

PATIENTS' VOICES ABOUT OUTBOUND MEDICAL TOURISM IN FEDERAL
CAPITAL TERRITORY (FCT), NIGERIA

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ABSTRACT

Background: Medical tourism depends a lot on the voices and impressions of patients who have travelled and returned from medical tourism in other countries. It is necessary to identify reasons for outbound medical tourism, the need for travel companions, and health conditions and body system impairments leading to travel. This study seeks to assess the perception of returning patients on medical tourism in the Federal Capital Territory, Nigeria.

Methodology: This was a descriptive cross-sectional study carried out among 220 patients who had returned from medical tourism in foreign countries. Respondents' driven sampling technique was used in this study and data was collected using an Interviewer-administered structured questionnaire. Data analysis was done using the Statistical Package for the Social Sciences (SPSS), version 22.0.

Findings: The common reasons for traveling included Surgical procedure (40.0%), medical checkups (28.1%), cosmetic procedures (3.1%), and medical treatment (12.5%), 16.3% had no reason. The most important reason was for Surgery and Medical checkups. The Doctors were the most influential source (77.8%), other influential sources were colleagues (9.8%) and the internet (7.2%). Most respondents (80.63%) traveled with a companion, mainly their spouse or their relatives. The top five (5) health conditions necessitating medical tourism among the patients include Infertility (19.0%), Cancer (18.6%), Liver Disease (17.5%), Kidney Disease (10.8%), and Childbirth (8.2%). Body systems involved include the Reproductive system (30.9%), Liver (18.0%), Kidney (11.3%), Eye (6.7%), and Prostate (6.2%).

Conclusion: The findings highlight the importance of specialized medical care, doctor-patient relationships, and companion-friendly services in the medical tourism industry. It helps policymakers, medical tourism stakeholders, and health facilities make policies that will enable inbound medical tourism.

KEYWORDS: Medical Tourism, Returning patients, Patient voices.

INTRODUCTION

Medical tourism depends a lot on the voices and impressions of patients who have travelled and returned from medical tourism in other countries. Nowadays, medical tourists are going to distant nations for procedures like cosmetic surgery, dental work, bariatric surgery, assisted reproductive technology, eye care, orthopaedic surgery, heart surgery, organ and cell transplantation, gender reassignment, and even executive health evaluations.

There are different reasons why patients travel to seek healthcare, like for surgical procedures, medical check, and some special procedures. Numerous nations in Europe and Central and South America have established solid reputations for bariatric operations, dental care, and cosmetic and plastic surgery. Patients seeking orthopaedic and cardiac surgery are increasingly choosing to travel to well-known medical tourism destinations like Singapore, Malaysia, India, and Thailand.^[1] Medical services in India are particularly affordable, with prices as low as 10% of those in the United States. Several highly developed nations,

including Belgium, Canada, Germany, Israel, and Italy, are attracting foreign patients under the banner of medical tourism, offering sophisticated modern care with careful attention to patient preference, service, and satisfaction. Experts revealed that before now, medical tourists from Nigeria targeted developed countries like the United Kingdom (UK), Germany and United States of America (USA), but the lure now take them to India and Africa countries like Egypt, and lately, neighbouring country like Ghana.^[1] Their travel choices are made by doctors, colleagues at work, internet, adverts and personal choices. Clients also try to include areas with a friendly environment for themselves and their travel companions.

Findings from this study can be used as an advocacy tool to draw attention to the industry's rapidly growing clientele and the need for more improved medical facilities and personnel targeting the most sought-after services and specialists involved in the treatment of the body systems involved that made the patients travel. It can be a tool to highlight the need for better regulatory frameworks for medical tourism, such as the development of national medical guidelines for the provision of services for both inbound and outbound medical tourism.^[2,3,4] It is challenging to develop legislation, health systems, and public health responses to address the dangers and limitations associated with medical tourism, such as the transmission of infectious diseases, due to a lack of trustworthy data regarding patient opinions. By examining patient perspectives on medical tourism, this study seeks to close this information gap by comprehending Nigerian patients' participation in medical tourism and its public health consequences.^[5] This research will provide valuable perspectives on considering medical tourism as a public health issue, adding to the growing body of national and international literature that presents this worldwide health care activity as a public health issue. This study sought to assess the patient's reasons for outbound medical tourism in the Federal Capital Territory, Nigeria.

