

ORIGINAL RESEARCH ARTICLE

Designing and marketing maternal wellness tourism destinations: insights from user-generated content

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Abstract

This study examines the design and marketing of maternal wellness tourism. We adopted a mixed-methods design integrating large-scale user-generated content ($\approx 128,000$ entries modeled with Latent Dirichlet Allocation) and 47 semi-structured interviews with expectant mothers; grounded theory guided coding, triangulation, and theory building. We develop a conceptual framework identifying five core dimensions: prenatal safety, psychological restoration, physical comfort, sustainable environment, and informed decision-making. The findings reveal that maternal travel is not purely for leisure but involves complex, risk-averse, and socially influenced decisions. The resulting model integrates the affective, physical, and digital aspects of the travel experience for pregnant women. Practically, it offers marketing insights for destinations, such as building trust through medical partnerships and designing trimester-specific services. The study concludes by advocating for more inclusive and care-oriented tourism planning that aligns with maternal health priorities and sustainable development goals. (*Afr J Reprod Health* 2026; 30 [3]: 142-160).

Keywords: Mental Health, Therapy, Pregnant, Mother, Wellness Tourism

Résumé

Cette étude examine la conception et le marketing du tourisme de bien-être maternel. En utilisant la théorie ancrée et des données provenant de contenus générés par les utilisateurs et d'entretiens approfondis avec 47 femmes enceintes, elle développe un cadre conceptuel identifiant cinq dimensions clés : Sécurité Prénatale, Restauration Psychologique, Confort Physique, Environnement Durable et Prise de Décision Éclairée. Les résultats révèlent que ce voyage n'est pas uniquement motivé par les loisirs mais implique des décisions complexes, prudentes et socialement influencées. Le modèle qui en résulte intègre les dimensions affectives, physiques et numériques de l'expérience de voyage des femmes enceintes. Sur le plan pratique, il offre des insights marketing pour les destinations, comme établir la confiance via des partenariats médicaux et concevoir des services adaptés à chaque trimestre. L'étude conclut en prônant une planification touristique plus inclusive et axée sur le soin, alignée sur les priorités de santé maternelle et les objectifs de développement durable. (*Afr J Reprod Health* 2026; 30 [1:1]: 142-160).

Mots-clés: Santé mentale, Thérapie, Enceinte, Mère, Tourisme de bien-être

Introduction

In the context of the global pursuit of sustainable development, maternal wellness has emerged as a critical dimension of public health and reproductive equity. As a specialized segment within health and wellness tourism, maternal wellness tourism, defined as travel undertaken by pregnant women for purposes of physical recovery, mental relaxation, and environmental healing, represents a strategic convergence of healthcare, leisure, and ecological well-being^{1,2}. This form of travel emphasizes not only individualized care and emotional support

during pregnancy, but also the creation of sustainable tourism environments that are safe, inclusive, and responsive to the physiological and psychological needs of expectant mothers³.

While maternal wellness tourism remains a relatively underexplored niche in academic literature, its potential for contributing to the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 11 (Sustainable Cities and Communities)—is significant⁴⁻⁶. It offers a viable model for tourism that supports maternal health outcomes, fosters environmental stewardship, and

stimulates socio-economic development through high-value service offerings⁷. However, current destination development strategies often fail to incorporate the needs of pregnant travelers in a systematic or empathetic manner, resulting in limited destination choices, underdeveloped infrastructure, and a lack of professionalized maternal care services in tourism contexts.

Globally, wellness and reproductive tourism markets have witnessed rapid growth. For instance, the birth tourism market is projected to expand from USD 295.7 million in 2025 to over USD 450 million by 2032, while fertility tourism is expected to grow from USD 1.57 billion in 2024 to over USD 6.18 billion by 2030, driven by rising consumer demand and medical advancements. Despite this growth, maternal wellness tourism, distinct from fertility or birth tourism—remains poorly defined in both policy and practice^{7, 8}. Existing research often overlooks pregnant women's experiential narratives, emotional needs, and ecological sensitivities in destination design and marketing.

Despite the rapid expansion of high-end maternal services in China—such as confinement centers and prenatal care retreats driven by rising income levels, urban health awareness, and cultural emphasis on maternal well-being—the development of maternal wellness tourism destinations remains constrained by several structural and policy-level challenges. First, coordination between the tourism and healthcare sectors is fragmented, leading to a lack of integrated service models that ensure clinical safety, emotional support, and logistical continuity for pregnant travelers⁹. Second, the absence of well-defined safety regulations and maternity-specific travel insurance frameworks creates significant barriers to destination design and risk management. For instance, research by Zhang, Liu¹⁰ highlights that China's maternity insurance system remains inadequately integrated with emerging needs such as prenatal mobility and non-residential healthcare access, raising concerns about financial protection and service coverage during travel. Similarly, Shen, Qu¹¹ note that regulatory ambiguities in China's broader medical tourism landscape expose both patients and providers to legal and ethical risks. Moreover, disparities in maternal care access

persist, particularly for rural-to-urban migrants and women in western regions, due to uneven healthcare infrastructure, limited provider capacity, and socioeconomic constraints^{12, 13}. Although China possesses a rich cultural legacy of prenatal and postpartum care, these practices have yet to be meaningfully translated into sustainable tourism offerings that align with international standards for maternal health and wellness.

Given these gaps, it is imperative to explore how maternal wellness tourism destinations can be designed and marketed to align with pregnant women's lived experiences, safety concerns, and psychological well-being. This study employs a mixed-methods approach combining user-generated content (UGC) analysis and in-depth stakeholder interviews to examine the opportunities and constraints in constructing sustainable maternal wellness tourism destinations. Specifically, it aims to (1) extract key themes from digital maternal travel narratives, (2) identify infrastructural and perceptual barriers in existing destinations, and (3) formulate strategic recommendations for destination development and marketing within a sustainable and culturally sensitive framework. This research contributes to the growing discourse on gender-responsive tourism, maternal health equity, and the integration of user voices into destination design.

Literature review

Theoretical framework

A foundational theoretical perspective guiding this study is the integration of Maslow's Hierarchy of Needs and the Push–Pull Motivation Theory, both of which have been extensively applied in tourism and wellness research³⁰. Maslow's framework delineates human needs into hierarchical layers—ranging from physiological and safety needs to esteem and self-actualization—that can be directly mapped onto pregnant women's motivations for seeking wellness tourism. For instance, expectant mothers may be driven by the desire to alleviate physical discomfort (physiological), ensure medical and environmental safety (safety), and foster emotional balance (social and psychological well-being). The Push–Pull Motivation Theory

further refines this understanding by differentiating between internal ‘push’ factors (e.g., the desire to escape stress, recover health, or achieve emotional stability) and external ‘pull’ factors (e.g., the attractiveness of destinations offering natural landscapes, culturally relevant prenatal practices, or professional maternity care facilities). Empirical research has demonstrated that wellness tourists are significantly influenced by both dimensions, as highlighted by Gan, Zheng¹⁴, who showed that push-pull dynamics shape not only destination preference but also perceived wellness outcomes. Similarly, Karn and Kumar¹⁵ demonstrated that combining Maslow’s and Push–Pull theories provides a robust framework for decoding wellness-seeking behavior. This dual-theoretical approach enables a comprehensive examination of maternal wellness tourists’ motivations and supports the formulation of targeted destination marketing and service design strategies.

