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Factors Influencing Outbound Medical Tourism: India as the Preferred Destination for Nigerians

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Abstract

This study explored the factors, responsible for the exodus of Nigerians to India for medical tourism. We employed a qualitative approach and the information was retrieved from 50 participants, using an in-depth interview method. The study found factors that were responsible for this drive are as follows: Cheaper cost of treatments and procedures, referrals of doctors, aggressive marketing of agents, top-notch healthcare services, access to human organs, preference of treatment sponsors, assurance of visas, immediate healthcare services, the expertise of Indians in kidney transplant and quick turnaround time. This was the first qualitative study of its kind on the factors, responsible for the exodus of Nigerians to India for medical tourism, and it provides an insight into what the country stands to lose in terms of income. Additionally, emulating the success story of India may, in turn, assist in turning around the dwindling health system in Nigeria.

Keywords: Kidney transplantation; referral and consultation marketing; India; Nigeria

Introduction

The tourism industry is one of the fastest-growing industries in the world and arguably one of the leading industries in the world today (Sam et al., 2014). The word 'tourism' is often associated with some form of leisure, travelling for fun and planned trips, among other things, involving many people across the world travelling from one destination to another. Tourism studies have broadly categorised tourism as a leisure-related activity, separated from activities of everyday life, whereby the tourist gazes upon the 'other' in a foreign locale (Urry, 2002). According to Cook (2008), medical tourism seems to contest this viewpoint. According to Crooks et al. (2010), medical tourism is the process whereby patients purposely leave their country of abode, outside of established cross-border medical care arrangements, in quest of non-emergency medical care, such as surgeries which are usually paid for out-of-pocket. It can also be defined as the process of travelling across international borders to receive some form of medical treatment, ranging from dental care, elective surgery, cosmetic surgery and fertility treatment (Lunt et al., 2011).

While we cannot wish away the fact that health and medical tourism share peculiar characteristics or experiences, it is crystal clear that distinct dichotomies exist between these two terms. For example, medical tourism is usually more invasive and riskier than health tourism. Therefore, one cannot compare the risk of open-heart surgery to the experience of bathing in the mud. Besides, while health tourists may prefer to travel or include therapy as part of their tourism experience, medical tourists are compelled to travel for treatment. The medical tourism industry is one of the fastest-growing industries in the world today with a global industrial value of about 439 billion dollars from about 11 million medical tourists annually (Pollard, 2016). The medical tourism industry is at the forefront of the tourism industry attracting high-end consumers from all over the world, including Nigeria. In 2008, for example, over 60 000 medical tourists visited the United States of America (Dusen, 2008) while Jordan generates over 1 000 000 000 US dollars from at least 250 000 medical tourists annually (Muna, 2017).

Every year Nigeria exchanges enormous sums of money to medical tourism. The report from Price Waterhouse Coopers (2016) revealed that Nigerians spend 1 000 000 000 US dollars annually on medical tourism, 60% of which is spent on four key specialities, namely, oncology, orthopaedics, nephrology and cardiology. This is almost 20% of the total government expenditure on the public health sector for the year 2015, which covers the salaries of all the health workers. This includes the amount spent on malaria and HIV/AIDS programmes, which add up to 5 850 000 000 US dollars. Over 5000 Nigerians fly out of the country monthly for medical treatment while a large proportion travels to India (Wapmuk et al., 2015). Several Nigerians, who can afford to, are compelled by failing health to take advantage of the ready Indian medical tourism market. In the process, millions of dollars are exchanged and India benefits hugely from such leakage. In 2013, out of the 34 522 Nigerian tourists that travelled to India for tourism, approximately 42.4% were medical tourists (James et al., 2015) which is usually at a cost too exorbitant and not at the reach of the average Nigerian. Some of these patients have to rely on family and friends, well-wishers and the general public or even resort to mass media platforms to solicit financial support for their treatment and travelling expenses. What this means is that those who do not have the financial capacity to travel abroad for treatment end up living with their sickness or death. It is against this backdrop that this study was conducted. This paper explores and presents factors that are responsible for the exodus of Nigerians to India for medical tourism. The article focused more on India, given the evidence that it is a country that attracts more Nigerians for medical tourism than any other country in the world.

