

Research note

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

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ABSTRACT

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

1. Introduction and conceptual framework for the study

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

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

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

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

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

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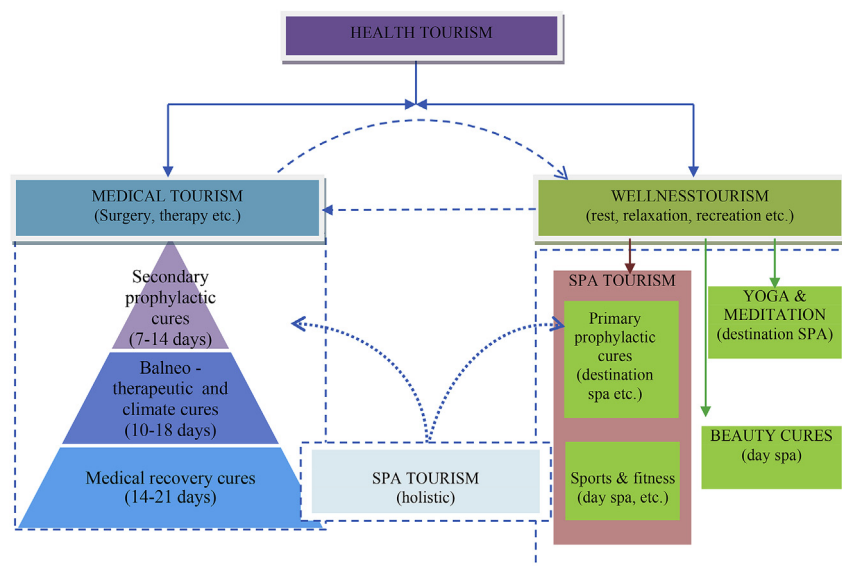


Fig. 1. Health tourism –conceptual framework(Stăncioiu et al., 2013, p. 126).

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

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

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

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

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

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

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

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

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

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

the increasing number of sophisticated, post-modern tourist (ACORN, 2008) demands for specialist products (ACORN, 2008, Robinson & Novelli, 2005, p. 10). Niche tourism is defined as a *method to meet customers' needs by tailoring goods and services to small markets* (Stanton, Etzel, & Walker, 1991), markets *not served by competing products* (Keega, Moriarty, & Duncan, 1992) or small, profitable, homogeneous market segments that have been ignored or neglected by others (Dalgic & Leeuw, 1994, p. 39).

Romania does not yet have hotels specializing in niche tourism and travel agencies do not offer this type of tourist products. Nevertheless, there are a small number of hotels that provide gymnastics in the pool for pregnant women, for instance, the Majestic Hotel in Bucharest. The lack of specialized hotels is either due to a lack of acknowledgment regarding niche tourism from both travel agencies and consumers or most likely the out-of-date conception that during pregnancy, the mother-to-be should not travel. Therefore, the *goals* of this research are the following:

- Fill the inherent gap in research on niche tourism and babymoon tourism in Romania;
- Measure the degree of awareness of the term “babymoon” among Romanian educated and financially stable moms or/and mothers-to-be;
- Analyze Romanian consumers' interest in this type of tourism and their expectations concerning babymoon tourism.

The *purpose of this study* is to fill a gap in the research on babymoon tourism by measuring the awareness of, and interest in, this trend in Romania through convenient sampling with an online questionnaire on educated and financially stable moms and mothers –to - be.

2. Materials, methods and sampling

An online self-managed questionnaire (Ali-Knight & Ensor, 2017) with 16 closed thematic questions and 4 socio-demographic questions to characterize the sample was used; it was managed by means of the *GoogleDocs* platform and drawn from Facebook page members, usually moms-to-be or new moms, since in 80% of babymoon cases, the mother takes the initiative (Amazing Thailand, 2015). Data were gathered between March–May 2016.

We chose this data-gathering method because the target group of this study, moms-to-be or new moms who have social media accounts, are generally educated and are financially stable (ACORN, 2008). The increase of the babymoon phenomenon is mainly due to internet information mediators, especially Facebook, which increase the visibility of niche tourism and promote the well-being concept (Neirotti, Raguseo, & Pacolluci, 2016, p. 1133). Further, both health and wellness tourism are generally driven by well-educated, professionally affluent women (ACORN, 2008).