Complementing this motivational lens, the Service-Dominant Logic (S-D Logic) and Resource-Based View (RBV) frameworks offer a supply-side and systems-level understanding of how maternal wellness tourism destinations can be effectively developed and sustained¹⁶. S-D Logic emphasizes that value is co-created through interactions between service providers and consumers, rather than being embedded in the product itself. This is particularly relevant in the maternal context, where user-generated content (UGC) and in-depth narratives provide authentic insights into how pregnant travelers perceive and shape wellness experiences. In parallel, the RBV posits that destinations gain competitive advantage through the strategic deployment of valuable, rare, inimitable, and non-substitutable (VRIN) resources—including ecological assets, medical infrastructure, cultural maternity traditions, and skilled caregiving personnel¹⁷. These internal resources, when leveraged within a value co-creation framework, can differentiate a maternal wellness destination and ensure its sustainability. As Theerathitichaipa, Seefong¹⁸ suggest, integrating multi-dimensional resources—physical, psychological, environmental, and cultural—into holistic wellness offerings enhances both user satisfaction and destination resilience. Applying these theories together enables a nuanced analysis

of how Chinese destinations can align their unique resource configurations with pregnant travelers’ evolving expectations, thus informing a service-centered and sustainability-oriented model of destination development.

Related works

Existing literature on wellness tourism motivation provides a foundation for understanding the internal and external drivers that shape travelers’ destination choices. Studies based on the Push–Pull Motivation Theory suggest that travelers are influenced by internal “push” needs—such as stress relief, physical recovery, and emotional well-being—as well as external “pull” factors such as natural landscapes, healthcare infrastructure, and cultural uniqueness¹⁴.

In the context of maternal tourism, Zhang¹⁹ examined the “babymoon” phenomenon in China, revealing that many young couples seek travel experiences during pregnancy to relax, strengthen emotional bonds, and connect with nature. However, while these studies offer valuable insights into wellness-seeking behaviors, they often overlook the physiological, psychological, and safety-specific concerns unique to pregnant women. Thus, a more nuanced framework is needed to understand how maternal needs shape wellness tourism motivations and behaviors.

From an environmental and spatial perspective, the concept of “therapeutic landscapes” has been applied to explore how destination environments contribute to travelers’ physical and mental well-being. Zhang, Zhang²⁰, for instance, conducted an empirical study in Sanya, China, showing that features such as climate, spatial layout, and ecological diversity significantly influence perceived health outcomes in wellness tourism. Similarly, Zhao and He² investigated the hospitality preferences of new mothers, indicating that integration between health services and accommodation significantly affects service satisfaction. Nevertheless, both studies fall short of addressing the experiential realities and safety expectations of pregnant tourists, particularly during the prenatal period. This study builds on the therapeutic landscape literature by focusing on pregnant women’s emotional comfort,

environmental perceptions, and spatial safety needs in destination design.

In addition to motivational and spatial dimensions, recent research has highlighted the importance of addressing risk perceptions, policy gaps, and informational needs in maternal travel contexts. Jaramillo, Goyal²¹ explored Chinese women's engagement in cross-border birth tourism and found that safety, healthcare trust, and institutional quality are primary drivers. Su, Zhang²² further emphasized that during public health crises, pregnant women express strong demands for reliable health information, psychological support, and safe infrastructure. While these studies underscore the necessity of institutional trust and communication in shaping maternal health decisions, they remain largely disconnected from the tourism domain. This paper contributes to bridging that gap by investigating how trust mechanisms, risk management, and health communication strategies can be embedded within maternal wellness tourism destinations.

Overall, although prior research has examined various aspects of wellness tourism, postpartum services, and maternal health, few studies have specifically focused on pregnant women as wellness tourists—especially within the socio-cultural and policy-specific context of China. Existing literature tends to isolate either tourism behaviors or health concerns, leaving a fragmented understanding of how maternal needs translate into destination expectations. This study addresses that gap by synthesizing motivational, spatial, and systemic perspectives, using user-generated content and stakeholder interviews to develop a sustainable and user-centered model for maternal wellness tourism destination development.

Research gaps and contributions

Although the intersection of maternal health and wellness tourism has attracted growing interest, current scholarship remains fragmented and underdeveloped in several key respects. First, existing motivational frameworks—while effective for general wellness tourism—rarely account for the distinct physiological, psychological, and safety-related concerns that shape pregnant women's travel decisions. Second, empirical

studies tend to focus either on cross-border birth tourism or postpartum recovery services, leaving a theoretical and practical void in understanding wellness tourism during the prenatal period. Third, while concepts such as therapeutic landscapes and service co-creation have been applied in tourism research, their integration into maternal destination design—especially within the sociocultural and healthcare contexts of China—has been limited. Fourth, few studies adopt a multi-perspective methodology that combines user-generated content with qualitative stakeholder insights to uncover both consumer experience and institutional limitations.

To address these gaps, this study makes several contributions. Theoretically, it bridges motivational psychology and destination management by integrating the Push–Pull Motivation Theory, Maslow's hierarchy of needs, service-dominant logic, and resource-based view into a comprehensive framework for maternal wellness tourism. Methodologically, it employs a novel mixed-methods approach that combines digital ethnography—through analysis of user-generated content (UGC)—with semi-structured interviews involving pregnant women, service providers, and destination planners. Contextually, it centers on China—a rapidly growing maternal service market that is underrepresented in international tourism research—and highlights the country-specific regulatory, cultural, and infrastructural challenges in developing sustainable and trustworthy maternal wellness destinations. By synthesizing experiential, environmental, and policy dimensions, this study provides actionable insights for designing maternal-friendly destinations that align with both travelers' expectations and long-term sustainability goals.

Methods

In this study, we adopted a mixed-method research design combining content analysis of user-generated content (UGC) and semi-structured in-depth interviews. For the UGC part, we collected data via web crawling using keywords such as “pregnant women, healing, tourism, destination”, “prenatal, relaxation, vacation,” and their English equivalents. We drew from both Chinese and

international search interest indicators, specifically Baidu Index and Google Trends, to select terms that reflect actual interest in maternal wellness travel. The reasons for using Baidu Index and Google Trends are that (a) Baidu is the dominant search engine in China and reflects domestic search behavior more accurately, and (b) Google Trends offers data from international / overseas Chinese / cross-border searchers, enabling comparison and capturing inbound/outbound interest^{23, 24}.

After filtering and cleaning, our UGC corpus amounted to approximately 128,000 entries (including search logs, forum posts, social media mentions). We applied Latent Dirichlet Allocation (LDA) topic modelling to this dataset to extract latent themes relevant to maternal wellness tourism destinations (for example, safety concerns, natural scenery, medical support, prenatal nutrition, spiritual rest)³¹. LDA was chosen for its capability to uncover hidden thematic structures in large-scale, unstructured text corpora, especially when prior labeling is unavailable or subjective²⁵.