Literature review

Defining medical tourism

Providing an accurate definition for medical tourism could be daunting because medical tourism as a term is complex, all-encompassing and interwoven. Nevertheless, different authors have offered various definitions, some of which are presented below. 'Medical' is defined as the deliberate act of promoting healthcare delivery facilities in a country and other regular tourist facilities accessible in that country to attract tourists from various destinations around the world (Goodrich & Goodrich, 1987). According to Laws (1996), medical tourism is the process of travelling from one's destination to another destination to improve one's health as a form of leisure and seeking indigenous and alternative medical health services as well as any other form of tourism to address certain health issues.

However, Ramirez de Arellano (2007) on the other hand defines medical tourism as the process of travelling with the express purpose of seeking health services in a foreign country while Tilman et al. (2008) explain that medical tourism occurs when a person's

primary and explicit purpose of travelling is to obtain medical treatment in a foreign country, excluding emergency tourists, expatriates seeking care in their country of residence, wellness tourists, and patients travelling to nearby regions or the closest available care. Consequently, Dhaene (2009) defines medical tourism as the process of seeking available quality services combined with cost-effective and low-price healthcare services while delivering a related level of safety for the patient. Johnson (2010), on the contrary, suggests that medical tourism is the act of patients who voluntarily travel from a home country to another to seek non-emergency healthcare services and treatments.

Differentiating between medical tourism and health tourism

The two terms (health tourism and medical tourism) are related but not the same. In the real sense of it, medical tourism is related to the broader concept of health tourism, which in some countries, has ancient historical backgrounds of spa towns, coastal localities and other therapeutic landscapes (Lunt et al., 2011). However, some scholars have considered health and medical tourism as a joint phenomenon even though with different emphasis. Carrera & Bridges (2006) for example, argue that health tourism is the deliberate travelling outside of one's location to maintain, enhance or restore one's well-being in mind and body. This definition means that health tourism encompasses medical tourism, which is restricted to deliberate travelling outside one's usual healthcare jurisdiction for the improvement or restoration of one's health through some form of medical intervention.

The ambiguity in definition also resounds the trouble in creating a universal classification for the many-sided, diverse and cultural phenomenon (Crooks, 2010). Attempts to distinguish these two terms and the typologies can only result in over generalisation and further create boundaries and restrictions. It must, however, be noted that the affluence of accessible options, spaces, locations, practices and experiences, as well as the way they are culturally constructed and individually experienced, are effaced and may not provide any understanding or insight into how tourism is experienced and lived (Franklin & Craig, 2001).

While we may not deny the fact that health and medical tourism share certain characteristics or experiences, they seem to be substantially different. What is sure is that medical tourism is usually riskier than health tourism. Patients' experiences in major surgeries, for example, is nonpareil to that which is experienced in a spa. In addition, while health tourists prefer to travel or include therapy in their tourism experience, medical tourists, on the other hand, are compelled to do so to access medical treatment in another country.

Drivers of medical tourism

One of the drivers of medical tourism is the reduced cost of treatments and procedures, offered in other countries. According to Goering (2008), many patients are encouraged to travel abroad for treatments because of the high cost of healthcare services in many countries. Medical tourism is largely driven by the cost variation of treatments in several countries (Ramesh, 2013). It has been discovered that the difference in the cost of certain procedures in some countries in the West, when compared with their counterparts in some other medical tourist destinations in less developed countries, is quite wide. A heart bypass surgery, for example, costs about 130 000 US dollars. However, it costs about 25 000, 14 000 and 6 000 US dollars in Mexico, Thailand and India, respectively (Travcure, 2020). Additionally, Tung (2010) has attributed the global drive-in medical tourism to convenience and speed. In his study, he maintains that countries, which operate public healthcare systems, often have long waiting times for certain procedures and as such encourage medical tourism. An estimated 782 936 Canadian patients, for example, spent an average waiting time of 9.4 weeks on medical waiting lists in the year 2005 (Fraser Institute, 2005). CanWest News Service (2007)

has also disclosed that it takes about a 26-weeks fixed waiting time for hip replacement surgery and 16 weeks for cataract surgery in Canada. Hence, patients are driven to places where they can access procedures faster. Elsewhere, other authors, Connell (2006) and Ramírez de Arellano (2007) have also attributed the current drive of medical tourism to factors such as the latest technology, the need to access certain prohibited treatments in patients' home country, the desire for privacy and the longing to combine traditional tourist attractions, such as the climate, hotels, food, cultures, with medical procedures as key contributors to the trend.

