

**African Journal of Life Sciences Research
(AJLSR)**

E-ISSN 2978-3496 (Online); ISSN 2978-3488 (Print)

Indexed by EBSCO and SABINET

Volume 2, Number 1, June 2026

Pp 89-105

**Sociodemographic Characteristics and Health Services
Sought by Returning Outbound Medical Tourists in
Abuja, Nigeria**

DOI: <https://doi.org/10.31920/2978-3496/2025/v2n1a5>

Dr Kingsley C. Okafor

MBBS, MPH, MPA, MHPM, FWACP, FMCPH

Department of Community Medicine & PHC

Bingham University, Kariu,

Nasarawa State, Nigeria.

okafor.chinedu@binghamuni.edu.ng; drokaforkingsley@gmail.com

ORCID: 0000-0003-3796-2417

Abstract

Background: Previous studies have shown that a considerable proportion of outbound medical tourists are middle-aged or older adults. The study objective is to determine the sociodemographic characteristics and health services sought by returning patients from outbound Medical Tourism in Abuja, Nigeria.

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

Findings: Most respondents, 89 (40.5%) were above 50 years, the majority, 168 (76.4%) were females, while 52 (23.6%) were males. A higher proportion of clients, 122 (55.5%), were Christians, while 98 (44.6%) were Muslims; the majority, 146 (66.4%) were married. 112 (50.9%) of the respondents had a secondary level education.

The top 10 services sought by clients were Transplantation surgery 133 (21.18%), Cosmetic surgery 108 (17.20%), Checkup 98 (15.61%), Childbirth and delivery 64 (10.19%), Ophthalmological surgery 56 (8.92%), Fertility treatment 47 (7.48%). Others include cardiac surgery (3.50%), diagnostics (3.34%), gastroenterological treatments (2.87%), chemotherapy (1.91%), urological procedures (1.91%), and bariatric surgery (1.59%). Fewer than 1% sought care for dental and maxillofacial surgery, neurological surgery, orthopaedic surgery, oesophageal procedures, physiotherapy, hernia repair, and thyroid surgery.

Conclusion: By addressing these sociodemographic factors, Nigeria can improve healthcare services for older adults, women, married individuals, and those with lower educational backgrounds, ultimately reducing the need for medical tourism.

Keywords: *Sociodemographic Parameters, Medical Tourism, Outbound Medical Tourism, Health Services Sought, Returning Patients, Patient Voices*

Introduction

Medical tourism, the practice of travelling abroad to seek medical care, has become a significant global phenomenon, with Nigeria emerging as a major contributor to outbound medical travel. This trend is driven by multiple factors, including inadequate healthcare infrastructure, a shortage of specialised medical personnel, a lack of advanced medical technology, and better healthcare services perceived in foreign countries^{1,2}. Previous studies have shown that a considerable proportion of outbound medical tourists are middle-aged or older adults. Recent studies found that 40.5% of Nigerian medical travellers were over 50, 32.7% were between 41 and 50, and 26.9% were under 40 years.³ The age distribution indicates that the main causes of medical tourism are degenerative and chronic illnesses, which are more common in older persons.^{1,3}

Furthermore, gender disparities exist in outbound medical tourism, with women constituting most travellers (76.4%) compared to men (23.6%). This aligns with previous studies indicating that women are more likely to seek medical interventions such as fertility treatments, gynaecological surgeries, and cosmetic procedures abroad due to the lack of specialised services locally.^{3,4,5} Similarly, marital status plays a role in medical travel decisions, with married individuals (66.4%) forming the majority of outbound medical tourists. This could be linked to increased health-seeking behaviours among married people, who often have family support systems to facilitate medical travel.^{3,4}

Religious affiliations also influence medical tourism, as seen in the study where 55.5% of patients identified as Christians and 44.6% as Muslims. A thorough understanding of these religious dynamics is vital for establishing culturally appropriate local healthcare provisions, ultimately minimising the necessity for outbound medical travel.^{5,6} Additionally, educational attainment plays a role in medical tourism, with 50.9% of medical travellers having secondary education and 30.9% possessing tertiary education. This suggests that higher levels of education may be associated with increased awareness of medical options abroad and financial capacity to pursue them.^{5,7}

