Promotion of Reproductive Tourism through Websites in India

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ABSTRACT

Reproductive tourism as one of the subsets of medical tourism is attracting substantial attention in Indian milieu and academic discourses. There are bundle of reasons for development of this particular spatial mobility wherein stakeholders have a crucial role to play. Role of every associated stakeholder in development of reproductive tourism is different in nature. Within this premise, service provider as one of the stakeholders, operating in the form of Assisted Reproductive Technology (ART) clinics has a pivotal part. These clinics market their services through websites and persuade prospective service users by presenting attractive tailor-made content. Role of these clinics' websites functional in India has received less emphasis and the present study seeks to fill this academic void. Through content analysis of selected 87 ART clinics and surrogacy clinics' websites, the present study will underline the role of websites in promotion of reproductive tourism in India. The analysis pointed that information of various nature is being displayed on the website wherein service provider views their target population in a dual patient-tourist identity. Moreover, these websites tactfully present the content having greater potential for tapping the service users and thus, contribute significantly in attracting reproductive tourists in the country.

Keywords*: ART Websites, Content Analysis, India, Reproductive Tourism.*

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1. INTRODUCTION

The act of traveling across international border to receive Assisted Reproductive Treatments (ART) such as In-Vitro Fertilization (IVF), gamete procurement, and a bundle of other services (Deonandan, 2015) is referred as reproductive tourism (Cortez, 2008; Yang, 2019) or fertility tourism (Bergmann, 2011), or cross border reproductive care (Johnston, Crooks, Snyder & Kingsbury, 2010), or reproductive exile (Ramírez de Arellano, 2007) and a host of other names. The phenomenon of reproductive tourism, as a mere component of medical tourism (Ikemoto, 2018) has amassed substantial scholarly attention in recent decades, seemingly as a result of emergence of medical tourism and global rise in infertility (Yang, 2019).

During late 1970s, many industrialized nations started offering different ART services for the first time. Gradually after attaining popularity, these services were caught under several ethical, legal, religious and health concerns. Consequently, many countries initiated strict legislations to regulate the process. These restrictions refrained several groups of population like single women or homosexuals to avail the services. Moreover, some of the procedures were completely banned or allowed with certain conditions. Such a scenario, paralyzed the needs of infertile couple/individual. Within this backdrop, as a result of such fallout, ART clinics in others developing countries including India emerged rapidly (Points, 2009). Therefore, reproductive form of medical tourism emerged as a significant activity in India. As of now, clinics of India offer almost all forms of ART services which include IVF, intrauterine insemination, Intracytoplasmic sperm injection (ICSI), pre-implantation genetic diagnostic, gamete donation and gestational surrogacy. There are several reasons for mushrooming of reproductive tourism in India. First, comprehensive ART guidelines which establishes regulatory measures to protect service users' rights and ensure ethical practices. Second, availability of specialized services to cater to the needs of international service users. Apart from these two factors, rest of the factors are similar to those responsible for rise of medical tourism in general, which include high quality of care, affordability and experienced medical professionals. Within this premise, it was observed

that the studies around growth of reproductive tourism in India have overlooked the role of websites of the clinics in proliferation of reproductive tourism. This stands as an important component since Patterson (2007) claimed that internet is the second most important source after friends regarding information on medical tourism. Moreover, several ART clinics in India are preferring websites to advertise the services for domestic and international service users as well (Lindsay et. al, 2017). Therefore, the present study will underline the promotion of reproductive tourism in India through websites of the registered ART and surrogacy clinics.

2. METHODOLOGY

The list of registered clinics was extracted from National ART and Surrogacy Portal maintained by Department of Health Research, Ministry of Health & Family Welfare, Government of India. As this list gets updated continuously, so clinics registered till 8th July, 2024 were considered in this study. Initially, clinics that were common in both ART Clinic and Surrogacy Clinic segments were selected from the portal. This furnished the list of 140 clinics. Out of these clinics, only 118 clinics had a working website. Further, clinics having mismatch of name and address with respect to the portal were removed. Moreover, five clinics have more than one branches registered with the portal but were administered through a common website. Finally, 87 websites were selected for the study. Data extraction and detailed analysis of different nature of information available on these websites was done through content analysis.