Methodology

This study was conducted in Nigeria, West Africa. Nigeria is fondly referred to as the "giant of Africa", given its large population and economy (Holmes, 1987). With approximately 198 million people living in Nigeria, World Food Programme (2018) states that Nigeria is arguably the most populous country in Africa and the seventh in the world (Keating, 2014). Nigeria has 36 states and the Federal Capital Territory, where Abuja, the capital city, is located. Nigeria is a multinational state with over 250 ethnic groups and languages. The three most prominent are the Hausa in the northern part of the country, the Igbo who occupy the eastern part, and the Yoruba who live in the south-western part of the country (Falola, 2001). Other ethnic groups, occasionally termed minorities, are found all over the country, predominantly in the north, the middle belt areas and the southern parts of the country.

The official language in Nigeria is English, although Pidgin, an English-based pidgin and mother tongue language, is widely spoken among many (Faraclas, 1996 & Magnowski, 2014). The country is roughly divided in half between Christians, who live mainly in the southern part of the country, and Muslims in the northern part (Gordon, 2003). The country's main economic activity is agriculture which employs nearly about 30% of the population (Nigerian Bureau of Statistics, 2010). Nigeria is the 6th largest producer of crude oil in the Organization of Petroleum Exporting Countries (Ogunmupe, 2012). However, despite the enormous wealth and a vast population to support commerce, a well-developed economy, and an abundance of natural resources, such as oil, poverty is still widespread in Nigeria. According to a 2018 report by the World Bank, almost half the population lived below the international poverty line of two dollars a day and unemployment peaked at 23.1% (World Bank, 2018). Over 70% of Nigeria's population live in rural areas of which very little of them have access to healthcare services (Oreh, 2019).

The study population included Nigerians who had travelled to India and undergone various forms of medical treatments in the last ten years. A non-probability sampling technique of the snowball method was used in selecting a sample for the study. This sampling method involves the primary data sources who nominate other potential primary data sources. The method is used when the study population is challenging to reach (Dudovskiy, 2019). This sampling method was employed because of the sensitive nature of the study, which involves and protects the participants' confidential health status to avoid stigmatisation or discrimination. A total of 50 participants (listed in Table 1), selected through the snowball sampling method, participated in the study.

The in-depth interview method was used to retrieve information from the field. This is to enable us to gain a better understanding of the participants' insights and opinions, both in detail and in-depth with regards to the subject matter (Mason, 2006; Rubin & Rubin, 2011). The interviews were conducted within four months, between October 2019 and January 2020, using an interview guide with a set of predetermined questions. Most of the interviews did not go beyond 30 minutes. Most of the interviews were conducted face-to-face, but some

participants resided in locations far from our reach and such interviews were conducted telephonically.

Table 1: Sociodemographic characteristics of participants

Gender	Age	Occupational Background	Treatment and Procedure Accessed in India
F	57	Business	Knee replacement
M	51	Builder	Kidney transplant
M	49	Journalist	Kidney stone surgery
F	20	Student	Laryngeal (throat cancer) surgery
M	37	Civil servant	Physiognomy surgery (facial) grafting
F	33	Banker	Lymph node cancer
F	42	Business	Lung cancer
M	43	Journalist	Heart surgery (Valve replacement)
F	37	Legal practitioner	Slip disc (Lumbar disc replacement surgery
F	57	Retired	Liver transplant
F	72	Retired	Osteoarthritis
M	73	Retired	Prostate cancer surgery
M	84	Retired	Colorectal tumour surgery
M	37	Civil servant	Brain cancer
M	65	Professor of Surgery	Prostate cancer surgery
M	54	Civil servant	Complicated hernia
M	71	Retired Lecturer	Kidney transplant
F	40	Public servant	Hole in the heart
M	49	Fashion Designer	Leg sore and skin grafting
M	35	Civil Servant	Tumour on knee/skin grafting
M	62	Business	High blood pressure
M	53	Business	Kidney transplant
F	55	Business	Hip replacement
F	36	Business	Blood cancer
M	22	Student	Vein of Galen malformation
M	65	Business	Spine surgery
F	28	Physiotherapist	Hip replacement
F	32	Business	Kidney transplant
F	45	Public servant	Hole in the heart
M	44	Civil servant	Kidney transplant
M	65	Clergy	Neurosurgery
F	24	Student	Neurosurgery
M	57	Politician	Kidney transplant
F	30	Business	Kidney transplant
F	36	Business	Bone marrow transplant
M	80	Business	Hip replacement
M	45	Civil servant	IVF
M	62	Politician	Heart surgery (bypass)
M	43	Accountant	Kidney transplant
M	54	Civil servant	Spine surgery
M	43	Medical doctor	Slip disc
M	50	Business	High blood pressure and diabetes, check-up
M	44	Lecturer	Neurosurgery
M	59	Civil servant	Slip disc
F	35	Student	Hole in the heart
M	50	Civil servant	Rectal tumour
M	53	Civil servant	Kidney transplant
F	46	Accountant	Breast cancer
F	39	Banker	Kidney transplant
F	48	Business	Hole in the heart

