DOI <https://doi.org/10.18551/rjoas.2018-12.23>

INDONESIAN MUSLIM HEALTH TOURISM TYPOLOGY: SHARIA SALON AND SPA PROSPECTIVES

Yulianto Edy, Bafadhal Aniesa Samira*, Siswidiyanto,
Hendrawan Muhammad Rosyihan

Faculty of Administrative Science, University of Brawijaya, Indonesia

*E-mail: aniesa.bafadhal@ub.ac.id

ABSTRACT

Sharia salons and spas as part of Muslim health tourism need to understand the behavior of Muslim health tourists, one of them is through identification of tourist typology of sharia salon and spa service customers in Indonesia based on visiting motivation, received activities and benefits felt by tourists while using sharia salon and spa services so strategies can be made that are appropriate for each group of tourists. Furthermore, this study uses a quantitative approach by conducting surveys on health tourists of sharia salon and spas customers in East Java, Indonesia. The results of this study indicate that there is a match (fit-mode) between the desired motivation (pre-travel) before using the service, the activity (on-site travel) received while using the service and the benefits (post-travel) felt after using sharia salon and spa services.

KEY WORDS

Muslim health tourism, sharia salon, spa, muslim medical tourist, typology, Indonesia.

Health tourism is a diffusion between the needs of individuals to get preventive or treatment care while fulfilling their desire to travel at the same time. According to Kincses (2009) and Smith and Puckzo (2009) the form of implementation of health tourism can be grouped into two, namely health tourism (*wellness tourism*) that is more preventive and proactive such as yoga, meditation, gym and sports, salon and spa services, resorts and medical tourism services that are more curative and reactive such as nutrition and detox programs, herbal alternatives, acupuncture, acupressure, cosmetic surgery, chemical surgery, and various therapies and rehabilitation, sanatoriums, traditional and other modern.

Unfortunately, increasing public awareness of the health aspects is responded responsively with the increasingly diverse commoditization of health services offered throughout the world but not addressed properly instead forms a kind of "false trap" for those who feel excessive worry about their health. Crandall (1987) states that "demonstration effect" is basically the habit of imitating the actions of local people, especially teenagers, which is imitating the behavior, habits, attitudes and consumption patterns of foreign tourists. Inskeep (1992) adds that things that are usually imitated usually conflict with local codes of ethics.

Several studies have been conducted to examine the relationship between aspects of religion and tourism (Vukonic, 1996; Timothy and Boyd, 2003). Religious tourism is not a new phenomenon. Spiritual motives in religion have long been an inseparable part of travel activities and can be considered as the oldest form of non-economic travel in the world (Jackowski and Smith 1992). Threats to local culture and religious values and the continuity of the tourism business encourage Indonesia to be able to take advantage of the high growth potential of world Muslim tourists and domestic Muslim tourists as alternative health tourism markets to minimize the negative excesses of the growth of health tourism in Indonesia.

In addition, Muslims have been recognized as a growing market and have now officially obtained labels as "consumers" (Kessler, 2015), where in this case, Muslims have got a special place as Muslim tourists. Then, with the large number of Muslims it can be assumed that every Muslim is a potential consumer who needs to be facilitated by his needs as a Muslim. It is also a promising potential market for the health tourism industry in Indonesia. Furthermore, it also directly raises the need for health services that meet sharia values

standards, although Indonesia is considered not able to facilitate well the tourism needs, especially health tourism from the Muslim tourist market, which is characterized by the rise of various health services that are identical with prostitution and hedonism such as "plus-plus" massage parlors, spas and salons, localization of prostitution, transvestite clinics, and the limited policy of separation of salon officers and sharia spas based on customer gender which still contradicts sharia values in Indonesia show it still weak in capturing opportunities and potential world Muslim tourists even for the market needs of domestic Muslim tourists.