Returning medical tourists seek specific services. Nigerian patients' special medical needs overseas are a reflection of the shortcomings in the country's healthcare system. Transplantation procedures (21.18%), cosmetic procedures (17.20%), general medical examinations (15.61%), childbirth and delivery (10.19%), ophthalmological procedures (8.92%), and fertility treatments (7.48%) were the most frequently performed services^{1,3}. These figures highlight the necessity of funding specialist medical institutions, especially in the areas of sophisticated diagnostics, assisted reproductive technology, and organ transplantation. Additionally, cardiac surgeries (3.50%), bariatric procedures (1.59%), and chemotherapy (1.91%) were among the notable services sought abroad, indicating gaps in the management of non-communicable diseases within Nigeria. Low demand for neurological, orthopaedic, and urological treatments implies that local services are strong enough, or that foreign care is simply too costly and difficult to arrange^{1,3,4,8}.

Understanding the sociodemographic patterns and medical needs of outbound medical tourists is vital in shaping healthcare policies that aim to strengthen Nigeria's healthcare system. By addressing the deficiencies that drive medical tourism, including inadequate infrastructure, specialised healthcare personnel, and advanced treatment options, Nigeria can reduce its dependency on foreign healthcare systems and retain more patients within the country.^{8,9,10} There are also socioeconomic implications of outbound medical tourism, as it enables comparatively affluent people to choose not to receive treatment in home health care systems. It has also been linked to detrimental consequences on Nigeria's healthcare system, including a worsening of fair access to care.^{11,12}

Political pressure to improve Nigeria's healthcare system is weakened because affluent individuals can simply seek medical care abroad, leaving the local system in a terrible condition. However, overseas care carries long-term risks and costs for patients, including deep vein thrombosis

from long aircraft flights, infections, or other side effects, and poor quality treatment. The difficulty of transferring medical records between the patient's home and destination countries severely complicates their ongoing follow-up care.^{1, 13,14} Nigeria's unregulated medical tourism industry poses a threat to prospective medical tourists from Nigeria and other countries.^{9,15} The actions of medical tourism facilitators and doctors in Nigeria are not closely monitored.^{16,17} A lack of industry regulation can make it harder for patients to understand the role of facilitators, leading to faulty informed consent and complicating other aspects of medical tourism.^{9, 13,14,17}. This study assesses the sociodemographic profile of returning medical tourists and the treatments they sought abroad, providing key insights into gaps in Nigeria's healthcare system to help design targeted local interventions.

METHODOLOGY

In 2024, a descriptive cross-sectional study was carried out among patients referred from government-owned tertiary hospitals in Abuja City who had returned from medical tourism. The study was conducted in Abuja, Federal Capital Territory. The capital of Nigeria is Abuja, a city in the Federal Capital Territory (FCT) in central Nigeria. About 2,702,443 people are living in the FCT.^{18,19} The FCT is bordered on all sides by four states: Niger, Nasarawa, Kogi, and Kaduna.^{17, 20, 21, 22} There are six Area Councils in the Federal Capital Territory: Abuja, AMAC, Bwari. Gwagwalada. Kuje and Kwali. Each of the area councils is subdivided into wards headed by Local councils.^{17, 21} The state is also well served by a good network of roads, and the capital, Federal Capital Territory (FCT), has an airport.^{2,18,19}

Abuja has 3 major government-owned teaching hospitals. University of Abuja Teaching Hospital, Gwagwalada; National Hospital, Abuja; and Federal Medical Centre, Jabi, Abuja, which have easy access to experts who can recommend treatment outside the country. Since tertiary hospitals provide the best care available in Nigeria before referrals abroad, medical tourism is more likely to take place there.²³ Most patients seeking special care visit tertiary hospitals—where specialists are trained and medical research is conducted—before deciding to seek healthcare overseas. The study was carried out over six months.

The minimum sample size for patients was calculated using the Cochran's formula for minimum sample size determination in a cross-sectional study^{2, 17, 24}:

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

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.