The sample group comprised 259 women with the following characteristics:

- Aged between 18 and 40 years, with an average age of 30 years, confirming that health and wellness holidays appeal to a younger audience (ACORN, 2008);
- 90% married (5% unmarried, 3% divorced and 2% cohabiting);
- 67% already have one child, 27% have two or more children, and 6% were pregnant with their first child;
- 49% classify themselves as financially stable, 5% as very successful, 38% as average and 9% as poor.

The following types of questions appeared in the questionnaire:

- Dichotomous (“Do you know the term ‘babymoon?’”),
- Multiple choice,
- Five-point Likert scale (1 – full disagreement 5 – full agreement).

The questionnaire was sent to groups of moms via social media to reach the target groups, though convenience sampling has been used. This type of sampling is used successfully when we have no access (or there is not) to a list of the studied population, when the target population is hard to be identified or is very specific (Gabor, 2007, pp. 955–956).

3. Results

The average score related to the question “How important is a honeymoon to you?” was 2.8, *neutral*. Only 10% chose “important” and 18% “very important”, while 71% chose low levels between not important and neutral.

The distribution of responses concerning *favorite destinations for a honeymoon* shows 72% of respondents chose the beach, 20% the mountains, 6% an urban environment and 2% a rural environment. The distribution of responses for activities was 47% various trips, 21% wellness and spa, 21% boat trips, 35% extreme sports, 4% cycling and 4% other.

Of the total sample, only 28% knew the term *babymoon*. Those who indicated that they were unfamiliar with the term were given a box containing an explanation of the babymoon concept so that they could complete the rest of the questionnaire. Table 1 shows the average score for responses to the set of statements measured on the five – point Likert scale.

Concerning favorite tourist destinations for a babymoon, only 21% preferred foreign countries, while 79% preferred domestic locations. For the type of environment, 50% preferred the beach, 34% mountain areas, 9% a rural environment, and 6% an urban environment. In terms of the favorite form of transportation for a babymoon, 44% chose air transportation.

The favorite average length of for a babymoon had the following distribution among respondents: 49% of respondents chose a week or more, 27% chose less than a week, 22% chose a weekend and 2% chose a 1-day outing.

The distribution of the favorite accommodation was as follows: 41% of respondents preferred a 4- or 5-star hotel with a wellness spa, 49% preferred a bed-and-breakfast and 10% preferred a chalet or apartment.

The distribution of responses regarding the favored types of services in babymoon packages is shown in Fig. 2.

Concerning the *importance of special services for pregnant women in babymoon tourist packages*, the average score showed that respondents were neutral.

Respondents ‘beliefs regarding the time during the pregnancy that is most suitable for a babymoon are as follows: 75% of respondents think the second trimester is the most suitable time for a babymoon, 21% favored the first trimester, and 4% favored the third trimester.

The final aspect covered in the questionnaire was related to *babymoon importance for the father-to-be*; 82% of respondents indicated that this aspect was important.

Table 1
Result for Likert scale.

Statement	Average score
1 I think it is a good idea because a trip may help strengthen the relationship between the parents-to-be	4.44
2 I think it is a good idea because it may have positive effects on an expectant mother's mood	4.50
3 It is not a good idea because during pregnancy, an expectant mother needs rest	1.5
4 It is not a good idea because traveling during pregnancy is risky for mother and baby	1.8
5 It is useless	1.4

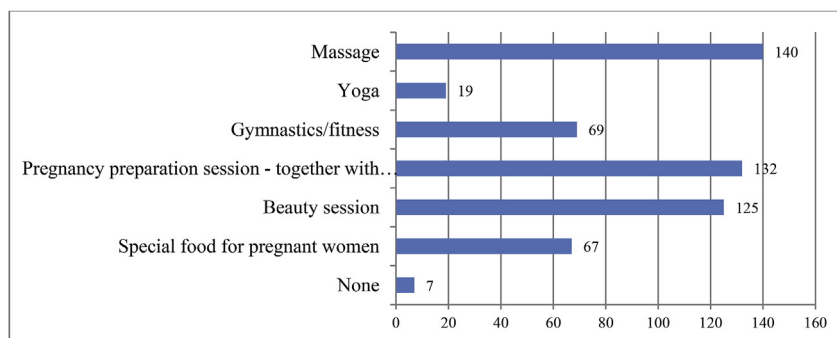


Fig. 2. Favorite services in babymoon packages.

4. Discussion and conclusions

According to the WTO and WHO (WTO & WHO, 2002), the *consumption of health services abroad* is an economic development opportunity, and thus, many developing countries have chosen to develop medical services for foreign patients (Badulescu & Badulescu, 2014, p. 415).