Recognizing the potential and opportunities of Muslim tourists in realizing tourism that safeguards the noble values of the nation's culture and preserving and increasing the attractiveness of Muslim tourists both domestic and foreign tourists to conduct health tourism in Indonesia, the Ministry of Tourism and Creative Economy of Republic Indonesia and several Muslim businessmen are starting to promote the implementation of sharia salon and spa Indonesia. This research conducted in East Java Province, Indonesia, which has been determined by the Government of Indonesia through the Ministry of Tourism as one of the sharia tourist destinations to develop and promote tourism service businesses, one of which is spa tourism (Sapudin, Adi and Sutomo, 2014).

This study focused on identifying tourist typologies of sharia salon and spa service customers in Indonesia based on the motivation (pre-travel), activities (on-site travel) and benefits (post-travel) felt by tourists. The typology of Muslim health tourism tourists especially sharia salons and spas has not been found in previous studies so that this research can be a pioneer. The various typologies of Muslim health tourists can be used as policy material for sharia salon and spa management, National Sharia Council - Indonesian Ulama Council (DSN-MUI), the Ministry of Tourism and Creative Economy of Republic Indonesia, Central Government and the Regional Government of East Java Province in sharia salon and spa development and health tourism in Indonesia that are more customer-driven with arrange the right program for each group of tourists.

LITERATURE REVIEW

Muslim Health Tourism. Muslim health tourism is basically part of the Islamic Tourism and also concludes with the concept of Health Tourism. Many researchers have laid the foundations of consistent concepts regarding Islamic Tourism such as Scott and Jafari (2014), Hamza, Chouhoud and Tantawi (2012) and Henderson (2010). The current trend in the development of Islamic Tourism is a latent potential for turning points for the power of tourism with the breath of Islam as in the Islamic Golden Ages, not to mention the bargaining position of Muslim health tourism.

In other perspectives, it is unfortunate that health tourism that is developing at this time is considered likely to be based on secularism building blocks and carries the risk of negative excesses that are destructive to the sustainability of health tourism where if Muslims continue to be involved it means a "decline". This is because, from the beginning to the present, Islam does not separate religious and world affairs. That is, Islam does not specifically separate the problems of worldly affairs with religious problems. Both problems are interrelated in Islam. Islam is not a secular religion and does not accept secularism, an understanding that separates religious affairs from worldliness. Muslim Health Tourism emerged as a positive alternative to hedonic and secular tourism interpretations. Offering a different approach sourced from the Koran and Hadith, Muslim Health Tourism actually ties strong close proximity between religion, tourism and health businesses.

Motivation in Tourism. Motivation in tourism understands what motivates tourists to choose certain goals. Pearce (2005) defines tourist motivation "as a network of integration of biological forces and global culture that gives value and direction to travel choices, behavior, and experience". As Prebensen (2007) has written in his research on travel motivation, "once a person has the right motivation to travel, the type of vacation and destination are often decided based on perceptions or values of the various options offered in the tourist market". Motivation measurement using Model (TCP) from Pearce (2005) developed by Panchal (2012).

Activities in Tourism. Activities are generally defined as "active conditions or quality"; "Living action or movement"; or "certain pursuit in which someone takes part" Liu and Wall (2010). Tourism activities can be said as "non-work / non-economic pursuit" where people participate in it without obligation (Beard and Ragheb, 1983 in Liu and Wall, 2010). Different from modern tourism (satisfying customers and making business profits), traveling in Islam must be done for a special purpose. Among the reasons for traveling are to fulfill spiritual goals (strengthen the priesthood to God), social goals (developing and strengthening relations between Muslims also referred to as silaturahmi) and the purpose of self-development (gaining new knowledge because of Allah) (Din, 1982). Activity indicators are arranged based on the main activities offered by the sharia salon and spa. In previous studies, Bafadhal et al (2017) have found the concept of a sharia salon and spa standard. The results of the study were used to measure the activities of health tourists of sharia salon and sharia customers.