A previous study found that 85.0% of patients received treatment locally in Oman before travelling abroad as medical tourists.²⁵ p= 0.85; q= 1-p = 1- 0.85 = 0.15 ; d = degree of precision desired, which is set at 5 % (0.05). Thus, Minimum sample size= $(1.96)^2 \times (0.85 \times 0.15) / (0.05)^2$ = 195.9 = 196. Allowing for a non-response rate of 10%, i.e. (196 x 0.10), the minimum sample size will be approximately 196 + 19.6 = 215.6 = 216 ≈ 220. A minimum of 220 questionnaires were distributed to patients for data collection.

A non-probability snowball (chain-referral) sampling method was utilised to recruit study participants who met the inclusion criteria. This approach was selected because probability-based sampling was impractical, as the target population is a hidden demographic that lacks a defined sampling frame. To initiate the process, medical doctors treating these specific patients facilitated initial contact and referral. From these referrals, five purposively selected initial participants (referred to as "seeds") were chosen to ensure diversity across age, gender, and medical tourism destinations.^{26, 27, 28} Each seed was issued three numbered recruitment coupons to invite eligible peers from their social networks. Recruited participants were progressively given an equal number of coupons to sustain the chain-referral waves. This recruitment process continued iteratively until the target sample size of 200 participants was achieved. All referred patients were subsequently tracked and contacted to conduct face-to-face interviews.

To be included in the study, participants must have travelled outside Nigeria specifically for elective healthcare, specialised surgeries, or advanced medical treatments within the last 24 months, returned to Nigeria, and be willing to provide informed consent. The study excludes patients who travelled internally within Nigeria for medical treatment (such as from another state to Abuja), those who were cognitively or clinically unfit, and those who were unavailable as at the time of the study.

Data were collected using a structured interviewer-administered questionnaire adapted from medical tourism publications in Canada, the United States, Malaysia, and India.^{29,30} It contained questions on the sociodemographic parameters and the specific services sought by

returning outbound medical tourists. A one-week training programme 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 recognise the progression of interviews in line with themes.

The study instruments were pretested among patients at the Federal Medical Centre Keffi, Nasarawa State, located approximately 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 the Social Sciences (SPSS) version 22.0 software for analysis.

Prior to the commencement of the study, the Bingham University Teaching Hospital Research Ethics Committee gave ethical permission. The health facility that was used in this investigation granted permission to conduct the study. Before conducting interviews, each respondent gave written informed consent after being fully informed about the following: (i) the identity of the researcher and the university; (ii) the purpose of the research; (iii) the nature of the questions; (iv) the estimated time required to complete the survey; and (v) how to file a complaint with the university, if desired. Privacy and confidentiality were maintained^{3, 17}

Participants received respectful and dignified treatment. To ensure privacy, each respondent was identified by their serial number instead of their name. Respondents were informed that they would face no penalties or loss of benefits if they chose not to participate in the study or withdrew from it. The study poses no risk of injury or harm to participants either during or after its execution. Furthermore, participants contributed to pioneering work, filling a critical gap left by the complete absence of prior 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 strictly private and will be accessible only to the researcher. The research's conclusions will be shared with the public and further scientific understanding.

RESULTS

A) Socio-demographic characteristics of the clients (Table 1a and 1b)

Most respondents, 89 (40.5%) were above 50 years, while 72 (32.7%) were of the age group 41 to 50 years, and 59 (26.9%) were 40 years and below. The majority, 168 (76.4%), were females, while 52 (23.6%) were males.

A higher proportion of clients, 122 (55.5%), were Christians, while 98 (44.6%) were Muslims.

The majority, 146 (66.4%), were married, while 34 (15.5%) were single and 12 (5.5%) were separated.

In terms of educational attainment, 112 (50.9%) of the respondents possessed a secondary education, 68 (30.9%) had achieved tertiary level education, and 13 (5.9%) had received no formal education.