METHODOLOGY

A descriptive cross-sectional study was conducted among patients who have returned from medical tourism and were referred from Government-owned tertiary hospitals in Abuja City in 2024. This study was carried out in Abuja, FCT, Nigeria. Abuja is a city in central Nigeria that serves as the country's capital and is located within the Federal Capital Territory (FCT). The FCT has a total population of 2,702,443.^[6,7] The FCT is bordered on all sides by four states: Niger, Nasarawa, Kogi, and Kaduna.^[8,9,10]

Abuja was chosen for this study as it is now one of Nigeria's ten most populous cities and one of the world's fastest growing cities with an increasing number of the population with the representation of all tribes living in Nigeria. It has 3 major government-owned teaching hospitals. University of Abuja Teaching Hospital,

Gwagwalada; National Hospital, Abuja; and Federal Medical Center, Jabi, Abuja who have easy access to experts who can recommend treatment outside the country. There are six Area Councils in the Federal Capital Territory: Abaji. AMAC, Bwari. Gwagwalada. Kuje and Kwali. Each of the area councils is subdivided into wards headed by Local councils.^[9] The state is also well served by a good network of roads, and the capital, Federal Capital Territory (FCT) has an airport.^[6,7] Medical tourism will most likely occur in tertiary hospitals since it is the highest level of care in Nigeria before referral out of the country.^[11] Most patients seeking special care will have contact with tertiary hospitals where specialists are trained and medical research done before seeking health care overseas. The study was carried out over six months. Data collection was carried out over four months, while analysis and write-up of the study was done over eight weeks.

The minimum sample size for patients will be calculated using the Cochran's formula for minimum sample size determination in cross-sectional study^[12]:

$$n = \frac{Z^2 pq}{d^2}$$

n= the desired sample size when the population is less than 10,000

z= standard normal deviate set at 1.96 corresponding to the 95% confidence level.

In a previous study conducted where 85.0% of patients were treated in Oman before they traveled as medical tourist.^[13] A minimum of 220 questionnaires was used for data collection amongst the patient.

Respondent-driven sampling technique was utilized in recruiting participants for this study, who meet the inclusion criteria. This approach was chosen because the target population represents a hidden group without a formal sampling frame, making probability-based sampling impractical. Recruitment began with five initial participants ("seeds") selected to reflect diversity in age, gender, and medical tourism destinations. Each seed was provided with three recruitment tags (and numbers) to invite peers who met the study eligibility criteria. Recruited participants, in turn, received the same number of tags to continue the recruitment process. This chain-referral method was sustained across multiple waves until the desired sample size of 200 was achieved. Initial contact with the patient was obtained from the medical doctors, who treated and referred the patient, while the patients will be tracked and contacted for a face-to-face interview.

Participants were consecutively recruited until a sample size of 220 is achieved. Initial contact with the patient was obtained from the medical doctors, who treated and referred the patient, while the patients will be tracked and contacted for face-to-face interviews.

Data was collected using a structured interviewer-administered questionnaire adapted from medical tourism publications in Canada, the United States, Malaysia, and India.^[14,15,16,17,18]

It contained questions on the perception of on return patients towards medical tourism. It includes questions on the reason for medical travel, the source of information on the travel destination, travel companion. A one-week training program was conducted for 6 research assistants who were medical interns. Training covered the use of questionnaires on the research topic, ethical considerations, and quality control. Emphasis was laid on proper conduct during interviews and discussion as well as how to recognize the progression of interviews in line with themes.