Benefits in Tourism. A number of tourism studies have shown the usefulness of benefits sought as a basis for market segmentation (Molera and Albaladejo, 2007;). A comprehensive review of benefits as a basis for segmentation can be found in Frochot and Morrison (2000). Knowledge of the benefits felt by tourists helps marketers understand different market segments, communicate with them more effectively and design products and services that suit their needs (Frochot and Morrison, 2000; Molera and Albaladejo, 2007). In addition, comparing the benefits sought with the benefits obtained gives tourism managers an important assessment of tourist satisfaction (Mannell, 1999). Voigt et al (2011) have developed the Benefits of Wellness Tourism Scale (BWTS) to measure the benefits felt by customers of health tourism services consisting of six indicators.

METHODS OF RESEARCH

The study was conducted with a quantitative approach, namely passing surveys using questionnaires on the level of motivation, perceptions of activities and benefits felt by tourists of health tourism, sharia salon and customers in East Java Province. The sampling method in this study was carried out with a purposive sampling approach with the sample criteria being visitors to sharia salons and spas in Surabaya City, Malang City and Sidoarjo City, East Java Province, Indonesia. The data used in this study are primary data derived from data collection carried out by distributing questionnaires to sharia salon and spas customers in Malang City, Sidoarjo City, and Surabaya City. Based on proportional randomized stratified samples, the number of samples in this study was 100 Muslim health tourists who use salon and spa services for sharia namely 34 respondents in Malang City, 40 respondents in Surabaya City and 26 respondents in Sidoarjo City, East Java Province from 11 sharia salons and spas.

RESULTS AND DISCUSSION

Respondent Profile Analysis. The results of this study indicate that the identity profile of sharia salon and spa customers respondents in East Java Province, namely Malang City, Surabaya City and Sidoarjo City were dominated by age groups of 21-30 years, who had visited the sharia salon and spa as many as ≥ 3 visits, having the latest education at the undergraduate level, employment in general is a private employee with monthly income of IDR. 3,000,000 - <5,000,000 and getting information about the existence of the salon and spa from WOM friends. The first stage of this research was to identify and analyze pre-travel motivation, visitors' perceptions of activities during on-site travel and the benefits felt after using post-travel salon and spa services.

Analysis of Visiting Motivation (Pre-Travel). The first objective of this study was to identify the motivation (pre-travel) of health tourism tourists in using sharia salon and spa services. Visiting motivation in this study was measured by 3 (three) indicators of General Motivation (GM), Middle Motivation (MM) and Other Motivation (OM). Recapitulation of respondents' answers for each indicator described in Table 1 as follows:

Table 1 – Recapitulation of Visitor Perceptions of Sharia Salons and Spas Based on Motivation

Indicator	Respondents' Selected Scale Percentage					Mean Score
	1	2	3	4	5	
GM1	1,0	11,0	8,0	59,0	21,0	3,8800
GM2	0,0	1,0	5,0	53,0	41,0	4,3400
GM3	1,0	6,0	12,0	51,0	30,0	4,0300
GM4	1,0	0,0	6,0	52,0	41,0	4,3200
GM5	0,0	5,0	15,0	49,0	31,0	4,0600
GM6	0,0	2,0	3,0	51,0	44,0	4,3700
GM7	0,0	2,0	15,0	49,0	34,0	4,1500
Average Mean of General Motivation						4,1643
MM1	0,0	2,0	12,0	56,0	30,0	4,1400
MM2	0,0	2,0	9,0	63,0	26,0	4,1300
MM3	0,0	9,0	13,0	56,0	22,0	3,9100
MM4	0,0	0,0	7,0	43,0	50,0	4,4300
MM5	4,0	19,0	22,0	40,0	15,0	3,4300
Average Mean of Middle Motivation						4,0080
OM1	0,0	5,0	11,0	50,0	34,0	4,1300
OM2	0,0	0,0	6,0	53,0	41,0	4,3500
OM3	0,0	1,0	4,0	63,0	32,0	4,2600
OM4	1,0	2,0	5,0	56,0	36,0	4,2400
Average Mean of Other Motivation						4,2450
Average Mean of Visit Motivation						4,1356

Source: Data processed (2018).