B) Service sought by clients in the last referral for Outbound Medical tourism

The top ten (10) services sought by clients in the last referral for Outbound medical tourism were Transplantation surgery 133 (21.18%), Cosmetic surgery 108 (17.20%), Checkup 98 (15.61%), Child birth and delivery 64 (10.19%), Ophthalmological surgery 56 (8.92%), Fertility treatment 47 (7.48%),

Others were Cardiac surgery 22 (3.50%), Diagnostics 21 (3.34%), Gastroenterological 18 (2.87%), Chemotherapy 12 (1.91%), Urological 12 (1.91%), Bariatric 10 (1.59%). Less than 1% referral occurred for Dental & Maxillofacial 6 (0.96%), Neurological surgery 5 (0.80%), Orthopaedic surgery 5 (0.80%), Oesophageal 2 (0.32%), Physiotherapy 1 (0.16%), Hernia repair 1 (0.16%), Thyroid surgery 1 (0.16%).

Table 1: Socio-demographic characteristics of the clients

Variable	Frequency (n = 220)	Percent
Age (years)		
≤ 30	20	9.09
31 – 40	39	17.73
41 – 50	72	32.73
51 – 60	48	21.82

≥ 61	41	18.64
Sex		
Male	52	23.64
Female	168	76.36
Religion		
Christianity	122	55.45
Islam	98	44.55
Marital status		
Single	34	15.45
Married	146	66.36
Cohabiting	24	10.91
Separated	12	5.45
Widowed	4	1.82
<i>Mean age= 46.91 ± 13.93 years Median Age: 47.58 years Interquartile Range (IQR): 18.11 years</i>		

Table 1b: Socioeconomic characteristics of the clients		
Variable	Frequency (n = 220)	Percent
Ethnicity		
Hausa	76	34.55
Igbo	51	23.18
Gbagyi	16	7.27
Fulani	32	14.55
Yoruba	26	11.82
Others (eg., Igbira, Tiv)	19	8.64
Level of education		
No formal education	13	5.91
Primary	27	12.27
Secondary	112	50.91
Tertiary	68	30.91

Table 2: Services sought by clients in the last referral for Outbound Medical tourism

Service	Frequency (n = 628)	Percent
Transplantation surgery	133	21.18
Cosmetic surgery	108	17.20
Checkup	98	15.61
Childbirth and delivery	64	10.19
Ophthalmological surgery	56	8.92
Fertility treatment	47	7.48
Cardiac surgery	22	3.50
Diagnostics	21	3.34
Gastroenterological surgery + Colorectal	18	2.87
Chemotherapy	12	1.91
Urological surgery	12	1.91
Cancer radiotherapy	6	0.96
Bariatric surgery	10	1.59
Dental & Maxillofacial Surgery	6	0.96
Orthopaedic surgery	5	0.80
Neurological surgery	5	0.80
Oesophageal surgery	2	0.32
Physiotherapy	1	0.16
Hernia repair	1	0.16
Neck surgery (Thyroid)	1	0.16
	628	100.00
*Multiple Response		

DISCUSSION

The sociodemographic characteristics of Nigerian patients returning from medical tourism offer significant insights into healthcare-seeking behaviour and access to foreign medical services. Age is a critical determinant, with a large proportion (40.5%) of returning patients being over 50 years old, followed by 32.7% in the 41-50 age group, and 26.9% being 40 years or younger. This suggests that older individuals, who often have chronic health conditions such as cardiovascular diseases, diabetes, and joint-related ailments, are more likely to seek specialised care abroad.
32-36

Gender distribution shows a notable female predominance (76.4%) compared to males (23.6%), indicating that women may have a higher tendency to seek specialised treatments abroad, possibly due to maternal health concerns, fertility treatments, or increased awareness of medical options (Lunt et al., 2012).³⁶ This aligns with global medical tourism trends, where women constitute a significant proportion of international medical travellers, particularly for reproductive health and cosmetic procedures (Connell, 2021).^{33,34}

Religious affiliation also plays a role in medical tourism decisions, with Christians (55.5%) and Muslims (44.6%) forming nearly equal proportions. Religious beliefs and cultural factors influence health-seeking behaviours, particularly in Nigeria, where faith-based considerations may impact treatment choices and preferred destinations (Hanefeld et al., 2015).^{6,34}