3. RESULTS

Data was extracted from the websites under specific themes, namely general profiling, website interactivity, medical facilities information, accessibility, third party assessment or accreditation, financial information, and feedback mechanism and testimonials. Further, within these themes, data was recorded with respect to selected items or attributes. Selection of these items was done from the study of Cormany & Baloglu (2010), Baloglu & Peckan (2006), Choi and Morrison (2005), Deonandan et al. (2012) and Hawkins (2013). Thereafter, the coded data of all the themes was quantitatively analyzed on a nominal 'present/not present' scale with the help of descriptive statistics. The detailed analysis of each theme is presented in the subsequent sections.

3.1 General Profiling

Clinics presented various general information on their websites. Considering the same, items selected for extracting the data within this theme include about section, statement of purpose (e.g. vision/mission/core values), awards and achievements, FAQs, downloadable materials, photo gallery, brief description about the services, logo, blogs, and general disclaimer. Figure 1 shows the availability of general information across websites of the selected clinics.

About us section was present in 95.40% websites. Some prominent features like logo (98.85%) and brief description about the services offered by the clinic (81.61%) were available on most of the websites. Photo gallery which represents photos uploaded by the service provider regarding its services, facilities or sometimes satisfied service users (Giannopoulos & Mavragani, 2011) was present on more than half (52.87%) of the analyzed websites. 40.23% of websites mentioned about any form of awards received or achievements of the clinic. Some clinics displayed it in bigger thumbnail on the homepage, few uploaded the certificates and rest of the clinics cited it in a dedicated awards and achievements section. However, any form of downloadable materials, for example, brochure was available only on 5.75% of the websites. FAQs section was also missing in around half of the clinics (48.28%).
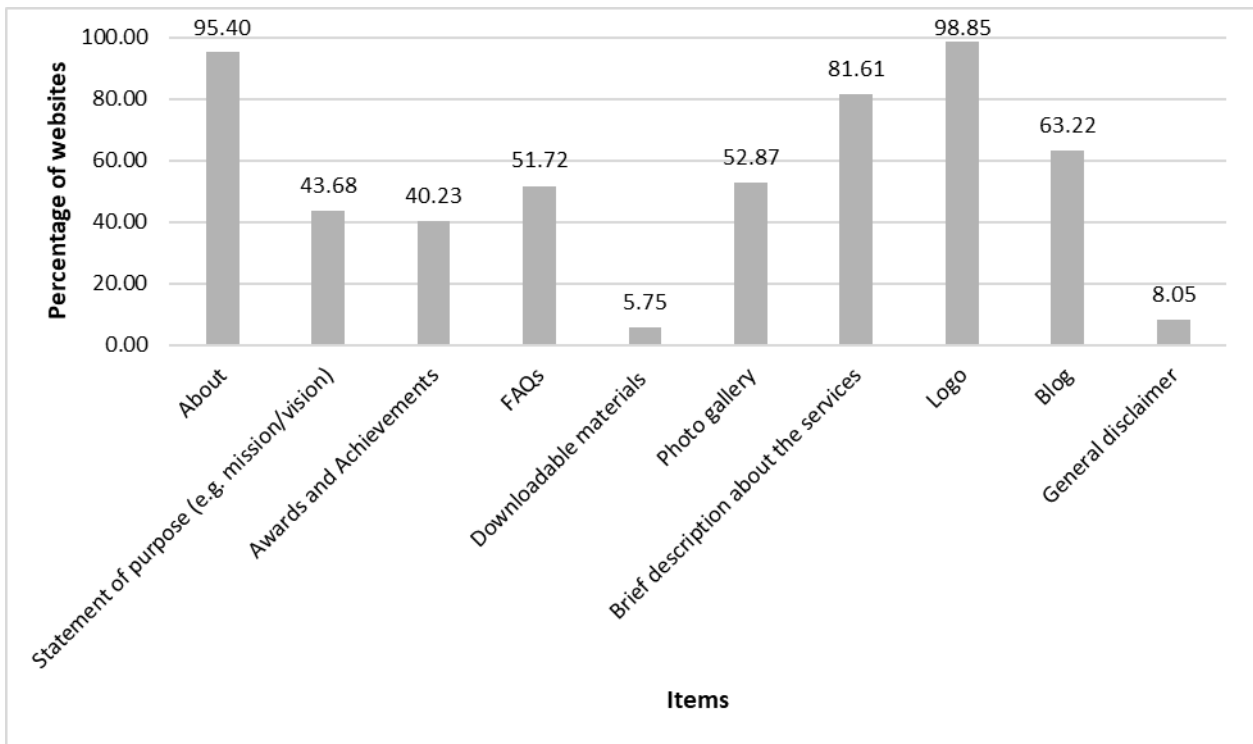
Figure 1 Information regarding general profiling
Source: Compiled by the authors

