

Marketing Strategies for Dental Tourism in India: A Scoping Review

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Abstract

Technological development, quality care by highly skilled professionals and cost effectiveness have made the India a preferred destination for the cross-border medical tourism. Still in India treatment is available with empathetic attitude and the diversity of culture and climate also attracts the global patients to visit the India for seeking cost effective quality treatment in a very conducive environment as good policy support by the Indian government, sound infrastructure, good connectivity across the country and globally also. Awareness about the Oral health is increasing but quality dental treatment is still cost intensive. In recent years dental tourism has also emerged as a rapidly expanding segment of medical value travel, in emerging economies such as India. Competitive pricing, skilled professionals, and expanding private healthcare infrastructure, less waiting time have positioned India as a preferred destination. Considering the scope of dental tourism still our marketing strategies are fragmented and not much talked about in the literature also. Objective of the study was to review the existing evidence on marketing strategies that influence dental tourism in India and to identify key factors that shape patient decision-making, destination branding, and India's competitive position as a dental tourism destination. A scoping review was conducted following the PRISMA-ScR framework. Thirty studies (2011–2025) were included for the review. Thematic synthesis was carried out to identify marketing strategy domains important for dental tourism in India. Study suggested five major thematic domains (1) Destination branding and country-of-origin image; (2) Digital marketing and online narratives; (3) Trust, quality perception, and decision-making determinants; (4) Professional perspectives and policy regulatory constraints; and (5) Post-pandemic impacts and regional competitiveness.

India's dental tourism marketing strategy requires a coordinated, evidence-based approach integrating digital branding, quality assurance, corporate healthcare models, and regional tourism synergies. Policy alignment and ethical advertising standards play important role in sustainable growth.

Keywords: Dental tourism; Marketing strategy; India; Medical value travel; Destination branding; Digital marketing; Scoping review.

1. Introduction

Globalization of healthcare has facilitated the rapid growth of medical and dental tourism, particularly in emerging economies offering cost effectiveness and high-quality services [1,2]. Dental tourism represents a significant part of medical tourism as oral care is very costly in developed countries with its inherent nature of elective nature of many dental procedures [3,4]. These two important aspects led the pathway for dental tourism in India, and positioning it in competitive advantage in comparison to other parts of the world with the following unique characteristics:

- Cost advantages (60–80% lower than Western countries)
- English-speaking professionals
- Advanced private dental infrastructure
- Integration with tourism ecosystems

Various research studies and market trend identify dental tourism as an “emerging potential market” in India [5], while as general medical tourism studies highlight structural competitiveness in developing countries [2]. Existing literature identifies marketing strategies are fragmented in nature, few strategies focusing separately on digital narratives, [6,7] few are considering the country-of-origin effects [8] suggesting the corporate healthcare perspectives [9] and thrust on practitioner attitudes toward advertising [10].

A bibliometric analysis of global dental tourism research indicates rising scholarly attention but limited focus on structured marketing frameworks in India [11]. This scoping review is an effort to organize the available evidences systematically and identify strategic marketing dimensions shaping India's dental tourism sector.

2. Research Methodology

2.1 Design: A scoping review was conducted following the PRISMA-ScR approach.

2.2 Data Sources and Search Strategy: A comprehensive literature search was conducted across three electronic databases:

- Scopus-indexed journals (n = 25)
- Google Scholar (n = 18)
- PubMed (n = 08)

The search covered publications from **January 2000 to March 2025** to capture the evolution of dental tourism marketing strategies in India and comparable developing economies. Search terms included combinations of: “*dental tourism*,” “*medical tourism*,” “*marketing strategies*” “*India*,” and related keywords.

The initial database search yielded a total of **51 records** (Scopus = 25; Google Scholar = 18; PubMed = 8). Records were exported and screened for eligibility.

2.3 Eligibility Criteria and Study Selection

Inclusion Criteria

- Peer-reviewed journal articles
- Published between 2000–2025
- English language publications
- Studies addressing dental tourism, medical tourism with dental relevance, or marketing-related determinants
- Empirical, qualitative, review, bibliometric, or policy studies

Exclusion Criteria

- Non-English publications
- Preprints and non-peer-reviewed materials
- Editorials, commentaries, and conference abstracts
- Irrelevant studies not addressing marketing or dental tourism context

After removal of duplicates and application of exclusion criteria (non-English, preprint, and irrelevant articles), the final included studies were:

- **Scopus-indexed journals: 10**
- **Google Scholar: 15**
- **PubMed: 05**

Thus, a total of **30 studies** were included in the final scoping review synthesis as shown in figure 1.