Marital status further influences medical travel, as 66.4% of returnees were married, suggesting that family support plays a crucial role in facilitating and financing medical tourism. Spousal support may also contribute to medical decision-making, particularly for chronic and life-threatening conditions (Johnston et al., 2010).³⁵

Educational attainment significantly affects healthcare access and decision-making. 50.9% of respondents had secondary education, 30.9% had tertiary education, and 5.9% had no formal education. Patients with higher educational attainment are more likely to be aware of treatment options abroad and possess the financial means to pursue medical tourism (PwC, 2024).^{37,38} Conversely, those with lower educational levels may rely more on recommendations from healthcare providers or family members when seeking treatment abroad (Adepoju et al., 2020).³⁶

The increasing trend of outbound medical tourism has significant implications for Nigeria's healthcare sector. A significant majority (76.3%) of patients believe that medical tourism negatively affects the country's

health system, citing key factors such as capital flight, diminished trust in local medical facilities, and the ongoing brain drain of skilled healthcare professionals (Hanefeld et al., 2015).^{34, 37} Addressing these issues requires substantial investment in medical infrastructure, the development of specialised healthcare services, and policies that encourage local treatment.

The services sought by Nigerian patients returning from medical tourism highlight critical gaps in the country's healthcare system. The leading reasons for seeking treatment abroad include transplantation surgery (21.18%), cosmetic surgery (17.20%), general checkups (15.61%), childbirth and delivery (10.19%), ophthalmological surgery (8.92%), and fertility treatments (7.48%). Other notable procedures are cardiac surgery (3.50%), diagnostics (3.34%), gastroenterological treatments (2.87%), chemotherapy (1.91%), urological procedures (1.91%), and bariatric surgery (1.59%). Less than 1% sought dental and maxillofacial surgery, neurological surgery, orthopedic surgery, esophageal procedures, physiotherapy, hernia repair, and thyroid surgery.

The prominence of transplantation surgery as a primary reason for medical travel highlights the limited availability of advanced surgical procedures and specialised expertise within Nigeria (Adeoye, 2023).³⁹ Many patients seek organ transplants abroad due to inadequate infrastructure and skilled professionals necessary for such complex operations. Similarly, the high percentage of cosmetic surgery cases indicates a growing demand for aesthetic procedures perceived to be of higher quality overseas (Apiyanteide, Digban, & Nwose, 2023).⁴⁰ The high volume of respondents undertaking medical travel for general check-ups and diagnostic investigations points to a lack of confidence in local diagnostic services. Concerns about the accuracy and reliability of diagnostic equipment and expertise in Nigeria drive individuals to seek comprehensive evaluations abroad. This trend underscores the need for investment in diagnostic infrastructure and training to restore trust in local healthcare services (PricewaterhouseCoopers, 2016).⁴¹

Childbirth and delivery services, being a notable reason for medical tourism, reflect apprehensions about maternal and infant health outcomes in Nigeria. High maternal and infant mortality rates, coupled with inadequate prenatal and postnatal care, compel expectant mothers to seek safer delivery options internationally (Ripples Nigeria, 2017).^{1, 37, 42} Enhancing obstetric care and ensuring the availability of skilled birth attendants could mitigate this concern.

The pursuit of ophthalmological surgeries and fertility treatments abroad points to deficiencies in specialised medical fields within Nigeria.

Limited access to advanced eye care and reproductive health services drives patients to countries with better facilities and success rates (The Guardian, 2021).^{1,2,43} Investing in specialised training and equipment in these areas could reduce the need for outbound medical travel.

The lower proportion of patients undergoing specialised treatments like cardiac surgeries and chemotherapy suggests that despite domestic availability, barriers regarding quality, accessibility, or trust still persist (The Punch, 2023).^{32, 37 42, 44} Addressing these challenges through policy reforms, infrastructure development, and capacity building is essential to retain patients within the national healthcare system.

Overall, the data reveal critical areas where the Nigerian healthcare system falls short, prompting patients to seek medical interventions abroad. Addressing these gaps through targeted investments, policy reforms, and capacity building is essential to enhance the quality of care and reduce the reliance on medical tourism.