Based on the recapitulation it is known that the highest mean score of the General Motivation indicator is 4.37, namely visiting the sharia salon and spa to be free in obtaining beauty care (GM6) and the mean score for Primary Motivation is 4.15 or included in the very positive regional category. This shows that, respondents as Muslim women in having the general motivation visit sharia salons and spas because they want exclusive and special places and beauty care services, separate from Muslim male and female non-Muslim men and women to maintain privacy and Muslim aurat so that it is more flexible and comfortable in getting beauty care. This is not available at conventional salons and spas, so it is the general motivation of respondents to visit sharia salons and spas. The results of the descriptive statistical analysis also showed that the mean for General Motivation was 4.22 or included in the very positive regional category. This indicates that General Motivation (GM) is very important in encouraging respondents to visit sharia salons and spas.

For the Medium Motivation indicator (MM), based on the recapitulation it is known that the highest mean score is 4.43, namely visiting the sharia salon and spa in order to feel safe in obtaining care (MM4) and the mean mean score for Middle Motivation (MM) is 4.00 or included in the positive area category. This shows that, respondents as Muslim women in medium motivation visit sharia salons and spas because they want exclusive and special places and beauty care services, separate from Muslim male and female non-Muslim men and women to maintain privacy, aurat and avoid ain 'disease (diseases due to eye sight). Muslim women feel more secure in getting beauty care. This answer supports the biggest main motivation is to get flexibility in doing care. This is not available at conventional salons and spas, so it is motivating for middle class respondents to visit sharia salons and spas. The results of the descriptive statistical analysis also showed that the mean for Middle Motivation was 4.00 or included in the positive area category. This indicates that Middle Motivation (MM) plays an important role in encouraging respondents to visit sharia salons and spas.

In terms of Other Motivation (OM), based on the recapitulation it is known that the highest mean score is 4.35, namely visiting a sharia salon and spa because it hopes that the services provided are as comfortable as home (OM2) and the mean score for Middle Motivation (MM) is 4 , 24 or included in a very positive regional category This shows that respondents as Muslim women in having other motivations visit sharia salons and spas because they want a comfortable place and beauty care services like at home because of services that are able to maintain the privacy and privacy of Muslim women in obtaining

beauty care. This answer supports the main motivation and the biggest medium motivation is to get flexibility and a sense of security in doing care. This is not available at conventional salons and spas, so it is another motivation for respondents to visit sharia salons and spas. The results of the descriptive statistical analysis also showed that the mean for Other Motivation was 4.24 or included in the very positive regional category. This indicates that Other Motivation (OM) plays an important role in encouraging respondents to visit sharia salons and spas.

Furthermore, the mean mean for Visiting Motivation is 4.13 or in a very positive regional category meaning Visiting Motivation can be an important driver of respondents visiting sharia salons and spas. The most important motivation of visiting is to encourage respondents to visit sharia salons and spas consisting of Primary Motivation, which is to expect freedom in obtaining special and exclusive beauty treatments separate from Muslim and non-Muslim men as well as non-Muslim women, Middle Motivation, namely expecting security because it maintains privacy and genitals and other motivations, that is, expect comfortable treatment as at home. The results of this study enrich the results of previous studies, namely concepts and models of the Tourist Career Path Model from Pearce and Lee (2005) developed by Panchal (2012).