It assumes that documents are mixtures of topics and that each topic is characterized by a distribution of words, making it particularly suitable for analyzing UGC from diverse platforms with varying linguistic styles and emotional tones. These themes then informed the design of the interview guide: we constructed question prompts around the top themes to probe deeper with pregnant women's perceptions and expectations.

For the interview part, we used snowball sampling to recruit 47 pregnant women who had at least one prior therapeutic travel experience (either domestic or to nearby foreign destinations). Participants were asked about which destinations they visited (e.g., coastal resorts, health spa retreats, rural wellness lodges), what compelled them to go, their decision-making process, safety and medical support expectations, cultural/spiritual/restorative components, perceived obstacles, etc.

The aim is to triangulate the insights from UGC topics with lived experience, to map what features, services, and destination attributes matter most for designing and marketing maternal wellness tourism destinations.

Research tools

Based on the UGC analysis, the application of Latent Dirichlet Allocation (LDA) topic modelling yielded 12 key latent themes related to pregnant women's wellness tourism destination preferences. These themes represent the most frequently and semantically co-occurring concerns and interests expressed across social media, search platforms, and online forums. The identified themes are as follows:

1. Safety and medical accessibility (e.g., proximity to hospitals, emergency response capabilities)
2. Natural scenery and clean air (e.g., mountains, forests, ocean views)
3. Peaceful and low-stimulation environments (e.g., quiet retreats, noise avoidance)
4. Nutritional food availability (e.g., organic meals, pregnancy-safe diets)
5. Prenatal relaxation and spa services (e.g., massage, hot springs with medical clearance)
6. Accommodation hygiene and comfort (e.g., bedding, air quality, private bathrooms)
7. Companion-friendly facilities (e.g., family accommodations, activities for partners)
8. Cultural or spiritual atmosphere (e.g., traditional healing, mindfulness, Buddhist temples)
9. Travel convenience and transportation (e.g., ease of access, non-fatiguing routes)
10. Temperature and climate stability (e.g., warm, non-humid regions)
11. Availability of professional maternity support staff (e.g., doulas, prenatal nurses)
12. Emotional and psychological support services (e.g., prenatal yoga, therapy sessions)

These themes were used to construct the interview guide for the second phase of the study.

Each theme was translated into 1–2 open-ended prompts to explore the extent to which pregnant women consider, prioritize, or have encountered these factors during their travel decision-making. For instance, under the “medical accessibility” theme, participants were asked whether access to hospitals or clinics influenced their destination choice; under the “emotional support” theme, they were asked about any mindfulness or spiritual

practices they sought or valued during their journey. This structured linkage between UGC-driven themes and qualitative inquiry allowed for data triangulation and deeper interpretation of maternal travel preferences in real-world contexts.

The visualization presents 12 discrete thematic topics, each represented by its five most salient keywords and their respective normalized word scores (Figure 1). These themes reflect the dominant concerns and preferences expressed by pregnant women when discussing or searching for therapeutic travel destinations.

For instance, Topic 1, centered on safety and medical accessibility, highlights terms such as “hospital” and “emergency,” indicating the priority of proximity to healthcare facilities. Similarly, Topic 2 emphasizes natural scenery and clean air, suggesting environmental features as critical destination attributes. Other themes such as prenatal relaxation (Topic 5), nutritional needs (Topic 4), emotional support (Topic 12), and accommodation hygiene (Topic 6) collectively underscore a holistic health orientation among maternal travelers. These topic clusters provided the empirical foundation for the development of the semi-structured interview protocol and offer key insights for destination developers seeking to align their service offerings with the nuanced needs of pregnant tourists.

Building on the 12 themes identified through LDA topic modeling, we designed a structured interview protocol to explore how pregnant women perceive and evaluate these factors in the context of wellness tourism.

Prior to data collection, all participants received a written informed consent form, outlining the voluntary nature of participation, their right to withdraw at any time, and strict adherence to data confidentiality and privacy protection principles.

The interview guide was composed of two sections. The first section gathered basic demographic and experiential data, including age, pregnancy stage, prior travel experiences, health status, and whether the participant had engaged in any wellness tourism during pregnancy. The second section was thematically structured around the 12 LDA-derived topics. Each topic area included 2 to 3 open-ended questions, aiming to elicit detailed,

experiential, and reflective responses. This semi-structured format ensured consistency across interviews while allowing flexibility to probe into personal narratives and unexpected insights. As shown in appendix 1.

Data analysis

To analyze the in-depth interview data, we employed Grounded Theory as the primary qualitative method. Grounded Theory is particularly well-suited for exploratory studies aimed at theory construction, especially in under-researched domains where conceptual categories need to emerge inductively from participant experiences rather than being pre-imposed²⁶. In the context of maternal wellness tourism—where travelers’ needs intersect with emotional, physical, environmental, and cultural dimensions—Grounded Theory enables a bottom-up, data-driven understanding of how pregnant women construct meaning around therapeutic travel.

The analysis followed a three-stage coding process. First, open coding was conducted by systematically labeling all meaningful segments in the transcripts, generating a list of initial concepts (e.g., “seeking medical backup,” “stress from urban noise,” “trust in local culture”). These codes were then grouped into higher-order categories through axial coding, which focused on identifying relationships among phenomena, causal conditions, contextual factors, and consequences. Finally, selective coding was performed to integrate these categories into a central storyline—the core categories that explain how pregnant women evaluate and experience wellness destinations.

To ensure methodological rigor, we performed theoretical saturation testing. This involved iteratively analyzing new transcripts until no additional codes, categories, or conceptual properties emerged. Saturation was assessed after coding the 42nd interview, and reconfirmed with the final 5 participants, where data redundancy confirmed the stability of the conceptual framework. In addition, dual-coder validation and memo writing were employed throughout the process to enhance reliability and reflexivity.