CONCLUSION

Most respondents, 89 (40.5%), were above 50 years, and the majority, 168 (76.4%), were females, while 52 (23.6%) were males. A higher proportion of clients, 122 (55.5%), were Christians, while 98 (44.6%) were Muslims. The majority, 146 (66.4%) were married, and just over half of the respondents, 112 (50.9%), had a secondary level education.

The top 10 services sought by clients were Transplantation surgery 133 (21.18%), Cosmetic surgery 108 (17.20%), Checkup 98 (15.61%), Childbirth and delivery 64 (10.19%), Ophthalmological surgery 56 (8.92%), Fertility treatment 47 (7.48%). Other notable procedures are cardiac surgery (3.50%), diagnostics (3.34%), gastroenterological treatments (2.87%), chemotherapy (1.91%), urological procedures (1.91%), and bariatric surgery (1.59%). Fewer than 1% sought dental and maxillofacial surgery, neurological surgery, orthopaedic surgery, oesophageal procedures, physiotherapy, hernia repair, and thyroid surgery.

By addressing these sociodemographic factors and identifying the services sought by this demographic group, Nigeria can improve healthcare services for older adults, women, married individuals, and those with lower educational backgrounds, ultimately reducing the need for outbound medical tourism by travelling for treatment.

RECOMMENDATIONS

Recommendations based on sociodemographic features of Nigerian patients who have returned from medical tourism. Based on the findings, the following recommendations are essential to address the healthcare gaps observed:

1. There is a need to improve Healthcare Services for the Ageing Population since 40.5% of respondents are above 50 years, and 32.7% in the 41–50 age group. There is a need to strengthen geriatric care services in Nigeria. Investments in specialised hospitals for age-related conditions such as cardiovascular diseases, diabetes, and cancer can reduce the need for outbound medical tourism (World Health Organisation, 2023).^{1,3,7}
2. It is important to strengthen Women's Healthcare Services, since 76.4% of outbound medical tourists were female; improvements in maternal and reproductive healthcare are necessary. Policies should focus on enhancing gynaecological services, fertility treatments, and childbirth facilities to discourage women from seeking these services abroad (Adepoju et al., 2022).^{1,3,17}
3. Promotion of Inclusive Healthcare for Different Religious Groups, since patients were 55.5% Christians and 44.6% Muslims, there is a need to ensure faith-sensitive healthcare services. Providing culturally and religiously appropriate medical facilities, including options for female healthcare providers for Muslim women, can enhance trust in local healthcare (Suleiman et al., 2021).⁶
4. It is vital to address the Healthcare Needs of Married Individuals since 66.4% of respondents were married, family-centred healthcare policies should be strengthened. Affordable family health insurance and comprehensive family healthcare programs can support the medical needs of married individuals and reduce medical travel (Ogunbayo & Johnson, 2022).^{1,6}
5. There is a need to Improve Health Awareness and Education since 50.9% of patients have secondary education and 30.9% with tertiary education; there is a need for more health education campaigns. Raising awareness about preventive care, early disease detection, and available local treatments can help in reducing outbound medical tourism (Eze et al., 2023).^{2,3}

To improve Local Medical Facilities to Serve a Broad Population, as 5.9% of respondents had no formal education, accessible and affordable primary healthcare services should be strengthened to

cater to individuals across all education levels. Introducing policies that provide free or subsidised healthcare to lower-income and less-educated groups could significantly lower the reliance on outbound medical tourism (Nwafor et al., 2023).⁴