Perception Analysis of Activities (On Site-Travel). The second objective of this study was to analyze perceptions of activities (on site-travel) felt by tourists of health tourism, sharia salon and spas customers. Perception of activity in this study was measured by 2 (three) indicators, namely activities while in the sharia salon and spa consisting of Recommended Services (R) and Prohibited Services (P). Recapitulation of respondents' answers for each indicator described in Table 2 as follows:

Table 2 – Recapitulation of Visitor Perceptions of Sharia Salons and Spas by Activities

Indicator	Respondents' Selected Scale Percentage					Mean Score
	1	2	3	4	5	
P1	0,0	5,0	14,0	43,0	38,0	4,1400
P2	0,0	3,0	12,0	54,0	31,0	4,1300
P3	0,0	1,0	5,0	44,0	50,0	4,4300
P4	0,0	7,0	19,0	45,0	29,0	3,9600
P5	0,0	2,0	14,0	48,0	36,0	4,1800
P6	1,0	12,0	38,0	30,0	19,0	3,5400
P7	0,0	7,0	25,0	44,0	24,0	3,8500
P8	0,0	7,0	13,0	50,0	30,0	4,0300
P9	1,0	4,0	18,0	49,0	28,0	3,9900
P10	0,0	1,0	3,0	41,0	55,0	4,5000
Average Mean of Prohibited						4,0750
R1	0,0	1,0	9,0	50,0	40,0	4,2900
R2	0,0	0,0	3,0	44,0	53,0	4,5000
R3	0,0	1,0	9,0	55,0	35,0	4,2400
R4	0,0	1,0	5,0	54,0	40,0	4,3300
R5	0,0	1,0	1,0	57,0	41,0	4,3800
R6	1,0	0,0	5,0	51,0	43,0	4,3500
R7	0,0	0,6	17,0	55,0	22,0	3,9300
R8	0,0	7,0	18,0	51,0	24,0	3,9200
R9	0,0	1,0	4,0	62,0	33,0	4,2700
R10	0,0	0,0	5,0	58,0	37,0	4,3200
Average Mean of Recommended						4,2350
Average Mean of Activities						4,1640

Source: Data Processed (2018).

In the case of prohibited service activities (P) the highest mean score is 4,500 which is a prohibition on body tattooing (P10). Nowadays, conventional salon services are in the form of tattoos on parts of the body, eyebrows, lips and or nails so that they get the desired shape and color and are more time-efficient and durable. Based on the respondents' answers in this study, it was shown that, respondents as Muslimah agreed not to request and receive services to tattoo the body in both the temporary and temporary tattoos. This is because the

respondents are aware of the health risks and also the law is forbidden to tattoo the body in Islamic teachings because some opinions of scholars based on the Koran and Hadith (HR. Bukhari No. 5933) such as tattoo ink mixed with body blood will become dry blood that settles and is unclean inherent so that other prayers and worship become invalid (Surah Al-Maidah: 3) and is a prohibition in Islam to change the body parts that have been created by Allah (Surah An-Nisa: 119). The results of the descriptive statistical analysis also show that the mean for Prohibition is 4.075 or included in the positive area category. This indicates that respondents when visiting sharia salons and spas have agreed to avoid prohibited activities (P) in beauty care based on sharia values.

In terms of service activities recommended (R), the highest mean score is 4,500, which is service using halal-based care products (R2). In general cosmetics are made from active substances and additives (additives). Not infrequently these cosmetics consist of many mixtures, both from plants, halal and haram animals, chemical synthetics, microbes, and from human body tissues for example alcohol, pig placenta and pig collagen. Therefore, cosmetic customers need to be vigilant to use cosmetics especially if the cosmetics are made from materials derived from animals or even human organs because they are not halal for Muslim / Muslim use. Sharia salons and spas must try to ensure that the ingredients and processes carried out in cosmetics that are used during beauty treatments really do not contain any illegitimate elements according to sharia and are halal certified. The results of this study indicate that respondents in using salon and spa services in sharia believe that the equipment and cosmetics used by sharia salons and spas are free from haram. The results of the descriptive statistical analysis also showed that the mean for recommendations was 4.2350 or included in the very positive regional category. This indicates that respondents when visiting sharia salons and spas have agreed to receive recommended services (R) in beauty care based on sharia values.