3.2 Website Interactivity

Contact and communication information is probably most basic and important attribute to be displayed on any medical tourism website. Therefore, majority of websites have this information. The items under this section generally have high percentage of appearance. Table 1 shows the frequency and percentage of the items under website interactivity.

Table 1 Information regarding website interactivity

Items	Frequency	Percentage
Postal address	85	97.70
E-Mail	81	93.10
Contact number	86	98.85
Social media links	69	79.31
Newsletter	8	9.20
Info request form	70	80.46
24-hour emergency helpline	14	16.09
Direct link to book appointment	65	74.71
WhatsApp chat link	37	42.53
Maps	66	75.86

Source: Compiled by the authors

Contact number (98.85%), postal address (97.70%), information request form (80.46%), social media links (79.31%) and maps for assisting in locating the clinic (75.86%) were present on most of the websites. 65 websites have a dedicated link or button to directly reach to appointment booking page and 42.53% websites have direct WhatsApp

chat link. 16.09% of the clinics provide 24-hour emergency helpline support. However, this feature was primarily available on the websites of hospitals which offer variety of other services apart from ART and surrogacy. However, very minimal clinics (9.20%) had a section of newsletter.

3.3 Medical Facilities Information

Details pertaining to medical facilities available on the websites are discussed in this section. These are the pivotal information for any form of clinics. Under this section, the recorded data within six items is presented in table 2.

Table 2 Medical facilities information available on the websites.

Items	Frequency	Percentage
Patient & visitor's guide	3	3.45
Medical glossary	1	1.15
Photos of medical equipments/ hospital	53	60.92
Doctors description/CV/qualifications	84	96.55
Bed capacity	7	8.05
Room photos	20	22.99

Source: Compiled by the authors

60.92% of the websites displayed pictures of medical equipment or hospital to highlight the infrastructure and technology. 96.55% of websites mention qualifications or CVs of the doctors. However, only three clinics had a section on patient and visitor's guide. Moreover, only one out of all selected websites had a medical glossary.

3.4 Accessibility

This section is concerned with the ease of accessing the website and navigating through different webpages of the website. The actual percentage of different items under this theme is presented through figure 2.
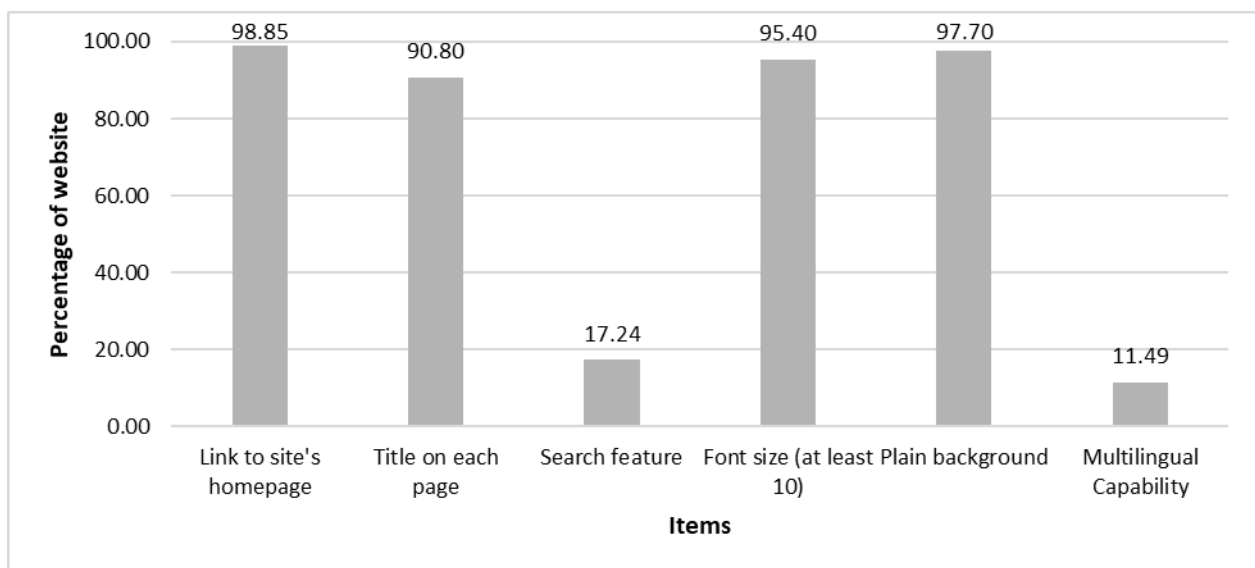