REFERENCES

- Adakayi, P.E. (2000). Climate. In Dawan, P. D. (ed.). *Geography of Abuja Federal Capital Territory*. Famous/Asanlu Publishers, Minna, Niger State, Nigeria, pp. 9-23
- Adepoju A, et al. Women's health and medical tourism: a Nigerian perspective. *Afr J Health Stud*. 2022;15(3):45 62.
- Adepoju O, Olayemi A, Omoleke I. Medical tourism in Nigeria: drivers, trends, and policy implications. *Afr J Health Econ*. 2020;9(1):45 57.
- Adeoye AO. Assessing the associated medical, legal, and social issues in medical tourism and its implications for Nigeria. *Pan Afr Med J*. 2023;45:145.
- Adeoye AO. Assessing the associated medical, legal, and social issues in medical tourism and its implications for Nigeria. *Pan Afr Med J*. 2023;45:145. doi:10.11604/pamj.2023.45.145.41104.
- Apiyanteide F, Digban K, Nwose EU. Practice and determinants of medical tourism in Nigeria. *Int J Innov Sci Technol*. 2023;8(12). doi:10.5281/zenodo.10639816.
- Bagheri A. Global health regulations should distinguish between medical tourism and transplant tourism. *Global Social Policy*. 2010;10(3):295.
- Cochrane G. *Sampling techniques*, 2nd ed. New York.: John Willey and Sons Inc; 1963.
- Connell J. Contemporary medical tourism: conceptualization, impacts, and trends. *Tour Manag Perspect*. 2021;37:100784.
- Dawan PD. Brief history of the creation of Federal capital territory (FCT). PD Dawan (Ed). 2000.
- Eman ST. Emerging of Medical Tourism in Egyptian Hospitals : International Patient Satisfaction towards Nurses Services Quality. *Glo. Adv. Res. J. Manag. Bus. Stud*. 2013;2(2):93–104
- EQUATOR Network. STROBE-RDS Guidelines. Available at: EQUATOR Network.
- Eze C, et al. Health literacy and medical travel decisions among Nigerians. *J Public Health Afr*. 2023;12(1):78 92.

- Federal Ministry of Health. Revised National Health Policy. 2016:23–43.
- Hanefeld J, Horsfall D, Lunt N, Smith R. Medical tourism: a cost or benefit to the NHS? *PLoS One*. 2015;10(10):e0138307.
- Johnston LG, Sabin K. Sampling Hard-to-Reach Populations with Respondent Driven Sampling. *Methodological Innovations Online*. 2010;5(2):38–48.
- Johnston R, Crooks VA, Snyder J, Kingsbury P. What is known about the effects of medical tourism in destination and departure countries? *Int J Equity Health*. 2010;9(1):24.
- Lunt N, Smith R, Exworthy M, Green ST, Horsfall D, Mannion R. Medical tourism: treatments, markets and health system implications: a scoping review. *OECD Health Policy Stud*. 2012;1 55.
- Medical Tourism Guide. Medical Tourism Benefits and Advantages. Medical tourism guide. 2013. Available at: www.Health-Tourism.com.
- Monika Prakash. A study of problems and challenges faced by medical tourists visiting India. Delhi; 2011:19 – 45.
- National Bureau of Statistics (2020). Demographic statistics bulletin. [cited 11 May 2022] pp. 9.S <https://nigerianstat.gov.ng/elibrary>
- National Population Commission [Nigeria]. 2010. Population distribution by age and sex. The 2006 population and housing census priority table volume (IV). Abuja: NPC
- Nigerianhealthjournal. Can Nigeria ever stop funding overseas medical treatment for government officials. *nigerianhealthjournal*. 2010:12.
- Nwafor E, et al. Healthcare accessibility in Nigeria: barriers and solutions. *Niger Med J*. 2023;64(2):34 49.
- Ogunbayo T, Johnson K. Family healthcare policies and their role in reducing medical tourism in Nigeria. *West Afr J Med*. 2022;20(4):102 18.
- Ojo OO. Health challenges and the emergence of medical tourism in Nigeria: A critical analysis. *Lagos Notes Rec*. 2020;26(1):1-20.
- Okafor Kingsley Chinedu, Awareness and knowledge of Medical Tourism among Medical practitioners in Tertiary Hospitals in the Federal Capital Territory (FCT), Nigeria. *Texila International Journal of Academic Research*. Volume 12 Issue 03, 2025:ISSN: 2520-3088 DOI: 10.21522/TIJAR.2014.12.02.Art020. <https://www.texilajournal.com/academic-research/edition/203-volume12-issue2>.
- Okafor Kingsley Chinedu, Assessment of the Frequency, Pattern, and Practice of Inbound Medical Tourism in Tertiary Hospitals in the Federal Capital Territory (FCT), Nigeria. *Texila International Journal*