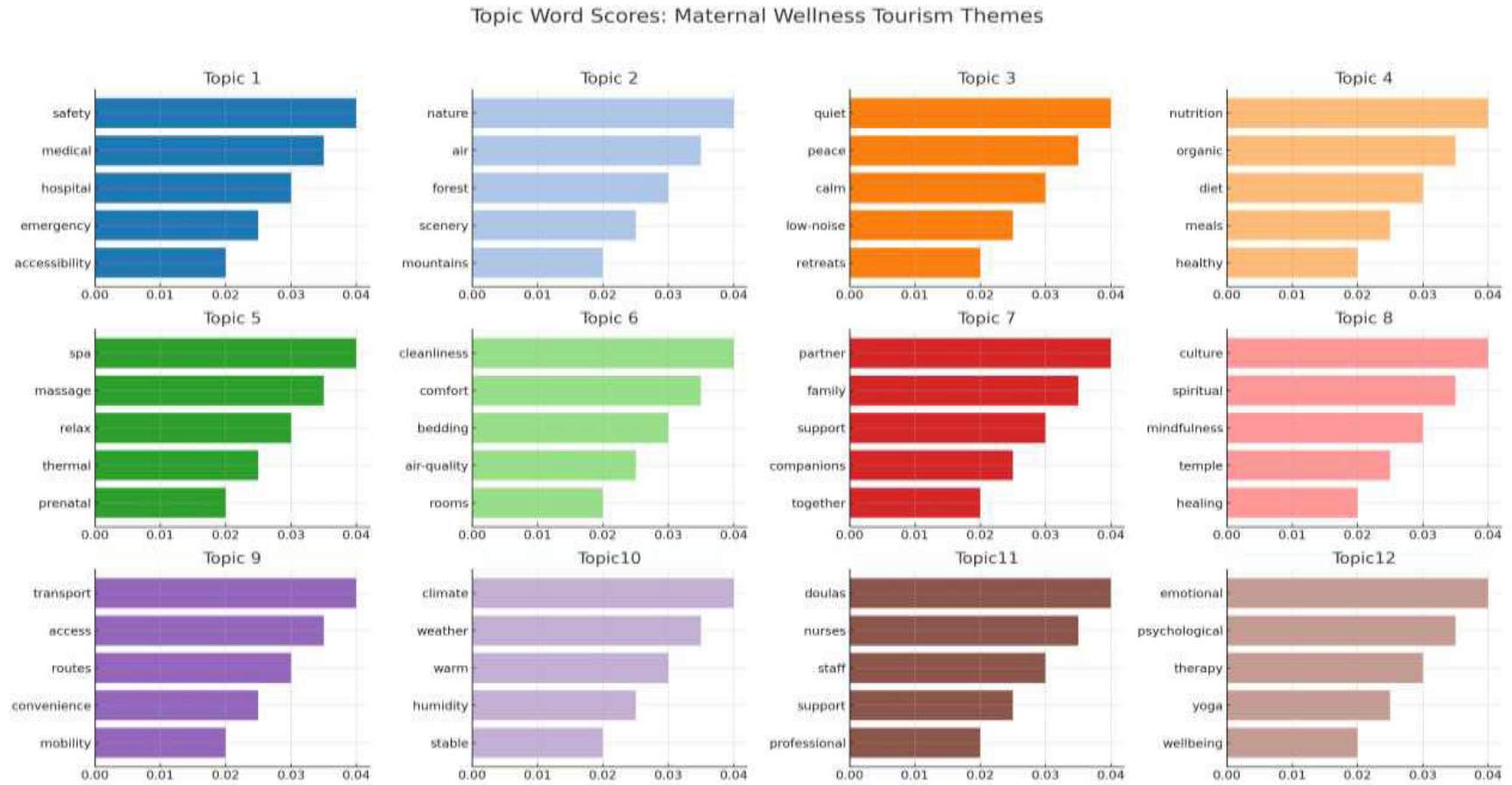


Figure 1: Topic word scores for maternal wellness tourism themes identified via lda.

The application of Grounded Theory not only facilitated a rich interpretation of maternal travel experiences but also supported the development of a conceptual model that connects personal well-being needs, environmental affordances, and destination attributes in shaping prenatal travel decision-making.

Ethical considerations

This study obtained ethical approval from the institutional review board (IRB) of Hebei Tourism College (Approval No.: HTC-IRB-2024-1215). All interviewees provided written informed consent before participation. Transcripts were de-identified and stored on a password-protected institutional server with restricted access. The user-generated content analysis used only publicly available posts in compliance with platform terms and data-protection regulations. Additional safeguards were implemented given the involvement of pregnant women (right to withdraw at any time, non-invasive questions, and referral information for professional support when requested).

Results

Descriptive analysis

This study generated a substantial qualitative corpus of approximately 1,140,000 English characters derived from 47 semi-structured interviews. The participants were selected using snowball sampling, and all met the inclusion criteria of having undertaken at least one maternal wellness-related trip during pregnancy. Basic demographic and experiential information of the participants is summarized in Table 1. As shown in Table 1, the participants were distributed across five age brackets, with the majority falling between 26–30 years (29.8%) and 36–40 years (27.7%), reflecting the most common childbearing age ranges in contemporary urban China. Regarding household income, most participants reported annual income levels between RMB 100,000–500,000, indicating a middle to upper-middle socioeconomic profile—a demographic typically aligned with health-conscious and experience-seeking consumer behavior. In terms of educational attainment, a significant proportion held undergraduate degrees (Bachelor's, 36.2%) or

postgraduate qualifications (Master's, 27.7%), suggesting a generally well-educated sample with high information-processing and decision-making autonomy. The pregnancy stages at the time of travel varied, with many participants traveling during the second trimester (weeks 16–30) when health risks are perceived to be relatively lower, and physical mobility remains feasible. The reported wellness tourism destinations were diverse, yet shared common characteristics of environmental appeal and service availability. Frequently visited locations included Sanya, Moganshan, Dali, and Lijiang, all of which offer combinations of natural scenery, cultural elements, and wellness infrastructure such as hot springs, spas, and quiet resorts. These trends not only reflect pregnant women's preferences for low-stress, restorative environments but also offer insight into the emerging landscape of maternal tourism within and near China.

Coding results

The initial phase of grounded theory analysis involved open coding, which aimed to fragment and conceptualize the raw textual data collected through semi-structured interviews. Drawing from the corpus of approximately 1,140,000 English characters, a total of 58 distinct open codes were identified, reflecting recurring patterns, attitudes, concerns, and preferences expressed by participants regarding maternal wellness tourism (Table 2). These open codes were derived inductively using line-by-line coding, without the imposition of pre-existing theoretical constructs. Each code represented a discrete, unitary concept rooted in the data, such as “hospital-proximity, organic-demand, massage-preference, and travel-fatigue. Codes were subsequently grouped under 12 conceptual categories, axis coding. Axial coding was employed to establish conceptual relationships between open codes and to refine them into higher-order categories. This process involved reassembling the data fractured during open coding by systematically connecting codes according to conditions, interactions, consequences, and contextual dimensions²⁷. The goal was to generate a set of coherent, saturated axial categories that capture the structure and complexity of maternal wellness tourism preferences.

Table 1: The socio-demographic characteristics of the participants

Category	Item	Percentage	Frequency
Age Group	26–30	29.8%	14
	36–40	27.7%	13
	31–35	17.0%	8
	Above 40	12.8%	6
Household Income (RMB)	20–25	12.8%	6
	300,000–500,000	25.5%	12
	100,000–200,000	25.5%	12
	200,000–300,000	17.0%	8
	<100,000	17.0%	8
Education Level	Above 500,000	14.9%	7
	High school or below	27.7%	13
	PhD	21.3%	10
	Associate degree	21.3%	10
	Bachelor's	14.9%	7
Pregnancy Week	Master's	14.9%	7
	31–35 weeks	27.7%	13
	10–15 weeks	19.1%	9
	16–20 weeks	14.9%	7
	21–25 weeks	14.9%	7
	26–30 weeks	12.8%	6
Wellness Destination	Above 36 weeks	10.6%	5
	Beijing hot springs	14.9%	7
	Xiamen	14.9%	7
	Sanya	14.9%	7
	Lijiang	10.6%	5
	Hangzhou suburbs	10.6%	5
	Moganshan	10.6%	5
	Guilin	8.5%	4
	Qingdao	6.4%	3
	Zhangjiajie	6.4%	3
Dali	2.1%	1	

Table 2 illustrates that axis coding including Safety, Environment, Emotion, Nutrition, Accommodation, Bodycare, Transport, Information, Social, Timing, Image, and Service, each encapsulating a cluster of related experiential domains relevant to maternal wellness tourism.