Figure 2 Accessibility of the websites
Source: Compiled by the authors

Most of the websites have link to direct jump to the home page (98.85%) and displayed title on each page (90.80%). Readability of websites was evaluated with the help of two items, namely font size (at least 10 points) and plain

background of the webpage. These two items were present on 95.40% and 97.70% of websites respectively. Font size of the webpage was recorded through the 'Inspect' section of the browser. On the other hand, search feature was available on only 17.24% of the websites. With respect to multilingual capability, only 11.49% have the option to change the language of the website apart from English.

3.5 Third Party Assessment or Accreditation

Third party assessment of the clinics basically include information regarding certification or accreditation from any medical board. Within this section, websites were searched for mentioning of any form of certification and accreditation from the board, such as National Accreditation Board for Hospitals & Healthcare Providers (NABH), Indian Council of Medical Research (ICMR), Joint Commission International (JCI), Quality and Accreditation Institute (QAI), etc. Websites either displayed the certificate of the accreditation as a scrolling image on the homepage or cited within the about section or was depicted with the help of logo of the associated body. Out of selected websites, 22.99% stated about the certification or accreditation from any form of medical board.

3.6 Financial Information

Financial information or details regarding pricing/package is one of the pivotal segments of the website regarding which service users are generally concerned. This section primarily includes information about cost of the treatment or services and availability of insurance facility. Figure 3 represents the availability of such information.
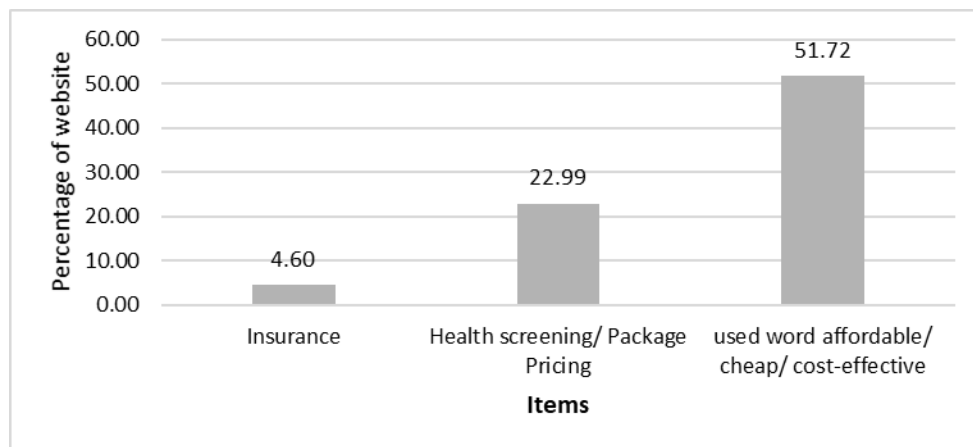

Figure 3 Financial information mentioned on the websites
Source: Compiled by the authors

Despite being the important component, only 22.99% mentioned about the health package or pricing information and that also not for every service offered by them. Insurance facility was cited only by 4.60% of the websites. However, 51.72% of websites have used the word 'affordable/ cheap/ cost-effective'. Moreover, seven clinics have stated about the facility of interest free EMI and some of the clinics also mentioned different offers or promotions such as clinic anniversary offer, money-back guarantee scheme, free first consultancy, free fertility check-up and discount for BPL families.