Two-stage screening (title/abstract followed by full-text review) was conducted to ensure methodological rigor and relevance.

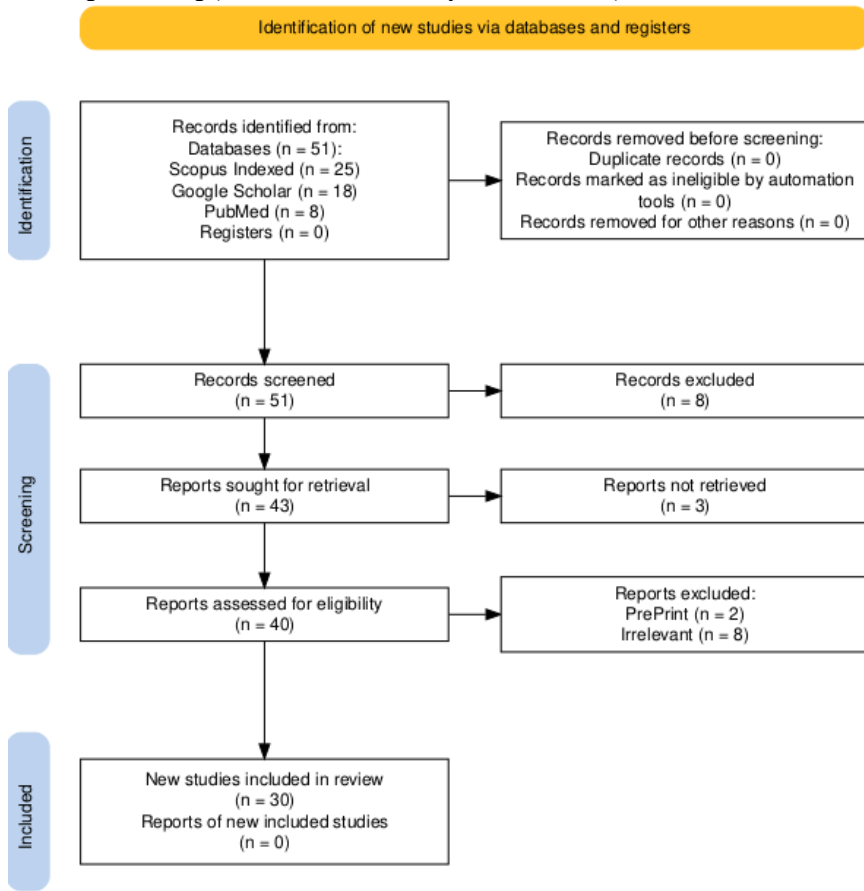


Figure 1- PRISMA analysis and findings

2.4 Data Extraction and Synthesis

Data were charted for:

- Study design
- Geographic focus
- Marketing-related themes
- Strategic implications

A thematic synthesis approach identified dominant marketing strategy domains.

3. Results

3.1 Overview of Evidence

A total of 30 studies (2011–2025) were included in this scoping review. The evidence base reflects growing scholarly attention to dental tourism and related marketing dimensions, particularly after 2020.

The included studies comprised:

Table 1. Characteristics of Included Studies (n = 30)

Study Type	Number (n)	Key Focus Areas	Representative References
Systematic / Narrative Reviews	9	Global trends, oral care positioning, patient decision-making	[3,4,12,13,14,15, 28,29,30]
Qualitative Studies	6	Practitioner perceptions, internet narratives, consumer trust	[16,6,17,7,18,19]
Cross-sectional / Empirical Studies	7	Advertising attitudes, teledentistry, feasibility, investment	[10, 20,21,22,9,23,8]
Bibliometric Analysis	1	Global research trends in dental tourism	[11]
Policy / Strategic Analyses	4	Post-pandemic positioning, developing country competitiveness	[5,24,25,2]
Public Health / Ethical Context Studies	3	Dental public health, social media influence, system equity	[10,26,27]

The temporal distribution demonstrates limited early research between 2011–2016, followed by steady expansion, and a marked increase in analytical and post-pandemic strategic discourse from 2020 onwards. This pattern aligns with the broader global expansion of medical value travel and digital health marketing.