Source: Field Work Collection (2019)

After the interview, transcripts were imported to the qualitative data analysis program ATLAS.ti version 8, the Knowledge Workbench. We used ATLAS.ti version 8 because of its ability to analyse images, photographs and videos in innovative ways (Louisa, 2017).

Collaborative coding of the field data and interviews was done through an inductive coding scheme. Formal data analysis began by unitising the data, then comparing and sorting units into codes in ATLAS.ti. Codes were also compared to discern patterns and themes.

Owing to the sensitive nature of this study, extra caution had to be taken regarding ethical matters. An ethical clearance with a reference number, H/19/ART/SA - 0013, dated 10 October 2019, was granted by the Ethics Committee of the Nelson Mandela University in South Africa to conduct the study. Participants were well informed about the particulars of the study, including the objectives, purpose and significance, after which we obtained informed consent from the participants who completed consent forms before participating in the study. However, the participants who were interviewed remotely gave verbal consent before the interviews. Participants were allowed to decline to answer any questions if they deemed fit. They also had the option to opt out of the interview if they so wished. Each participant had to consent to have their conversation recorded before the interview. Privacy, justice, anonymity, respect for persons and confidentiality were ensured during the study and beyond.

Findings

Table 1 above shows that 50 people participated in the study, of which 29 were male and 21 were female. The highest age category in the study fell between 41 and 50 years with 16 participants. One-fifth of the studied population were involved in some form of business. In addition, the Yoruba ethnic group was the most represented ethnic group with 33 participants. The Hausa had three and Ibo had seven. Others include three participants from Edo, two from Nupe and one participant from Itshekiri, Idoma and Kanuri ethnic backgrounds.

Ten participants travelled to India for kidney transplants. In contrast, one participant went for kidney stones, liver transplant, a vein of Galen malformation, breast cancer, bone marrow transplant, blood cancer, brain cancer, in vitro fertilisation (IVF), complicated hernia, tumour on the knee/skin grafting, knee replacement, lung cancer, throat cancer, osteoarthritis, burns/facial grafting and lymph node cancer each. Others include two participants who travelled to India for hip replacements, skin grafting, spinal surgery, prostate cancer and rectal cancer. The other three participants travelled to India for slip disc surgery, heart surgery and neurosurgery.

Factors responsible for Nigerians' exodus to India for medical treatment.

Following a series of interviews with the participants, the following themes emerged as the factors which are responsible for the exodus of Nigerians to India for medical tourism.

Testimonials from previous tourists

The study revealed that some participants preferred India as their medical tourism destination due to other people's experiences who had previously travelled to India. For instance, one of the participants responded as follows:

> I have heard and seen people who travelled to India before and had successful treatments. One of my cousins once had kidney failure and was flown to India for surgery; that was what prompted me to travel to India for my own treatment as well.

Similarly, other participants stated:

> Going to India for my treatment was as a result of recommendation from a friend whose mom once had a similar surgery like mine in India and was successful. She

> told me about the quality of care her mom received in India and the quality of life that her mom lived in Nigeria after the surgery, which was of paramount importance to me.
>
> I had a family friend who had travelled to India before for a similar procedure, and it was successful. She told me about the quality of healthcare in India and how her own procedure was successful. That influenced my decision to go to India for the procedure.
>
> I had heard before now of the experiences of people that have been to India before for treatments and were successful, and since the life of my son is precious to me, I simply followed their footsteps.
>
> .
>
> It was actually my dad's friend who once had a similar case as mine and went to India for surgery in India that introduced me to India. In his own case, he couldn't talk at all, and after the surgery, he could talk again. This prompted our decision to follow suit.

The above responses illustrate that some Nigerians sought medical treatment in India, following the recommendations of their acquaintances. The experiences of those that had gone to India before played a critical role in their decisions to embark on similar excursions.

