); but also in the internal marketing for creating a shared vision of the institution or a common ground for staff professional (and personal) growth.

#### **REFERENCES:**

- 1. Ali-Knight, J. (2009), "Yoga tourism", in Bushell, R. and Sheldon, P.J. (Eds), Wellness and Tourism: Mind, Body, Spirit, Place, Cognizant Communication Corporation, New York, NY, pp. 84-95.
- **2.** Brown, S. and Letho, X.Y. (2005), "Travelling with a purpose: understanding the motives and benefits of volunteer vacationers", Current Issues in Tourism, Vol. 8 No. 6, pp. 479-96.
- **3.** Corbin, Pangrazi, & Franks, (2000), Definitions: Health fitness and physical activities, Presidents council on physical fitness and sports research digest, 3(9), 1-8
- **4.** Dutta, Sengupta, Rout: Scope and Management of Medical Tourism in India, Journal of Chemical andPharmaceutical Research, 2(6) (2010)
- 5. Figueroa Ana, Wellness Travel is a Road to Health- and Profits, Travel Market Report (2011)
- **6.** Jecob, Robinet; Health Tourism and Ayurveda; Abhijeet Publications; 2008 India 2014; Publication Division; Ministry of Information and Broadcasting, Government of India.
- **7.** Koncul, Niko (2012), "Wellness: A New Mode of Tourism", Economic Research Ekonomska istrazivanja, Vol. 25, No. 2, pp 525-534
- **8.** Mueller, Hansruedi & Kaufmann, Eveline Lanz (2001), "Wellness Tourism: Market Analysis of a special health tourism segment and implications for the hotel industry", Journal of Vacation Marketing, Vol. 7, No. 1, S pp 5-17
- **9.** Smith, Melanie & Kelly, Catherine (2006), 'Wellness Tourism', Tourism Recreation Research, Vol. 31 (1), pp 1-4
- **10.** Shaik, Shahazadi Begum (2013), "Medical and Wellness Tourism: Opportunities and Challenges Marketing "Brand India", Research Journal of Management Science, Vol. 2 (1), January pp 1-6
- 11. Saha, Debatree (2015), Get Relished with best of Wellness Tourism in India, May
- **12.** Upadhayay, Sunil(2014), "Prospects in Medical and Wellness Tourism India", Journal of Tourism: A Contemporary Perspective, Vol. 1 (1), January pp 18-24
- 13. Research Report, Global Spa Summit LLC (2011)

- **14.** Roday, Sunetra; Biwal, Archna and Joshi Vandana: Tourism Operations and Management. Oxford UniversityPress, 2012.
- **15.** Report on 'Health and wellness tourism in India', Euromonitor International, report accessed (2010)
- 16. The Global Wellness Tourism Economy, Global Spa & Wellness Summit 2013
- 17. The Global Wellness Tourism Economy Report 2013
- **18.** Wellness for whom, where and what? Wellness 2020. Wellness Tourism Worldwide (Full Research Report, 2011)
- **19.** Wang, N. (1999), "Rethinking authenticity in tourism experience", Annals of Tourism Research, Vol. 26 No. 2, pp. 349-70.
- **20.** Weaver, P., Kaufman, T.J. and Yoon, Y. (2002), "A market segmentation study based on benefits sought by visitors at heritage sites", Tourism Analysis, Vol. 6 Nos 3/4, pp. 213-22.
- **21.** Weiermair, K. and Steinhauser, C. (2003), "New tourism clusters in the field of sports and health: the case of Alpine Wellness", paper presented at the 12th International Tourism and Leisure Symposium, Barcelona, 15-18 June.



## Editorial Board

#### Dr. SS Narta

Professor Department of Commerce, Himachal Pradesh University, Summerhill, Shimla – 171005, H.P., India.

#### Dr. Mamta Mokta

Professor Department of Public Administration, Himachal Pradesh University, Shimla, India.

#### Prof. Shyam Lal Kaushal

School of Management Studies Himachal Pradesh University, Shimla, India.

#### Dr. Durgesh Nandini

Associate Professor Department of Public Administration, IGNOU, Delhi, India.

#### Dr B. Mohan

Associate Professor in English S.V. College of Engineering and Technology Chittoor, Andhra Pradesh, India.

#### Dr. Dalbir Singh

Assistant Professor Haryana School of Business, G.J.U.S & T, Hisar, Haryana, India.

#### Dr. Sonia Sharma Uppal

P.G. Department of Commerce and Management Arya College, Ludhiana, India.

#### Nadeera Jayathunga

Senior Lecturer Department of Social Sciences Sabaragamuwa University, Belihuloya Sri Lanka

#### Mrs. Sabina Dinesh Kumar

Assistant Lecturer Faculty of Management Studies & Comm. University of Jaffna, Sri Lanka

#### Jumana M. Elhafiz

Assistant Professor Department of Biochemistry, Shendi University, Ministry of Heath, Sudan

#### Dr. Sunil Kumar

Assistant Professor, Punjab School of Economics, Guru Nanak Dev University, Amritsar, Punjab, India

#### Dr. Ebele P. ifionu

Faculty, Department of Finance and Banking University of Port Harcourt, Nigeira

## Review Process

Each research paper/article submitted to the journal is subject to the following reviewing process:

- 1. Each research paper/article will be initially evaluated by the editor to check the quality of the research article for the journal. The editor may make use of ithenticate/Viper software to examine the originality of research articles received.
- 2. The articles passed through screening at this level will be forwarded to two referees for blind peer review.
- 3. At this stage, two referees will carefully review the research article, each of whom will make a recommendation to publish the article in its present form/modify/reject.
- 4. The review process may take one/two months.
- 5. In case of acceptance of the article, journal reserves the right of making amendments in the final draft of the research paper to suit the journal's standard and requirement.



Vol 10, Issue 7- 8, July- August 2021, Impact Factor: SJIF 2021 = 7.263 ISSN: 2279-0667

## Calegories

- **Business Management**
- Marketing
- **Finance**
- Insurance
- Human Resource & I.T.



## Published by

### **Trans Asian Research Journals**

SCO 34, Ist Floor, HUDA Market, Near Red Cross, Jagadhri - 135 003 (Haryana) INDIA Website: www.tarj.in

Our other publications:

Asian Journal of Multidimensional Research (AJMR)

ISSN (online) : 2278-4853