The study instruments were pretested among patients in Federal Medical Center Keffi, Nasarawa State, located about 120km away from the study area. All ambiguous questions were reviewed to reduce the possibility of information bias. Questions were rewritten or deleted to reflect specific aspects of medical tourism related to the study objectives. Questionnaires were screened for completeness, coded and entered by the researcher into the Statistical Package for scientific solutions (SPSS) version 22.0 software for analysis.

Before the study's start, ethical approval was requested and granted by the Bingham University Teaching Hospital Research Ethics Committee. Permission to conduct this study was sought from all the Health facilities that were used in this study. Before conducting interviews, each respondent provided written informed consent after the interviewers had adequately informed them about (i) the researcher's and the university's identity, (ii) the purpose of the research, (iii) the nature of the questions, (iv) the estimated time needed to complete the survey, and (v) how to file a complaint with the university, if desired. Confidentiality and privacy were respected during the interview. Participants will be treated with dignity and respect. Each respondent was identified by their serial number rather than their name to maintain confidentiality. Respondents were advised that declining to participate in the study or withdrawing from it will not result in any penalties or loss of benefits. Participants will not be at risk for harm or injury either during or after the study is carried out. The study's

participants benefited from the fact that there had never been any quantitative research on medical tourists. The results of this study have the potential to help patients, healthcare professionals, and pertinent policymakers make better decisions for medical tourists. All information will be kept private and accessible to the researcher alone. The research's conclusions will be shared with the public and further scientific understanding.

FINDINGS

A) Patients' reasons for medical tourism, source of information, and the most influential source of travel destination

Table 1 shows that patients' reasons for traveling included 64 (40.0%) for Surgical procedures, 45 (28.1%) for medical checkups, 5 (3.1%) for cosmetic procedures, 20 (12.5%) for medical treatment, and 26 (16.3%) had no reason. The most important reason was for Surgery 128 (75.3%) and medical checkup 32 (24.7%)

The source of information for referral was from 61 (38.1%) doctors, 31 (19.4%) Internet, 25 (15.6%) colleagues, 17 (10.6%) workplaces, while 12 (7.5%) Television, 7 (4.4%) facilitator. The Doctors were the most influential source 121 (77.8%), other influential sources were colleagues, 19 (9.8%), and the internet 12 (7.2%).

B) Patients' travel companion and destination of travel for outbound medical tourism

Most respondents, 129 (80.63%) traveled with a companion, while 31 (19.4%) traveled alone. Most 80 (50.0%) traveled with their spouse, 48 (30.0%) traveled with their relatives, 15 (9.45) traveled with their children, and 2 (1.3%) traveled with their friends. (Table 2).

C) Health conditions necessitating medical tourism among the patients

Table 3 indicates that the top five (5) health conditions necessitating medical tourism among the patients include Infertility 34 (19.0%), Cancer 32 (18.6%), Liver Disease 22 (17.5%), kidney disease 17 (10.8%), and Childbirth 14 (8.2%). Body systems involved include the Reproductive system 50 (30.9%), Liver 25 (18.0%), Kidney 13 (11.3%), Eye 10 (6.7%), and Prostate 11 (6.2%).

Table 1: Patients' reasons for medical tourism, source of information, and most influential source of travel destination.

Variable	Frequency (n = 160)	Percent
Reasons for medical tourism*		
Surgical procedure	64	40.00
Medical check-up	45	28.13
Unknown reason	26	16.25
Medical treatment	20	12.50
Cosmetic procedure	5	3.13
The most important reason		
Surgery	128	75.30

Medical check-up	32	24.70
Source of information*		
Doctor	61	38.13
Internet	31	19.38
Colleague	25	15.63
Workplace	17	10.63
Television	12	7.50
Newspaper	7	4.38
Facilitator	7	4.38
Most influential source		
Doctor	121	77.80
Colleague	19	9.80
Internet	12	7.20
No influential source	8	5.20

*Multiple responses

Table 2: Patients' travel companion and destination of travel for outbound medical tourism.