Cheaper cost of treatments and procedures

Another factor that motivated some participants to opt for India was the cheap cost of treatments. One of the participants in the study who travelled to India for a kidney transplant said as follows:

> The quotation I got from Nigeria was supposed to cost me about 10 million Naira or so, but when I considered it with what it was going to cost me in India, including tickets, accommodation, feeding and all that, I discovered that it was far cheaper, so I opted for India.

Similarly, another participant who travelled to India for slip disc surgery also had this to say:

> The quotation from India was far cheaper than the one from US and UK. What I spent for my treatment in India, I probably would have spent twice that in the US and in the UK or even times four in Israel.

Likewise, a participant who had taken her son to India for a hole in the heart said:

> I had two options to either go to India or Israel. But from the quotation I got as of that time, I discovered that the procedure was a lot cheaper in India than in Israel.

The same goes for this participant who travelled to India for a kidney transplant. This was what he said:

> I was actually given two options to either go to the United States or India. I opted for India because the cost of kidney transplant in India is far lower than what is obtainable in the US.

Ditto for this participant in the study who travelled to India for prostate cancer:

> At first, I planned to go to Germany for the treatment, but I discovered that the cost of prostate cancer treatment in Germany was far higher than that of India.

It is evident from the responses that India was cheaper than other medical destinations. Hence, most of the interviewed Nigerians opted to seek medical help in India rather than in countries such as the United States of America, the United Kingdom and Israel, among others.

Referrals

Some participants' doctors prompted them to travel to India for treatments. This was the case of a participant who had suffered 45% burns due to a fire incidence. He said the following:

> Initially, I wasn't interested in going to India for my treatment. I had a fire accident and was rushed to a teaching hospital in town, but the doctor advised me to go to India since the burns were about 45% and had affected my face and my two hands.

Similarly, another participant who travelled to India for valve replacement shared his experience:

> When I got sick, and my condition was very critical and was not improving, my doctor had to refer me to India for the heart surgery.

Likewise, another participant who had travelled to India for skin grafting said:

> I was already receiving treatment here in the teaching hospital in Nigeria. It was my doctors that referred me to India for further treatment.

Aggressive marketing from agents

Another motivating factor noted in the study is the aggressive marketing of Indian hospital agents in Nigeria. While hospitals, owned and managed by Indians in Nigeria, referred some participants to India for treatment, Indian hospital agents marketed their services to others in Nigeria. An Indian hospital in Nigeria referred one of the participants to India for a knee replacement. She said the following:

> After going around the city of Lagos searching for a solution to my problem, somebody finally introduced me to an Indian hospital here in Lagos, where I was advised to go to India for the surgery.

Another participant who took her son to India for a hole in the heart surgery said:

> I met this agent who referred me to a hospital in Chennai, India. She told me that she got to hear about my case through a friend. The agent was the one that assisted in negotiating downwards the cost of treatment for my son and also made all necessary arrangements for our travelling.

This was also the case with another participant who travelled to India for a kidney transplant who said:

> I met an agent who must have been sniffing around for people like me that need medical attention. Somehow, he located me and convinced me to go to India. In the end, he was able to assist in making my travelling arrangements.

Similarly, another participant who travelled to India for a slipped disc surgery had this to say:

> An Indian doctor who works here in Nigeria and has a business relationship with a hospital in India introduced and convinced me to go to India for the treatment. He told me that India is good and that they have expert hands.

Top-notch healthcare services

Another factor that prompted participants to prefer India for their treatments was that India offers top-notch healthcare services to medical tourists. According to one of the participants who went to India for knee replacement surgery, she opted for India because of the top-notch healthcare services offered in India. This is what she said:

> I went to India because I heard they provide top-notch healthcare services. I must, however, let you know that I was not disappointed with the services I got there.

This was also the case with another participant who travelled to India for a kidney transplant. She summed up in the following way:

> When we talk about medicine, Indians are the best all over the world. They give their patients the best care that one can ever get.

Another participant who travelled to India for slip disc surgery pointed to the quality of healthcare in India by asserting that:

> I have always known India as a top-notch medical tourist destination, and the more reason why I opted for India. Their hospitals are fantastic, and their workers are highly motivated.