Furthermore, the mean for Activity is 4.16 or is in a very positive regional category, which means that the perception of visitors to sharia salons and spa treatments has been agreed upon when using sharia salons and spas. Activities received by sharia salon and spas customers are most agreed upon by visitors consisting of activities that are prohibited from being accepted or requested, namely tattooing body parts and recommended activities to be accepted and requested, namely the use of halal-based care products. The results of this study enrich the concepts and concepts of the sharia salon and spa standard concept developed by researchers from the results of the first year research and Liu and Wall (2010).

Benefits Analysis That Was Spreaded (Post-Travel). The third objective of this research is to analyze the perception of benefits (post-travel) that is felt after health tourism tourists use sharia salons and spas. Perception of activity in this study was measured by 6 (six) indicators, namely the Benefits of Transcendence with God (B1), Benefits of Physical and Appearance Health (B2), Benefits of Escape and Relaxation (B3), Benefits of discovering new and important things (B4) , Benefits of strengthening self-confidence (B5), Benefits of Providing Fun (B6). Recapitulation of respondents' answers for each indicator described in Table 3 as follows:

Table 3 – Recapitulation of Visitor Perceptions of Sharia Salons and Spas Based on Benefits

Indicator	Respondents' Selected Scale Percentage					Mean Score
	1	2	3	4	5	
B1	0,0	10,0	17,0	48,0	25,0	3,8800
B2	0,0	0,0	6,0	64,0	30,0	4,2400
B3	0,0	1,0	4,0	48,0	47,0	4,4100
B4	0,0	1,0	9,0	63,0	27,0	4,1600
B5	0,0	1,0	16,0	53,0	30,0	4,1200
B6	0,0	0,0	6,0	65,0	30,0	4,2500
Average Mean of Benefits						4,1767

Source: Data Processed (2018).

Figure 1 – The compatibility between Motivation, Activities and Benefits of Visitors to Sharia Salons and Spas

In terms of the perceived benefit (B) the highest mean score is 4,4100, the benefit felt after using salon and spa services is that sharia can be comfortable and relaxed because it is exclusive to Muslim women (B3). This shows that respondents after visiting sharia salons and spas get the most important benefits, namely wanting exclusive and special places and beauty care services, separate from Muslim male and female non-Muslim men and women to maintain privacy and Muslim aurat so that it is more flexible and comfortable in getting beauty care. This is not available at conventional salons and spas so that it is the most important benefit for respondents after visiting sharia salons and spas. The results of the descriptive statistical analysis also show that the mean for benefits is 4.1767 or is included in the very positive regional category. This indicates that respondents after using salon and spa services in sharia have benefited as expected. The results of this study enrich the results of research by Voigt et al (2011) who have developed the Model Benefits of Wellness Tourism Scale (BWTS). Furthermore, it is considered to indicate Fit-Mode between the desired motivation before using the service, the activity received while using the service and the benefits felt after using salon and spa services as described in Figure 1.

CONCLUSION

The results of this study indicate the compatibility (*Fit-Mode*) between the desired motivation before using the service, the activities received during the use of services and the benefits felt after using sharia salon and spa services. For further research, it is hoped that this research can be an important reference regarding sharia salon and spa because there has not been found research on consumer behavior from the perspective of sharia salon and spa customers in previous studies. Further research to test empirically the concepts and models in various sharia salon and spa visitors in other locations both at home and abroad is highly recommended.