Variable	Frequency	Percent
Respondents' traveling accompanied (n = 160)		
With a travel companion	129	80.63
Traveled alone	31	19.38
Respondents' travel companion* (n* = 160)		
Spouse	80	50.00
Relatives	48	30.00
Business associates	15	9.38
Children	15	9.38
Friends	2	1.25

*Multiple responses;

Table 3: Health conditions necessitating medical tourism among the patients.

Variable	Frequency (n = 160)	Percent
Respondents' illness		
Infertility	34	19.10
Cancer	32	18.60
Liver disease	22	17.50
Kidney disease	17	10.80
Childbirth	14	8.20
Cataract	9	5.20
Dental problems	7	4.10
Fractures	6	3.60
Arthritis	6	3.60
Heart failure	4	3.10
Stroke	4	3.10
Diabetic complications	3	2.10
Vitiligo	2	1.00
Body part involved		
Reproductive system	50	30.90
Liver	25	18.00
Kidney	13	11.30
Eye	10	6.70
Prostate	11	6.20
Blood	10	5.70
Teeth	8	4.10
Breast	6	3.10
Bones	6	3.10
Lower Limbs	6	3.10
Upper limbs	5	2.60
Head	4	2.10

Skin	4	2.10
Pancreas	2	1.00

DISCUSSION

Patients' reasons for medical tourism, source of information, and most influential source of travel destination

After the patients had returned to Nigeria, they revealed that surgical procedures (40.0%) and medical checkups (28.1%) are the primary reasons for medical travel, consistent with previous studies.^[19,20] Cosmetic procedures (3.1%) and medical treatment (12.5%) were less common reasons, aligning with another research.^[21,22] Concerning sources of information for referral, this study reveals that doctors (38.1%) and the internet (19.4%) are the primary sources of information for referrals, consistent with previous research.^[23,24] Colleagues (15.6%) and workplaces (10.6%) were also significant sources, highlighting the importance of word-of-mouth and professional networks in medical tourism. This underscores the need to have adverts, travel information on the internet, and social media handles. The Physicians also play a key role in this sector. This suggests a strong influence of physician recommendations in the decision to seek medical care abroad. While specific studies detailing referral patterns for Nigerian medical tourists are limited, the doctor is a source of information. This underscores the pivotal role of medical professionals in guiding patients' healthcare decisions.

Findings indicate that doctors (77.8%) are the most influential source for medical travel decisions, followed by colleagues (9.8%) and the internet (7.2%). This is consistent with previous studies emphasizing the importance of physician referrals and recommendations in medical tourism.^[20,23] Most respondents travelled with a companion, which is consistent with previous research indicating that medical tourists often travel with a companion, such as a family member or friend.^[20,22] This companionship can provide emotional support, assist with caregiving, and enhance the overall travel experience. The majority of respondents traveled with their spouse (50.0%), followed by relatives (30.0%), children (9.45%), and friends (1.3%). This is similar to a study by Ye et al.^[24], which found that medical tourists often traveled with family members, including spouses and children.

The findings from this study have implications for medical tourism stakeholders, including healthcare providers, travel agencies, and tourism boards. Healthcare providers and travel agencies can cater to companions' needs, such as offering shared accommodations, transportation, and emotional support. The development of family-friendly packages can be used to attract clients as medical tourism stakeholders can create packages that cater to families, including spouses, children, and relatives, to enhance the overall travel experience. While most respondents traveled with

companions, a significant proportion (19.4%) traveled alone. Medical tourism stakeholders can develop services and packages that cater to the unique needs of solo travelers.

Health conditions necessitating medical tourism among patients

This study reveals that infertility (19.0%), cancer (18.6%), liver disease (17.5%), kidney disease (10.8%), and childbirth (8.2%) are the top five health conditions necessitating medical tourism among patients. These findings are consistent with previous research indicating that medical tourists often seek treatment for complex and specialized conditions, such as cancer, infertility, and organ transplants.^[19,20] The most common body systems involved in medical tourism include the reproductive system (30.9%), liver (18.0%), kidney (11.3%), eye (6.7%), and prostate (6.2%). These results are similar to a study by Ye et al.^[24] which found that medical tourists often sought treatment for conditions related to the reproductive, digestive, and urinary systems.