Coding was performed manually by two trained researchers, following iterative cycles of comparison and constant questioning. To ensure analytic rigor, random segments were cross-coded and discrepancies resolved through consensus. Moreover, illustrative quotations from different participants (e.g., P3, P19, P41) were linked to each code to enhance traceability and contextual grounding of concepts.

This phase was instrumental in surfacing the underlying structure of perceived needs and barriers for pregnant women engaging in tourism-related wellness experiences. It also laid the empirical foundation for subsequent axial coding, wherein relational connections among codes were further examined. Table 3 presents the axial coding framework, defining 12 core categories that encapsulate pregnant women's needs, perceptions, and decision-making factors in maternal wellness tourism.

The final stage of grounded theory analysis involved selective coding, which sought to integrate the axial categories into a coherent theoretical framework explaining the construction

and of maternal wellness tourism destinations. Through iterative comparative analysis, the core category that emerged was “Wellness Destination Design”, which encapsulates the multidimensional considerations pregnant women use to evaluate, engage with, and emotionally invest in wellness-oriented travel experiences. Five interrelated dimensions were abstracted as central to this core category (figure 2):

- (1) Prenatal Safety, encompassing the need for medical accessibility, reliable transport, and service preparedness;
- (2) Psychological Restoration, which emphasizes emotional support, destination symbolism, and social connectedness;
- (3) Physical Comfort, representing bodily relaxation and accommodation needs;
- (4) Sustainable Environment, including ecological health and nutritional fit; and
- (5) Informed Decision-making, which captures the role of timing, online content, and family-influenced evaluations.

Each dimension synthesizes multiple axial categories, grounded in 58 open codes, and is supported by direct participant accounts (e.g., P6: “I would never choose a place without a nearby hospital,” or P21: “I booked Dali because I saw other moms felt emotionally calm there”). These dimensions not only offer a functional structure for destination planning but also reflect the subjective, embodied, and contextualized experiences of pregnant travelers.

To ensure theoretical saturation, coding ceased only when no new concepts or relationships emerged from successive interviews.

Data from the final 7 interviews (P41–P47) were specifically analyzed for emergent variance; however, all responses were effectively accommodated within the existing framework. Additionally, peer debriefing, triangulation with UGC themes, and constant comparison methods were used to confirm the sufficiency and stability of the category system.

As such, the model is considered saturated, theoretically grounded, and contextually valid for exploring maternal wellness tourism behaviors.

Surrounding the framework (Figure 2) are five latent barriers or vulnerabilities that may constrain maternal tourism development: Medical Uncertainty, Emotional Isolation, Service Disparities, Nutritional Incompatibility, and Digital Misinformation.

These highlight critical friction points that must be addressed to ensure sustainable, inclusive, and trust-driven destination experiences for expectant mothers. Table 4 summarizes how the twelve axial codes are thematically integrated into five higher-order selective coding dimensions, providing the structural basis for the conceptual model of maternal wellness tourism destination design. Figure 3 illustrates the conceptual structure derived from grounded theory analysis of maternal wellness tourism. Five selective coding dimensions—Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making—are visually distinguished by color. Each dimension aggregates multiple axial codes that emerged from open coding of user-generated content and in-depth interviews.

These intermediate categories feed into the overarching construct of Maternal Wellness Tourism Destinations, representing the integrated design priorities of this emerging travel sector. The color-coding clarifies the relational logic among categories and enhances interpretability of the theory-informed model. In an era marked by rising demand for personalized health and wellness travel, maternal wellness tourism has emerged as a niche yet rapidly evolving domain that blends prenatal care, emotional wellbeing, and sustainable retreat experiences. The strategic branding of such destinations requires an integrated framework that transcends basic hospitality, aligning deeply with the multifaceted needs of pregnant women. The framework (Figure 4) illustrated in this figure places “Maternal Wellness Tourism Branding” at its conceptual core, radiating into five higher-order strategic dimensions derived from grounded theory: Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making.

Table 2. Open coding exhibition

Category	Open Code	Participant Example
Safety	Medical-access	P8
	Emergency-preparedness	P21
	Risk-awareness	P1
	Hospital-proximity	P31
	Medical-trust	P10
Environment	Clean-air	P20
	Greenery	P32
	Sea-view	P47
	Low-pollution	P38
	Climate-comfort	P17
Emotion	Stress-relief	P18
	Mood-uplift	P40
	Peacefulness	P7
	Escape-desire	P38
	Emotional-support	P47
Nutrition	Food-safety	P37
	Organic-demand	P22
	Appetite-concern	P36
	Food-avoidance	P17
	Meal-customization	P5
Accommodation	Quietness	P10
	Room-cleanliness	P39
	Bedding-comfort	P41
	Privacy	P31
	Ventilation	P14
Body care	Massage-preference	P6
	Spa-trust	P38
	Hydrotherapy	P14
	Service-uncertainty	P33
	Physical-relaxation	P10
Transport	Travel-fatigue	P45
	Direct-access	P19
	Motion-sickness	P23
	Sanitation-concern	P42
	Remote-avoidance	P6
Information	Review-seeking	P36
	Forum-dependence	P36
	Influencer-trust	P13
	Family-decision	P47
	Information-gap	P46
Social	Partner-support	P18
	Loneliness	P1
	Couple-bonding	P26
	Travel-resistance	P29
	Peer-influence	P47
Timing	Trimester-selection	P34
	Health-sync	P17
	Week-sensitivity	P21
	Second-trimester	P7
	Discomfort-delay	P34
Image	Healing-perception	P1

Service	Escape-value	P27
	Nature-symbolism	P23
	Silence-desire	P28
	Slow-rhythm	P7
	Maternity-gap	P20
	Staff-shortage	P35
	Package-need	P15

Table 3: The definition of the axial category

Axial Category	Definition
Safety	Refers to the perceived physical and medical security of pregnant women during travel, including proximity to healthcare facilities, emergency preparedness, and confidence in destination safety protocols.
Environment	Denotes the natural and built environmental features of a destination that contribute to sensory comfort, air quality, aesthetic pleasure, and perceived therapeutic benefits.
Emotion	Captures the emotional and psychological responses of pregnant travelers, including their need for stress relief, emotional support, mental restoration, and mood regulation.
Nutrition	Encompasses the dietary needs and food-related expectations of pregnant women while traveling, such as availability of organic, safe, and customized meals suited for prenatal health.
Accommodation	Represents the physical and functional aspects of lodging facilities that support comfort, hygiene, quietness, and privacy needs specific to the pregnancy experience.
Body care	Involves wellness-oriented services aimed at physical relaxation and body maintenance, such as maternity-safe massage, hydrotherapy, and spa treatments under medical guidance.
Transport	Refers to the accessibility, convenience, and physical comfort associated with travel modes and routes, including concerns about fatigue, motion sensitivity, and sanitation.
Information	Relates to the sources, accessibility, and trustworthiness of destination-related knowledge that influences travel decisions, including UGC, social media, and health advisories.
Sociality	Describes the influence of interpersonal and social factors, such as spousal support, peer encouragement, cultural norms, and family attitudes toward traveling while pregnant.
Timing	Highlights the influence of pregnancy stage on travel choices, including preferred trimesters for travel, synchronization with medical appointments, and sensitivity to physical conditions.
Imagery	Refers to the symbolic, emotional, and aspirational meanings attached to specific destinations, such as associations with healing, tranquility, or natural purity.
Service	Encompasses the perceived adequacy and specificity of tourism-related services tailored for pregnant women, including staff training, bundled maternity packages, and integrated wellness programs.