REFERENCES

1. Bafadhal, A.S, Edy Yulianto, Siswidiyanto, M.R Hendrawan (2017) Muslim Health Tourism: Myth or Reality? Indonesian Perspective, RJOAS, November 2017.
2. Crandall, J. (Eds.). (1987). ESL throu gh Content Area Instruction: M athematics, science, social studies. En glewood C liffs, NJ: Prentics Hall Regents.
3. Din, K.H. (1982) Tourism in Malaysia – competing needs in a plural society, Annals of Tourism Research, 9, 453-480.
4. Frochot I, Morrison AM. 2000. Benefit segmentation: a review of its application to travel and tourism research. Journal of Travel and Tourism Marketing 9(4): 21-46.
5. Hamza, I. M., Chouhoud, R., and Tantawi, P. (2012). Islamic tourism: Exploring perceptions and possibilities in Egypt. African Journal of Business and Economic Research (AJBER), 7 (1), 85–98.

6. Henderson, J. C. (2010). Sharia-compliant Hotels. *Tourism and Hospitality Research*, 10 (3), 246–254.
7. Inskeep, Edward, (1992). *A Tourism and the Environment Publication*. USA: World Tourism Organization (UNWTO).
8. Jackowski, A. and Smith, V.L. (1992) 'Polish pilgrim-tourists', *Annals of Tourism Research* 19: 92–106.
9. Jafari, J., and Scott, N. (2014). Muslim world and its tourisms. *Annals of Tourism Research*, 44(0), 1–19.
10. Kessler, Kristel (2015) "Conceptualizing Mosque Tourism: A central feature of Islamic and Religious Tourism.", *International Journal of Religious Tourism and Pilgrimage*: Vol. 3: Iss. 2, Article 2.
11. Kincses Gyula. 2009. *Az orvosi szolgáltatásokra alapuló egészség - turizmus tendenciái*. Budapest.
12. Liu, Abby and Geoffrey Wall (2010), "Planning tourism employment: a developing country perspective". *Tourism Management*, Vol. 27, No. 3, pp. 159–170.
13. Mannell, R.C. (1999). Leisure experience and satisfaction. In E.L. Jackson & T.L. Burton (Eds.), *Leisure studies: Prospects for the twenty-first century* (pp. 235-252). State College, PA: Venture.
14. Molera and Albaladejo, (2007) Profiling segments of tourists in rural areas of South-Eastern Spain *Tourism Management* , 28 (3) (2007) , pp. 757 – 767.
15. Panchal, Jenny H. (2012) The 'positive tourism' linkage: a study of motivations, flow and benefits of spa experiences in Southeast Asia. In: *World Conference for Graduate Research in Tourism, Hospitality and Leisure* (1), pp. 1250-1256. From: 6th World Conference for Graduate Research in Tourism, Hospitality and Leisure, 24-29 April 2012, Fethiye, Turkey.
16. Pearce, Philip L. (2005) *Tourist Behaviour: themes and conceptual schemes*. Aspects of Tourism. Channel Clevedon, UK: View Publications.
17. Prebensen, N.K. (2007). Exploring Tourists' Images of a Distant Destination, *Tourism Management*, Vol. 28, pp. 747-456.
18. Sapudin, A., Adi, F., & Sutomo. (2014). *Analisis Perbandingan Hotel dan Pariwisata Syariah dengan Konvensional*. Bogor: Magister Manajemen Syariah IPB.
19. Smith, M. and Puczko, L. (2009) *Health and Wellness Tourism*. Elsevier, USA.
20. Timothy, D.J. and Boyd, S.W. (2003) *Heritage Tourism*, Harlow: Prentice Hall.
21. Voight, C, Laing, J, Wray, M, Brown, G, Weiler, B, Howat, G and Trembath, R (2010), 'Sand, surf, spa and spirituality? Examination of a scoping study of medical and wellness tourism in Australia', in L Puczko (ed.), *Travel and Tourism Research Association (TTRA) European Chapter Conference Proceedings: Health, wellness and tourism – healthy tourists, healthy business?*, Budapest, Hungary, 1-3 September, Travel and Tourism Research Association Europe, Dalarna, Sweden.
22. Vukonic, B. (1996). "Tourism and Religion." Exeter: Pergamon Press.