3.7 Feedback Mechanism and Testimonials

This is one of the important themes to establish the credibility of the clinics by providing service users an overview of the clinic's performance. Figure 4 depicts the items selected under this particular theme and their percentage of appearance on the websites.
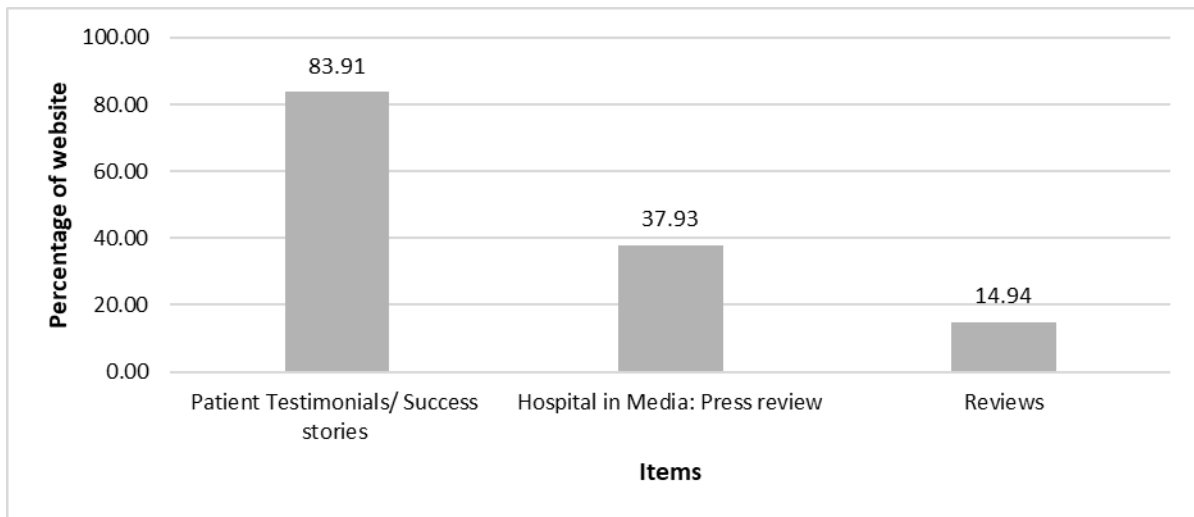
Figure 4 Information regarding feedback and testimonials

Source: Compiled by the authors

37.93% of the websites mentioned about press review either through a specific section on the media coverage of the clinics or by depicting newspaper cuttings on the website. 14.94% of websites cited the rating and reviews of web platforms like google, practo, justdial and their like. Out of these 14.94% of the websites, two clinics cited 95% patient satisfaction score. However, no further detail regarding its calculation or source was mentioned. Testimonials were presented in different forms such as scanned copy of handwritten letter, typed paragraph form, and video testimonials with some of the videos were professionally created using graphics and music. 83.91% of websites depicted one or more than one form of testimonials or success stories.

4. CONCLUSION & DISCUSSION

The nature of information presented on the websites influence the prospective service users in various aspects. Considering general profiling, these information are made available on the website by the clinics to institutionalize service users' trust. About section helps clinics to portray a positive image to the service users. Descriptions about the services are instrumental for the service users to explore nuances of entire range of treatment options available with respect their nature of infertility or complications. FAQs are questions regarding common matters (Sobo et al., 2011). This bucket of question-answer enhances the attractiveness of the website as visitors need not to reach out to clinic for some basic queries. Photo gallery usually includes pictures of successful deliveries showing happy parents along with doctors and new born. Photographs of hospital infrastructure, equipments, and award ceremony were also available in this section. Since visuals impart a greater authenticity, collection of these pictures probably has a powerful impact on the service users. Any form of downloadable materials, for example, brochure had very scanty availability on the websites. These materials generally stand beneficial in understanding the overall road map of the treatment and it can also be shared among family or friends very easily which possibly increases the visibility of the clinics. Awards & achievements is the important section of the websites, though it was available for less than half of the selected clinics. This information was mostly available on the homepage and was made very prominent with the help of photographs, bold letters, certificate of the award or mentioning of the rank achieved in any segment of award ceremony. The reason behind display of such information is very obvious. Clinics tend to strengthen their image with the help of these awards and achievements. With respect to website interactivity, dedicated link or button to directly reach to appointment booking page and WhatsApp chat link were the important attributes. These features enhance the interactivity of the websites by facilitating the service users in catering queries and booking appointments. Newsletter section could be of much use for service users to stay updated about the clinics' functioning and activities. Moreover, accessibility of the websites smoothens the experience of the users. However, minimal availability of search toolbar on the selected websites could stand disadvantageous for the clinics since service users visit the website for a particular type of service or treatment. Presence of such toolbar facilitates easy access to information about the services which service users are concerned about. For example, in case of unavailability of search toolbar, if service users are looking for surrogacy services, they need to search through all around the treatments and services section of