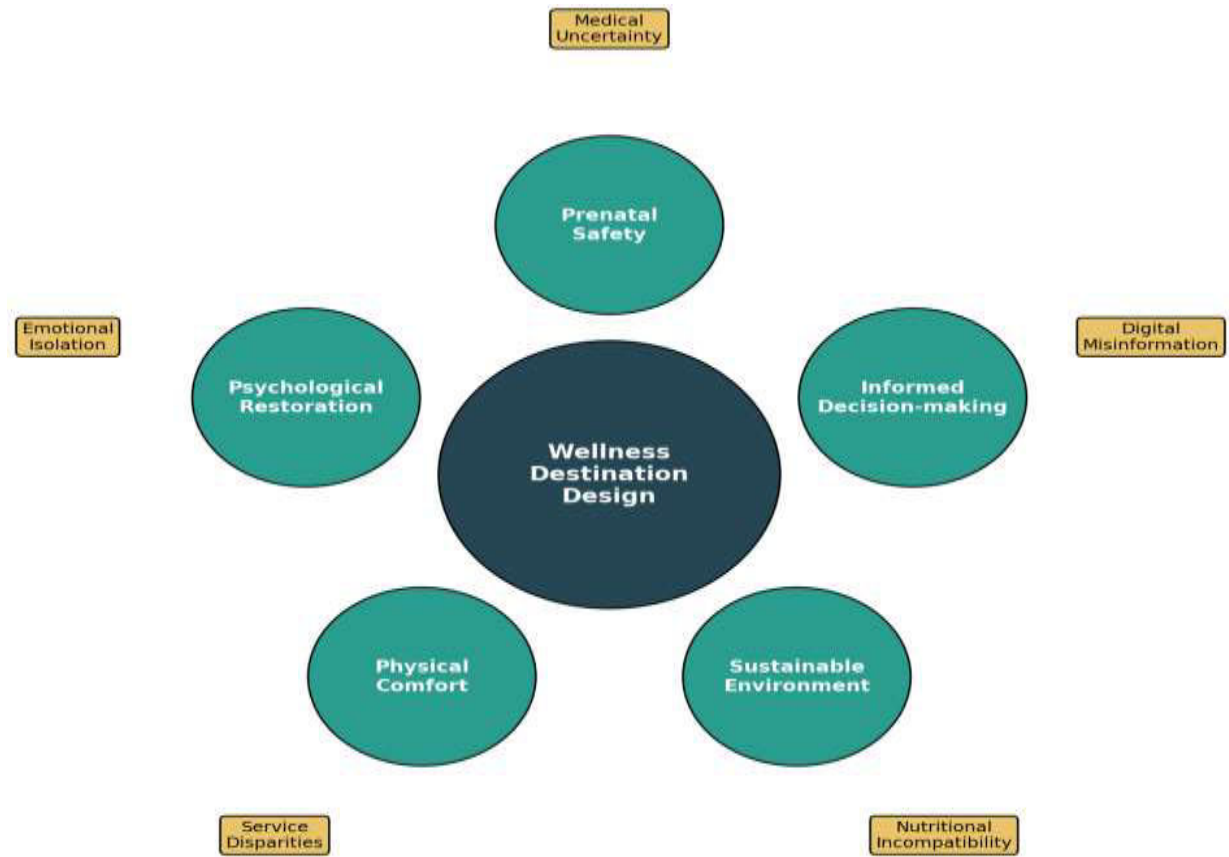


Figure 2: Conceptual framework of maternal wellness tourism destination design: An integrated perspective

Table 4. Mapping of axial codes to selective coding dimensions in the maternal wellness tourism framework

Selective Coding Dimension	Included Axial Codes	Explanation of Relationship
Prenatal Safety	Safety, Service, Transport,	These axial codes directly represent core physical and institutional enablers (e.g., hospital access, emergency response, sanitary travel) that ensure secure travel for pregnant women.
Psychological Restoration	Emotion, Sociality, Imagery,	These categories capture the inner affective experiences of pregnant travelers — emotional relief, connection with partners, and symbolic perceptions of the destination.
Physical Comfort	Bodycare, Accommodation	Focuses on physical relaxation and everyday ease (e.g., spa, hygiene, bedding), fulfilling somatic needs during pregnancy travel.
Sustainable Environment	Environment, Nutrition	This dimension merges ecological and physiological sustainability, ensuring that the destination aligns with the environmental sensibilities and dietary needs of expectant mothers.
Informed Decision-making	Information, Timing	These two axial codes underpin how pregnant women evaluate destination options based on trimester stage, UGC reviews, risk perception, and family discussions.

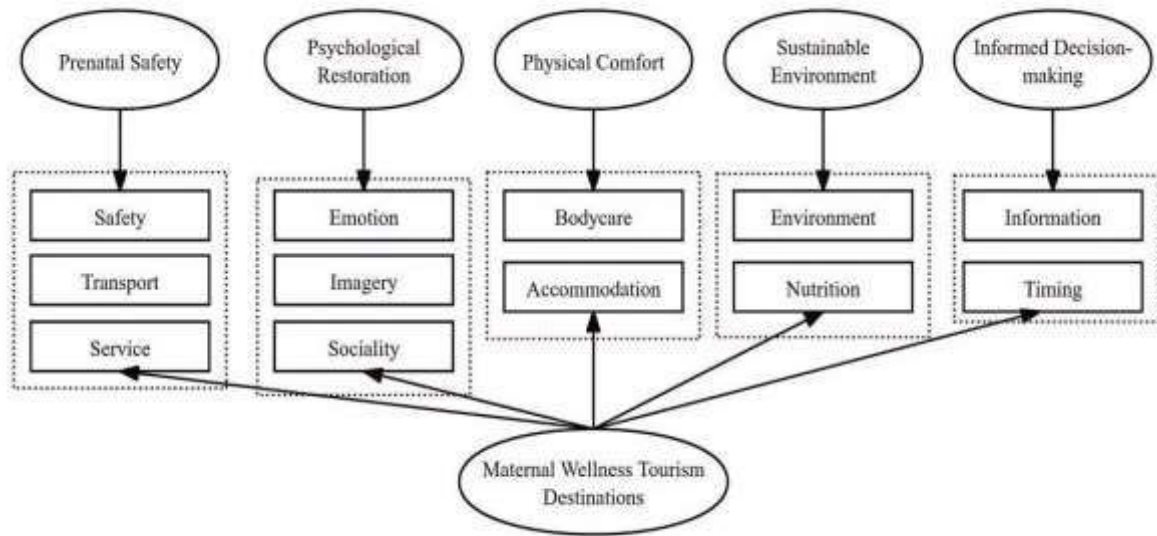


Figure 3: thematic mapping of selective and axial codes in maternal wellness tourism destination design