Geographically, while several studies focus specifically on India [5,6,7,9,10,16,26], others provide comparative or regional insights from South Asia and other developing economies [2,18,19,22,23], thereby enriching contextual understanding of India's competitive positioning. Overall, the body of literature remains heterogeneous in methodological design and marketing focus, reinforcing the need for an integrated synthesis of marketing strategies for dental tourism in India.

3.2 Thematic Domain I: Destination Branding and Country-of-Origin Image

Image of the Country providing dental tourism services significantly influences trust and purchase intention in dental tourism [8]. Trust mediates the relationship between national reputation and decision-making.

Quality in the healthcare is the prime concern and due to lack of acceptable standards across the industry, patients feel the reliability and trust issue. For international patient having transparent standards are very much valued. These acceptable standards foster trust for the services amongst them which helps in branding of India as a preferred place for dental tourism. India needs to work for unified branding strategy to position itself as an identified destination for such services. Furthermore, India faces intense competition from countries like Thailand and Malaysia, which have established stronger, more consistent international brands supported by well-coordinated marketing and high perceived service quality [18].

Emerging regional models such as Kerala's bleisure integration is a tourism strategy that synergizes business travel with wellness, medical, and cultural tourism to enhance visitor experience, extend length of stay, and improve economic returns [28]. Similar strategic regional positioning has been observed in Bangladesh's Cox's Bazar case study [22], which helps in understanding the destination attractiveness and infrastructure alignment. It is a main coastal tourism city in Bangladesh, globally recognized for hosting the world's longest natural sandy sea beach. People love to come this place, enjoy the natural beauty, sunlight etc helping them in rejuvenation and wellbeing along with the complemented various other health wellness services.

These studies suggest there is a strong need of Unified national branding campaign accredited for global health standards. Regional thematic clustering (e.g., Ayurveda + dental aesthetics) further enhances the scope and acceptance of the services.

3.3 Thematic Domain II: Digital Marketing and Online Narratives

Internet narratives strongly shape health travellers' perceptions [6,7]. Qualitative analyses show that patients perceive the quality of services through review of testimonials, before and after images available on the internet and also cost transparency and response to their queries play an important role in decision making to opt the destination for the desired healthcare services.

Social media is an important tool, affecting the aesthetic dentistry demand but the risks of misinformation cannot be ruled out [27]. There is also a concern for an under-regulated ethical digital advertising.

Dentists' attitudes toward advertising in India, often feel conflicted about advertising, as they try to balance professional ethics with the need to promote their services. [10]. Despite restrictions and hesitations digital presence helps in cross-border engagement.

Awareness and acceptance for telemedicine are significantly enhanced specifically after covid-19 but still Tele dentistry awareness among professionals is just satisfactory [20]. Tele dentistry can be used as effective marketing tool for pre travel consultation and resolving the apprehensions associated with the dental tourism in India. So, country needs to focus on:

- Strategic digital reputation management
- Standardized testimonial verification
- Pre-treatment -consultations through Tele dentistry
- Make robust ethical advertising guidelines

3.4 Thematic Domain III: Trust, Quality Perception, and Decision-Making Determinants

Information asymmetry is one of the biggest concerns in the healthcare domain so building the trust has paramount importance and it only urge the patient to seek for the healthcare services. Various other factors such as Treatment cost, Clinical expertise, Hospital accreditation, Travel convenience [15] affect in the decision making. Global tourists explore the quality transparency and procedural standardization [4,12,14]. Corporate healthcare models in India ensure holistic oral health positioning and integrated service packages [9].

India with sound infrastructure support needs to work on the issue of fragmented marketing in the tele-dentistry and well-organized marketing activities co-ordination is required to build the trust [1]. Study further suggests that there is a need of coordinated efforts to ensure ,transparent bundled pricing, international accreditation display, insurance partnerships with effective treatment guarantee policies.