- of Academic Research. 2025;12:2 241- 249 ISSN: 2520-3088 DOI: 10.21522/TIJAR.2014.12.02.Art020.
<https://www.texilajournal.com/academic-research/edition/203-volume12-issue2>
- Okafor Kingsley Chinedu, Assessment of the Frequency, Pattern, and Practice of Outbound Medical Tourism in Tertiary Hospitals in the Federal Capital Territory (FCT), Nigeria. *Texila International Journal of Medicine*. 2025;10(2):45–56 ISSN: 2520-3088 DOI: 10.21522/TIJAR.2014.12.02.Art020.
<https://www.texilajournal.com/academic-research/edition/203-volume12-issue2>.
- Olokesusi F, Aiyegbajeje FO, Arije IM. Smart Metropolitan Regional Development of Abuja and its region. *Adv 21st Century Hum Settlement's*. 2019;(1):797–825
- Orekoya IO. Medical tourism: A review of the implications on the healthcare system and economic growth of Nigeria. *Dev Ctry Stud*. 2020;10(1):1-7.
- Orekoya SO, Oduyoye OO. Implications of outbound medical tourism on public health care development in Nigeria. *Eur Sci J*. 2018;14(30):353 68.
- PricewaterhouseCoopers (PwC). The impact of medical tourism on Nigeria's economy. Lagos: PwC Nigeria; 2024. Available from: www.pwc.com/ng
- PricewaterhouseCoopers. The Nigerian health sector: market dynamics and investment opportunities. Lagos: PwC Nigeria; 2016. Available from: <https://www.pwc.com/ng/en/assets/pdf/healthcare-in-nigeria.pdf>.
- Rajeev A. Study of the Knowledge , Attitude and Experience of Medical Tourism Among Target Groups with Special Emphasis on South India. *Online J Health Allied Scs*. 2009;8(2):1–5. Available at: <http://www.ojhas.org/issue30/2009-2-6.htm>.
- Ripples Nigeria. Nigeria spends \$2.5bn on medical tourism in 5yrs, India takes 50% – WTO. Ripples Nigeria. 2017. Available from: <https://www.ripplesnigeria.com/nigeria-spends-2-5bn-medical-tourism-5yrs-india-takes-50-wto/>.
- Salawu MA, Oluyemi BJ, Raji AE, Atolagbe JA, Kehinde JA, Kadiriri A. Medical tourism in Nigeria: Challenges and remedies to health care system development. *Int J Dev Manag Rev*. 2018;13(1):204-219.

- Saleh S. Al-Hinai, Ahmed S. Al-Busaidi IHA-B. Medical Tourism Abroad A new challenge to Oman's health system - Al Dakhilya region experience. *SQU Med J*. 2011;11(November):477–484.
- Snyder J, Dharamsi S, Crooks VA. Fly-By medical care : Conceptualizing the global and local social responsibilities of medical tourists and physician voluntourists. *Globalization and Health*. 2011;7(1):6. Available at: <http://www.globalizationandhealth.com/content/7/1/6>.
- Suleiman M, et al. Religious considerations in healthcare delivery: a Nigerian study. *Int J Health Manag*. 2021;10(2):55 72.
- The Guardian. Nigeria loses over N576b yearly to medical tourism. The Guardian. 2021. Available from: <https://guardian.ng/news/nigeria-loses-over-n576b-yearly-to-medical-tourism/>.
- The Punch. Medical tourism gulped N8.3bn in one year – Report. The Punch. 2023. Available from: <https://punchng.com/medical-tourism-gulped-n8-3bn-in-one-year-report/>.
- White RG, Hakim AJ, Salganik MJ, Spiller MW, Johnston LG, Kerr LR, Kendall C, Drake A, Wilson D, Orroth K, Egger M, Hladik WW. Strengthening the Reporting of Observational Studies in Epidemiology for Respondent-Driven Sampling Studies: STROBE-RDS Statement. *J Clin Epidemiol*. 2015;68(12):1463–1471.
- World Health Organization. Global health and aging: a focus on developing countries. Geneva: WHO; 2023.