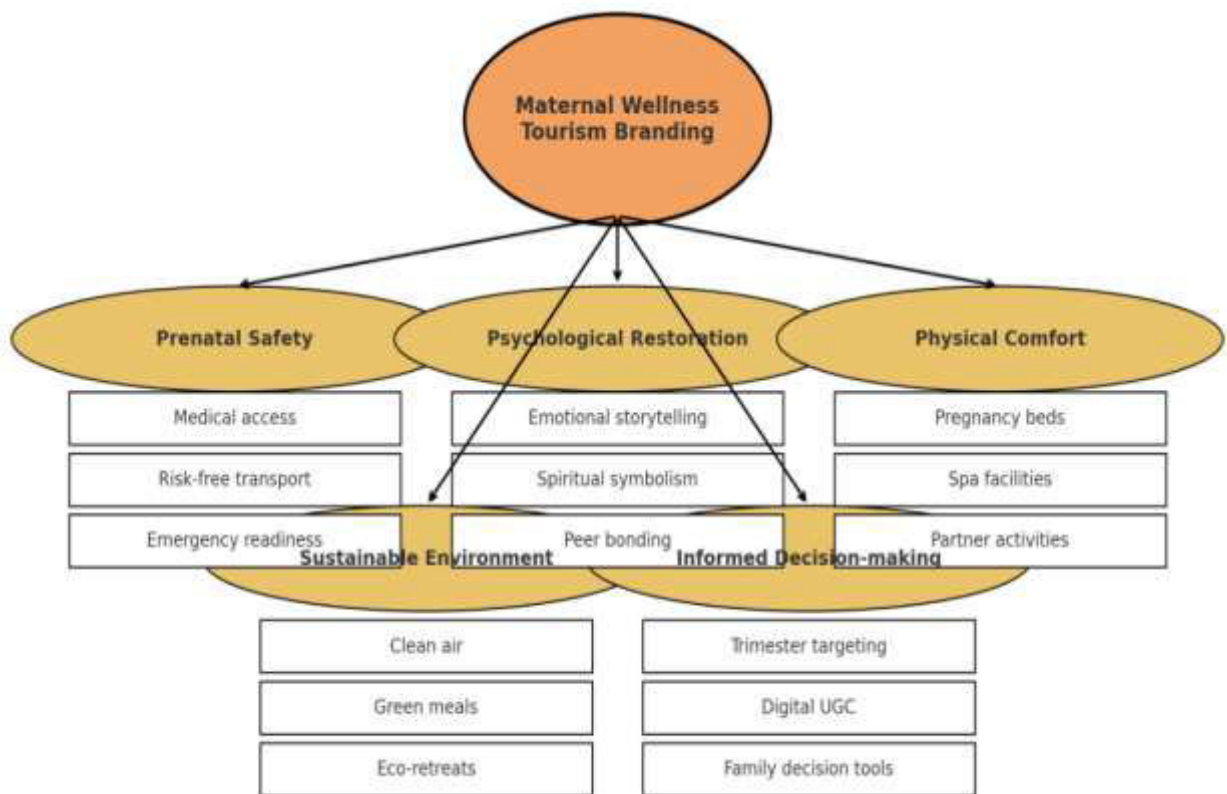


Figure 4: Strategic Branding Map for Maternal Wellness Tourism

These themes reflect both physiological and affective domains essential to the target group's experience and risk perception. Each strategic dimension is operationalized through three targeted marketing interventions, grounded in empirical insights from user-generated content and in-depth interviews. "Prenatal Safety" translates into campaigns emphasizing medical proximity, risk-free transport, and emergency response capacity. Similarly, "Psychological Restoration" invites storytelling strategies centered on emotional security, destination symbolism, and partner involvement.

Across all dimensions, strategies range from tangible infrastructure (e.g., pregnancy-optimized bedding) to digital communication tactics (e.g., trimester-specific content and decision tools). Together, these interconnected strategies form a multi-layered branding architecture that not only resonates with pregnant consumers' practical concerns but also supports emotional engagement and cognitive trust. The map thus provides a cohesive guide for destination marketers to design, promote, and differentiate maternal wellness offerings in a competitive and ethically sensitive tourism sector.

Drawing on the five selective coding dimensions identified in this study—Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making—a set of integrated marketing strategies can be formulated to guide the design and promotion of maternal wellness tourism destinations. First, safety and medical trust should be positioned as foundational brand pillars, including partnerships with maternity hospitals, clear emergency protocols, and prenatal-friendly insurance programs. Second, marketers should craft emotionally resonant and culturally symbolic experiences that align with pregnant travelers' desire for serenity and meaning, such as forest retreats, spiritual rituals, and soft imagery-based narratives. Third, accommodations must prioritize physical comfort, offering low-stimulation environments, pregnancy-specific amenities, and partner-inclusive facilities that reinforce emotional support. Fourth, culinary branding should promote nutritional security through labeled, organic, and

personalized pregnancy menus—validated by certified nutritionists and supported by social media campaigns. Fifth, digital communication strategies must account for gestational timing and household decision-making, utilizing user-generated content (UGC), trimester-based planning tools, and family-oriented travel simulations to shape trust and readiness.

Finally, the destination's sustainable positioning—through green packaging, climate-friendly activities, and ecological ethics—can serve as a distinctive value proposition for health-conscious mothers-to-be. These strategies holistically reflect the findings of the grounded theory model and offer a practical blueprint for establishing trust, emotional resonance, and long-term differentiation in the niche of maternal wellness tourism

Discussion

Beyond reiterating thematic categories, our findings articulate how maternal wellness preferences are translated into design and marketing decisions through five tightly linked mechanisms—Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making. This mechanism-based view moves the debate from what pregnant travelers want to what destinations must build and communicate, thereby extending wellness tourism research from generic service bundles to a care-oriented, risk-aware, and timing-sensitive blueprint. This study explored the formation and marketing of maternal wellness tourism destinations through a grounded theory approach that combined user-generated content (UGC) analysis and in-depth interviews.

By analyzing over 1.14 million characters of qualitative data and synthesizing emergent codes, we constructed a conceptual framework consisting of five selective dimensions—Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making. These dimensions were further derived from twelve axial codes, encompassing themes such as safety, emotion, environment, and digital decision support. The final theoretical model not

only delineates the multi-layered needs of pregnant travelers but also offers a structural foundation for destination development and promotion.

Our research contributes new knowledge by expanding the theoretical boundaries of wellness tourism to include the nuanced experiences of pregnant women, a demographic previously underrepresented in tourism studies. While previous research on wellness tourism has largely emphasized general spa services, medical tourism, or psychological relaxation^{28, 29}, our study highlights the intersectional needs of expectant mothers—encompassing medical assurance, emotional security, ecological harmony, and socio-digital trust. This diversification of wellness profiles contributes to a more inclusive conceptualization of what constitutes a 'wellness destination' and shifts the narrative from a consumerist to a care-oriented paradigm.