3.5 Thematic Domain IV: Practitioner Perspectives and System Constraints

Various previous studies indicate that Indian dental practitioners agree that there is a good scope of dental tourism which is financially beneficial but same time they are apprehensive about the operationally complex [16,17] nature of this practice also. Commonly practitioners face the challenges related with regulatory advertising constraints, limited policy support and cross-border medico-legal risks.

Public health analysis reflects the disparities in domestic oral healthcare access [26], which can be further augmented by the over-prioritization of international patients. India needs very careful approach to build balanced policy between export health services and domestic equity by following the National dental tourism guidelines in a standardized medico-legal frameworks to minimize the operational challenges and ethical issues.

3.6. Thematic Domain V: Post-Pandemic Repositioning and Global Competitiveness

Post-COVID perspectives highlight integration of wellness, safety assurance, and digital connectivity [24,25]. Medical tourism in developing countries now depend upon its infection control credibility with good Vaccination coverage and Health system resilience [2].

South Asia is emerging as a potential destination for the dental tourism but there are infrastructural and regulatory intricacies [1] also to be tackled effectively.

Investment prioritization studies recommend data-driven site selection based on infrastructure, tourism appeal, and health capacity [23] by addressing and adopting the safety certification branding, hybrid teleconsultation models and data-driven regional investment planning.

4. Discussion

This scoping review synthesizes fragmented evidence into an integrated marketing framework for dental tourism in India.

4.1 Integrated Marketing Framework

The evidence suggests five strategic pillars:

1. Branding & Destination Positioning
2. Digital Reputation & Engagement
3. Trust & Quality Assurance
4. Professional & Regulatory Alignment
5. Post-Pandemic Resilience Branding

India's competitive advantage lies in cost efficiency, but sustainability depends on trust and transparency.

4.2 Comparative Regional Insights

Malaysia and Thailand leverage strong country branding [18]. Bangladesh demonstrates localized strategic feasibility [22]. India must move from provider-level marketing to coordinated national strategy.

4.3 Policy and Public Health Considerations

Dental tourism should align with broader health system objectives [26]. Over-commercialization risks widening domestic inequalities.

4.4 Research Gaps

- Limited quantitative ROI studies on marketing strategies
- Lack of standardized digital performance metrics
- Minimal longitudinal impact assessments

5. Implications for Practice and Policy

For Providers: Healthcare providers should strengthen their digital presence to build trust and visibility. They should also offer transparent, bundled pricing to improve affordability and clarity for patients. Teleconsultations can be used strategically to expand access and ensure continuity of care, especially for follow-ups and remote populations.

For Policymakers: Policymakers should focus on developing a robust national framework to guide dental tourism and ensure quality standards. Enhancing the visibility and credibility of accreditation systems can build international trust and attract patients. At the same time, it is essential to balance the growth of dental tourism with the need to maintain equitable access to oral healthcare for the domestic population.

For Researchers: Researchers should focus on developing robust performance evaluation models to assess outcomes and efficiency. They should also conduct comparative cross-country marketing analyses to understand global trends and identify best practices.

6. Limitations

While this study provides valuable insights into the topic relevant during trend change in dental treatment, this study has several limitations also. First, the analysis was limited to the references available and included, which may compromise the comprehensiveness of the findings. Second, this is only scoping review so thereby limiting the ability to quantitatively synthesize results and draw stronger statistical inferences. Third, there is a chance of publication bias also as studies with positive or significant findings are more likely to be published and included, which can influence the overall interpretation of the results.

7. Conclusion

India is experiencing the change in the attitude for dental tourism. Presently it is not limited to only positive opportunistic growth only but also geared up for the structured competitiveness. There is a thumping need of changes in the marketing strategies beyond cost advantages to trust-building, digital integration, and destination branding. Country has to adopt a coordinated national approach for sustainable expansion by integrating healthcare quality, ethical advertising and tourism synergies.

Future directions for the study: Future research should aim to build upon the current findings by incorporating a broader and more comprehensive range of literature, including grey literature and unpublished studies, to minimize selection bias and enhance representativeness. Conducting well-designed meta-analyses with standardized methodologies would provide stronger quantitative evidence and allow for more robust conclusions. Additionally, future studies should focus on improving methodological rigor, including larger sample sizes, multicentric approaches, and longitudinal designs to better understand causal relationships. Addressing potential publication bias through systematic search strategies and inclusion of diverse data sources will further strengthen the evidence base. Overall, advancing research in this area will require a combination of high-quality primary studies and comprehensive evidence synthesis to inform policy and practice effectively.