From our point of view and given the results of this research, this is an opportunity for Romania to be considered for investment in infrastructure at the central and local authority levels and to be placed on the international circuit of classic hotels and famous resorts (Gabor & Oltean, 2015, p. 78). In Romanian hotels, the *relaxation and leisure services are correlated with performance indicators* (Oltean & Gabor, 2016, p. 626). Romania must also consider the fact that in developing countries, consumers consider “time to relax” as a top 3 priority in life (Pyke et al., 2016, p. 94), and the market for holidays focused on well-being is growing exponentially (Voigt & Pforr, 2014) and promotes the concept *hedonic well-being* (a term that arises from seeking happiness and pleasure) (Ryan & Deci, 2001, p. 144).

Our recommendation for Romania is to follow the example of other ex-communist countries to increase the share of exported healthcare in its total expenditure for healthcare. For example, the Czech Republic had +26.6% annual growth from 2003 to 2010, and it was considered a top 15 exporter of health services in 2010 with a 5.2% share in total exports, after the USA. The annual revenue growth for the Czech Republic was 28%, and for Poland, it was 42% between 2005 and 2010 (OECD, 2008, p. 2011). Well-being tourism has also been used by the UK in the Visit Britain campaign to promote the country's brand (Pyke et al., 2016, p. 98), an example Romania should follow.

Hotels should promote babymoos among Romanian consumers as an innovative service (Neirrotti et al., 2016, p. 1140) offered to improve well-being, especially as it will provide a competitive advantage in the hospitality industry in Romania and prevent the seasonality phenomenon in tourism. Babymoos and other niche forms of tourism in Romania should be promoted intensely abroad as the country's existing material basis can contribute positively to Romania's health services.

Additionally, the fusion of tourism and public health around the concept of well-being (Pyke et al., 2016, p. 98) must be an emerging area of interest for Romania, as wellness has moved from a niche product market to gain a more mainstream holistic appreciation (Pyke et al., 2016, p. 98) and transformed to yoga tourism, a subset of wellness or holistic tourism (Ali-Knight & Ensor, 2017) or micro niche of them (Ali-Knight, 2011:58). For *health, wellness and spas* (including babymoos), a *country must have spa (or similar) facilities, whether a specific spa resort or a “hotel and spa” combination* (ACORN, 2008). According to the INS (Romanian Institute for Statistics), a significant number of foreign tourists who visit Romania are Germans, and thus, Romanian hotels should know that new laws enable German employees to take up to six weeks of leave in a year if needed for health/well-being reasons (ACORN, 2008).

To promote babymoon packages, we recommend *social media*,

because for non-tangible products and services, consumers are highly dependent on others' opinions when making a purchase decision (Punia & Choudhary, 2015, p. 103). Currently, with consumers now becoming *prosumers* (a new internet user), an interactive person and a frequent traveler who is seeking experiences is in fact an *online tourist* (Romina, Silvia, & Costa, 2013, p. 101).

Babymoos, like *niche tourism* (Robinson & Novelli, 2005, p. 14), are, according to WTO & WTTC, more beneficial for the host communities compared to more traditional forms of mass tourism. The authors of this research recommend that babymoos be promoted in Romania as *well-being tourism* because such promotion can result in two managerial outcomes: brand identification and intention to revisit (Hwang & Lyu, 2015, p. 248).

We think these results demonstrate that, in Romania (but also at the international level) the *babymoon tourism* can be studied *theoretically* and *practically* from the both *emotional well-being service for medical tourism* and *niche tourism*, being an *innovative marketing tool for prosumers* seeking experience and emotional hedonic well-being and an important tool for a *country brand management*.

For future research, we consider it relevant to research babymoon tourism with regard to the *experience economy* and/or consumption emotion set (Richins, 1997, p. 127) because sometimes tourists make their vacation decisions based on personal emotions (Santos, Ramos, & Almeida, 2014, p. 64), which help people to construct stories and collect memories (Correia Loureiro, 2014, p. 9). At the pretravel stage, emotions play a fundamental role in tourist motivation (Prayag, Hosany, & Odeh, 2013, p. 127); some of the fastest growing sectors of the global economy are related to the *consumption of experience* (Oh, Fiore, & Jeoung, 2007, p. 132). The *tourism experience* is unique, emotionally transformative and of high personal value (Hosany & Witham, 2009, p. 7).

Authors contribution

We declare that for this article the authors' contributions are equally.

Declaration of interest

None.

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