Theoretically, this study draws on and extends several foundational frameworks in tourism research to better reflect the unique dynamics of maternal wellness travel. Maslow's Hierarchy of Needs provides a foundational lens for interpreting pregnant women's layered motivations, ranging from the alleviation of physical discomfort and medical assurance (physiological and safety needs) to the pursuit of emotional balance and self-care (social and psychological needs). Similarly, the Push–Pull Motivation Theory explains how intrinsic 'push' motivations—such as the desire for stress relief, healing, and escape—interact with extrinsic 'pull' factors like natural landscapes, cultural wellness practices, and professional maternity services to shape travel behavior. These motivational frameworks are complemented by Service-Dominant Logic (S-D Logic), which frames wellness tourism as a process of co-creating value through dynamic interactions between service providers and pregnant travelers. Meanwhile, the Resource-Based View (RBV) elucidates how destinations can leverage their unique ecological, cultural, and medical assets as VRIN (valuable, rare, inimitable, non-substitutable) resources to develop a competitive and resilient brand. By synthesizing these perspectives, our model captures both demand-side motivations and supply-side capacities, thereby offering a holistic, theory-

informed blueprint for maternal wellness destination design.

This model also aligns closely with and enriches foundational theoretical perspectives such as Maslow's Hierarchy of Needs and the Push–Pull Motivation Theory, both widely applied in tourism and wellness behavior studies. Maslow's framework contextualizes pregnant women's travel motivations along physiological, safety, and psychological dimensions, while Push–Pull theory accounts for both internal drivers (e.g., stress relief, emotional regulation) and external attractors (e.g., natural landscapes, maternity-focused services). Recent studies affirm that a dual-theoretical approach enhances understanding of wellness-seeking behavior^{14, 15}, and our findings support this by empirically linking such motivations to travel design features.

Complementing this demand-side perspective, our research also resonates with Service-Dominant Logic (S-D Logic) and the Resource-Based View (RBV), offering supply-side insights into how maternal wellness destinations co-create value and gain strategic advantage. The rich qualitative data—especially UGC—demonstrate that value emerges through ongoing interaction and personalization, in line with S-D Logic. Simultaneously, the model's embedded focus on ecological, medical, and cultural resources reflects RBV's emphasis on VRIN assets. As supported by Theerathitichaipa, Seefong¹⁸, the integration of diverse yet synergistic resource types strengthens both destination differentiation and resilience.

From a practical perspective, the framework offers actionable marketing insights. Tourism developers and destination marketers can tailor their service portfolios by emphasizing prenatal trust (e.g., hospital proximity, emergency protocols), emotional resonance (e.g., storytelling, symbolic landscapes), and cognitive support (e.g., digital decision tools, trimester-specific planning). In particular, leveraging user-generated content and trimester-based targeting can enhance perceived authenticity and timeliness. The integration of nutritional offerings and ecological practices further positions the destination within a sustainable and ethical value space, aligning with

both consumer health expectations and global SDG narratives.

In summary, this study not only contributes a grounded theoretical model of maternal wellness tourism destination design, but also responds to both scholarly and practical demands for more inclusive, care-oriented, and empirically grounded tourism research. It underscores the importance of aligning destination branding with the embodied and emotional realities of pregnant women, thus expanding the future scope of wellness tourism scholarship

Strengths and limitations

Methodologically, the study triangulates large-scale UGC with in-depth interviews, enhancing ecological validity (real-world digital traces) while preserving interpretive depth (lived experience). Grounded theory offers a transparent chain from open/axial/selective coding to a parsimonious five-dimension framework, improving theory building and transferability. Substantively, focusing on pregnant women—a historically underrepresented segment—broadens wellness tourism beyond spa/medical templates toward care-oriented design and trimester-specific marketing.

The qualitative sample is concentrated in urban China and skewed toward middle-to-upper-income participants, which may limit generalizability to other socio-economic or regional contexts. UGC sources reflect self-selection and platform demographics; sentiment intensity and topic salience may vary by channel. The cross-sectional design precludes causal inference and does not capture post-travel health outcomes. Future work should include multi-site or cross-country samples, longitudinal follow-ups on maternal well-being, and quasi-experimental or field designs that link concrete design changes to behavioral and clinical outcomes.

Implications for policy and practice

Tourism authorities can institute pregnancy-friendly destination certification that codifies hospital proximity thresholds, emergency response standards, staff training on maternal needs, and transparent incident reporting. Incentives (tax

credits or fast-track licensing) can encourage healthcare–tourism partnerships for on-call support and referral pathways.

Facility and service design. Operators should hard-wire low-stimulation environments (quiet zones, air-quality controls, ergonomic bedding), nutrition-secure menus co-signed by registered dietitians, and partner-inclusive amenities that strengthen social support. Spa/hydrotherapy offerings must be medically cleared with trimester-specific contraindications disclosed. Risk communication and digital tools. Destinations should standardize pre-travel risk disclosures, provide trimester-based planning tools (checklists, heat maps of medical access), and curate UGC-backed FAQs to counter misinformation. Real-time chat or tele-consult triage can reduce anxiety without medicalizing the trip. Sustainability positioning. The Sustainable Environment dimension can be operationalized via green transport links, low-VOC materials, and biodiversity-friendly itineraries; communicating these choices credibly aligns with SDG narratives and strengthens trust among health-conscious maternal travelers.

Market segmentation and metrics. Segment offers by trimester and risk tolerance (e.g., “second-trimester calm retreats” vs. “early-pregnancy restorative weekends”), and track experience KPIs (perceived safety, emotional calm, fatigue reduction) alongside conventional satisfaction scores to guide continuous improvement.

Conclusion

This study provides a comprehensive and empirically grounded understanding of maternal wellness tourism through a novel integration of user-generated content analysis and qualitative interviews. By identifying five core dimensions—Prenatal Safety, Psychological Restoration, Physical Comfort, Sustainable Environment, and Informed Decision-making—the research delineates the key factors that shape the destination preferences, wellness expectations, and behavioral intentions of pregnant travelers. These findings not only reinforce the growing significance of maternal wellness tourism in both academic and industry domains, but also propose a scalable and culturally adaptive framework that can be applied across

diverse geographical contexts. The theoretical contribution lies in extending traditional motivation and service design models by incorporating a pregnancy-specific lens, which takes into account risk sensitivity, family mediation, and emotional labor. The synthesis of Maslow's Hierarchy of Needs, Push-Pull Motivation Theory, Service-Dominant Logic, and the Resource-Based View offers a dual-perspective model that bridges user motivations with destination capabilities. Practically, this study provides a roadmap for designing inclusive, ethical, and high-impact tourism products tailored to maternal populations. It urges destination managers, policymakers, and wellness practitioners to co-create experiences that are safe, meaningful, and sustainable. Future research should expand the scope by incorporating longitudinal data on post-travel wellness outcomes, cross-cultural comparisons, and the role of digital platforms in shaping pre-travel trust and decision-making. As maternal wellness tourism continues to evolve, its relevance to broader discussions on gendered travel, reproductive justice, and sustainable tourism will become increasingly salient. This study sets the stage for those conversations by offering a foundational yet flexible model for maternal wellness destination design and marketing.

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