the website, which could be tiresome and irritating. However, on the other hand this might be a strategy of the clinics to make service users explore the entire range of services being offered. This increases the probability of tapping these service users spending more time on exploring the website. Likewise, regarding ease of use of websites, one more important component is multilingual capability wherein very nominal websites have the option to change the language of the website apart from English. This refrains the local people who are not comfortable with English language in accessing the content and might reduce the prospect of the clinics to engage the service users who can communicate in only regional or local languages. Furthermore, information regarding medical facilities is very crucial for any website promoting medical tourism or any particular medical treatment per se. But statistics reveal that not much attention is paid to these attributes and also limited information is available. Since most of the websites mention qualifications or CVs of the doctors, it signifies that they are interested in advertising skills, abilities and experience of their medical team. Bed capacity detail and pictures of the rooms were present on very limited number of the websites. Possibly this could be because of the nature of the services being offered. Service users looking for ART and surrogacy services are less concerned about the photos of the room or bed capacity of the hospital. Also, only one out of all selected websites had a medical glossary. This is probably the biggest limitation. With continuous improvement and research in medical facilities, particularly in the field of ART and fertility treatments, service users are unaware about the recent advancements. The people are also not very versed with the technical terminologies associated with treatment which restricts them to completely understand the treatment procedure. Therefore, a medical glossary with proper definition of the technical terms should be made available on the websites. Certification or accreditation from any third party strengthens the reputation and credibility of the clinics and instills a sense of trust among the service users. Presentation of information regarding such assessments on the websites is practical in nature because it assists service users to make right selection in case, they are lacking knowledge or ability to judge the best clinic for their treatment (Sage, 1999). However, these certifications might give a false or vague sense of trust since service users are not always completely aware about the nuances of certifications. Service users' testimonials or success stories serve as a strong mean to gain reputation by the clinics. These are comments of service users who have used the services provided by the clinic (Cormany & Baloglu, 2011). Presentation of testimonials or success stories on the websites is among the most common tactic to persuade the service users. Robert Cialdini (2007) has advocated in his principle of social proof that one of the ways in which a person determines correctness of any situation or event is by relying on what other people think is correct. Further, in cases of consumer transaction, price is generally one of the important factors (Bar-Gill, 2006). However, still being a crucial component for advertising, it was generally observed that no clarity on exact pricing or package was available on most of the websites. Websites tend to cite price of the treatments in the city in spite of providing the information regarding their own clinics. There could be several probable reasons for not mentioning the price on the websites. First, it is difficult to predict the actual treatment cost beforehand since every service user has a different situation. Therefore, accurate pricing can only be assured after initial investigation (Schneider & Hall, 2009). Second, it might be because of the general aversion that medical professionals generally have regarding discussion of prices with the service users (Hall & Schneider, 2008). Third, clinics could have notion that upfront display of cost might make service users less inclined in case they find the price unaffordable. However, reluctancy in mentioning the price on the websites by the clinics is difficult to justify. It appears that clinics deliberately refrain from quoting the price on their websites to deviate service users' focus away from the cost factor (Hawkins, 2013). Finally, after the detailed analysis of the websites' content it was determined that online availability of information is one of the crucial factors in promotion of reproductive tourism in India. Besides, it was clearly observed that clinic tend to tap the service users by presenting vague information regarding important determinants of treatment, for example cost or available medical infrastructure. Moreover, given the commercialized setup in India, clinics tend to attract the service users by presenting some deceptive information on their websites which could be of great attraction for the service users. Just for instance, apart from above mentioned themes it was also observed that 57.47% of the clinics mentioned about the success rates on the websites. However, there was no clarity and uniformity regarding the calculation steps for the same. In order to present an honest picture, clinics should make transparent the data regarding delivering of healthy or live babies (Deonandan et al., 2012). Thus, it can be concluded from the present study that role of websites is pivotal in promotion of reproductive tourism in India wherein clinics view their service users in a dual picture of tourist-patient and tend to tactfully present the information which has the greater potential to attract the reproductive tourists.

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