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References

1. Jindal P, Yashika. Medical tourism in India: An analysis. 2019.
2. Chaudhary B, Bhatia D, Patel M, Singh S, Sharma S. Medical tourism in developing countries. 2024.
3. Chawla R. Systematic literature review on dental tourism: Travel with a smile. 2025
4. Dhama K, Patthi B, Singla A, Gupta R, Niraj LK, Ali I, et al. Global tourist guide to oral care – A systematic review. 2016.
5. Sharma P, Golchha V. Dental tourism in India: An emerging market. 2024.
6. Brown J, Johnson JA, Ozan-Rafferty ME, Sharma M, Barbera S. Internet narratives focused on health travelers' experiences in India: Qualitative analysis. 2020.
7. Brown J, Johnson J, Ozan-Rafferty ME, Sharma M, Barbera S. Internet narratives focused on health travelers' experiences in India. 2020.
8. Chongthanavanit P, Cho S, Mamani NC, Kheokao JK. Comparing country-of-origin image between trust dimension and purchase intention in dental tourism. 2021.
9. Gupta M, Mishra P, Srivastava R, Jyoti B. Holistic oral health care in India: A corporate perspective. 2015.
10. Nayak PP, Raju VK, Kshetrimayum N, Ramesh L, Nayak SS, Kamath V. Dentists' outlook on advertising in Bengaluru, India: A cross-sectional study. 2016.
11. Saxena V, Deheriya M, Datla A. Bibliometric analysis of dental tourism: A global perspective. 2023.
12. Dhama K, Patthi B, Singla A, Gupta R, Niraj LK, Ali I, Kumar JK, Prasad M. Global tourist guide to oral care. 2016.
13. CODE QR. Dental tourism: A review.
14. Dhama K, Patthi B, Singla A, Gupta R, Niraj LK, Ali I, Kumar JK, Prasad M. Global tourist guide to oral care – A systematic review. 2016.
15. Felgner S, Handrock JF, Schroll CC, Schütte F, Henschke C. Decision-making regarding dental treatments: A systematic review. 2025.
16. Kaur R, Hira JK. Enquiring the dental practitioners' perceptions about dental tourism: A phenomenological viewpoint. 2021.
17. Kaur R, Hira JK. Enquiring the dental practitioners' perceptions about dental tourism. 2021.
18. Saragih HS, Jonathan P. Views of Indonesian consumer towards medical tourism experience in Malaysia. 2019.
19. Anjalin U, Sohel-Uz-Zaman AS, Mazumdar A, Khan MI. The prospects and intricacies of dental tourism in South Asia. 2025.
20. Boringi M, Waghay S, Lavanya R, Gandhi DB, Badam RK, Harsha N, et al. Knowledge and awareness of teledentistry among dental professionals. 2015.
21. Binoy TA, Monisha A. Dental tourism development in India: An empirical study. 2011.
22. Parvez M, Sultana S, Al Beruni M, Babu M. Feasibility and strategic prospects of developing dental tourism in Bangladesh. 2025.
23. Ahmadianesh F, Pourmehdi M, Paydar MM. Evaluation and prioritisation of potential locations for investment in dental tourism. 2021.
24. Swenson MS, Bansal A. Medical, dental, and wellness tourism: A post-pandemic perspective. 2024.
25. Akbar FH, Idrus HH, Ningsih T, Jaapar MB, Rejeki P, Kristanto R. The growth of medical tourism combines health innovation with global mobility. 2024.
26. Gambhir RS, Kaur A, Singh A, Sandhu AR, Dhaliwal AP. Dental public health in India: An insight. 2016.
27. Shrivastava SR, Bobhate PS, Andelkar A, Dafare A. Minimizing the impact of social media on dental esthetics. 2025.
28. Choudhury N, Ghosh R, Oberoi S, Malik FA. Bleisure in Kerala: Merging wellness, medical value travel, and tourism. 2025.
29. Biju A. Dental tourism. 2019.
30. Taishete S, Chowdhary AS. Seroepidemiological survey of health care workers in Maharashtra. 2016.