CONCLUSION

The common reasons for traveling included Surgical procedure (40.0%), medical checkups (28.1%), cosmetic procedures (3.1%), and medical treatment (12.5%), 16.3% had no reason. The most important reason was for Surgery and Medical checkups. The Doctors were the most influential source (77.8%), other influential sources were colleagues (9.8%) and the internet (7.2%).

Most respondents (80.63%) traveled with a companion, mainly their spouse and their relatives.

The top five (5) health conditions necessitating medical tourism among the patients include Infertility (19.0%), Cancer (18.6%), Liver Disease (17.5%), Kidney Disease (10.8%), and Childbirth (8.2%). Body systems involved include the Reproductive system (30.9%), Liver (18.0%), Kidney (11.3%), Eye (6.7%), and Prostate (6.2%).

RECOMMENDATIONS

Healthcare providers, medical tourism stakeholders, and policymakers

These findings have implications for government, medical associations, healthcare providers, policymakers, and medical tourism stakeholders. It highlights the need for developing specialized surgical and medical checkup services to cater to the demand for surgical procedures and medical checkups, which can help attract more medical tourists.^[25,26]

Federal & State Governments

1. Government and healthcare providers can invest in advanced medical technology and equipment that

can enhance the quality of care and attract medical tourists seeking specialized treatments.

2. Governments should prioritize care for High-burden Conditions like infertility, cancer, liver disease, kidney disease, and childbirth, which were the leading conditions driving medical tourism. National health systems should invest in strengthening local capacity for these services to reduce outbound medical travel (Connell 2013).^[26,27]
3. Targeted Health System Investment by Specialty The reproductive system, liver, kidney, eye, and prostate were the most affected body systems. Investment in specialized centers of excellence in these areas could reduce dependence on foreign healthcare and improve accessibility locally (Lunt et al. 2011).^[25,27,28]
4. The government and private sector should improve public awareness and Digital Health Literacy. Since colleagues at work and the internet were secondary sources of influence, public health campaigns should improve digital health literacy and provide reliable online resources to counter misinformation and guide safe medical tourism decisions (Johnston et al. 2011).^[26,28,29] There is a need to provide accessible and reliable online information that can help patients make informed decisions about medical travel.
5. Policymakers can address healthcare system gaps, including shortages of specialized healthcare professionals and inadequate medical infrastructure, to reduce the need for medical tourism

Medical Association, Private Sector, and Health Care Providers

6. There is a need to strengthen Pre-travel Counseling and Regulation. Since surgery and medical checkups were the most common reasons for medical tourism, healthcare authorities should establish structured pre-travel counseling and regulatory frameworks to ensure patients are adequately informed about risks, costs, and continuity of care (Hanefeld et al. 2013).^[25,28,30]
7. It is important to enhance physician communication and ethical guidance. Doctors were the most influential source of information (77.8%). This underscores the need for guidelines to ensure physicians provide balanced, ethical advice about medical tourism options, avoiding undue influence or commercial bias (Turner 2011).^[26,28,31] Establishing strong doctor-patient relationships to build trust and rapport with patients can increase the likelihood of referrals and recommendations.
8. Healthcare providers can establish specialized treatment centers for complex conditions like infertility, cancer, and organ transplants to attract medical tourists. They can upgrade existing ones to provide these services. Healthcare providers can provide culturally sensitive care to cater to the diverse needs of medical tourists, including those seeking treatment for reproductive and childbirth-related conditions.
9. Develop Support Systems for Companions. With over 80% of patients traveling with companions, mainly spouses and relatives, policies should incorporate psychosocial support and logistical planning for accompanying persons, recognizing their role in patient recovery and decision-making.^[28,30,32]

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