Similarly, a participant who travelled to remove the tumour in her lungs said:

> India offers top-notch healthcare services, and that was why I chose to go there. I did robotic surgery, which is very difficult to find around here. I have never heard of any hospital in Nigeria that has a PET CT scan before. They did it for me in India. As you are entering the hospital, they scan you from your brain down to know if what you brought is the only affected area.

In the same vein, another participant who travelled to India for blood cancer treatment also said this:

> Honestly, Indians are versatile in medicine and offer top-notch services. I had a deep conviction in my mind that their health service in India is more reliable, and that's one of the reasons that gave me the confidence to go there.

Access to human organs

Another factor that motivated participants to travel to India for medical treatment was access to human organs. This was the view of one of the participants who travelled to India for a knee replacement:

> One of the reasons I travelled to India for my surgery was that in India, you can easily access human organs for every part of the body. No matter the part of the body that needs replacement, you can rest assured that you can get it in India.

Likewise, another participant also had this to say:

> You know that all over the world, it is only India that can provide human body parts to patients who have the need for it. But this is not done in the UK; for instance, if you have kidney problems, Indians will provide it for you, if you have a heart problem, they will provide another heart for you, and if you have a liver problem, they can equally provide for you. This is not done in the UK, US and others, only in India that you can find this.

Preference of treatment by sponsors

Further findings revealed that participants travelled to India for treatment due to the preference of their sponsors. While some of the sponsors were the employers of some of the participants in the study, some other sponsors were either Good Samaritans or non-governmental organisations (NGOs) that offer assistance to people with various health challenges who require financial assistance for treatments. One of the participants who travelled to India for a liver transplant stated:

> I have a junior brother who works with an NGO in Lagos that assists the less privileged, especially those with health challenges. It was through this NGO that I was introduced to India because the hospital they use is in India.

Similarly, another participant in the study who travelled to India for a valve replacement (heart surgery) had this to say:

> My surgery was sponsored by a good Samaritan, and her private doctor organized the whole treatment and arrangement. I didn't really have any input in it. It was based on my sponsor's preference.

Another participant who travelled to India for brain tumor surgery, said this:

> My going to India for the treatment was purely a decision that was made by those who sponsored my treatment. I couldn't even influence where the treatment would take place.

This participant also painted the same scenario. This was what she said:

> We actually went to India through a renowned NGO in Nigeria that specializes in heart problems. They made all the logistics and other arrangements for India. Their business line is basically in India; we had no choice but to play along.

The other participants who went to India for a kidney transplant and slip surgery, sponsored by their organisations, said:

> It was the organization where I work that sponsored my kidney transplant in India. They were the ones that decided on India, and I couldn't object because that was what they could afford.
>
> I was not the one that chose the treatment in India; I was just packaged and sent to India for the treatment by my organization. They paid for the treatment and other logistics; my only involvement was to get the visa. You know the proverb that says he who pays the piper dictates the tune; that was what exactly happened.

Assurance of obtaining a visa

One other reason why participants in the study opted for India for medical treatment was that they were sure they would obtain a visa. Some of the participants who travelled to India narrated their reasons as follows:

> Initially, I had it in mind to travel to the US for my treatment, but I wasn't sure that I was going to get a US visa, and because my health was deteriorating, I didn't have time to gamble, so I had to opt for India where I was sure I would get a medical visa.
>
> Actually, I wanted to go to the US, but you know there is no assurance that you can get a US visa, so I had to opt for India since my treatment was time-bound and I didn't have so much time to waste.
>
> I think the advantage India has over other major medical tourist destinations in the world like the UK, US, Germany and others is the fact that getting a visa to India is quite easier than some of these places. I didn't have so much time to waste, so I had to go for India.

Immediate healthcare services

The fact that there is no waiting time in India also prompted some of the participants to opt for India as their medical tourism destination. The responses below illustrate the quick turnaround in healthcare delivery in India, compared to other destinations.

> From the research I conducted when I was considering going abroad for my son's treatment, I gathered that in the UK and US, treatments like bone marrow transplants are usually kept on the waiting list in a long queue. But this is not the case in India. There is usually no waiting time for such procedures; as long as you have been able to do the preliminary investigations, then it's as good as done.
>
> I think in the US, there is always this waiting list for kidney transplants, but in India, there is usually no waiting time. In India, you are allowed to come in with your donor, which is not so in the US. The fact that we are not even US citizens makes things worse because it will be a whole long process, and you know we don't have the luxury of time, so India was our best choice at that time…

The expertise of Indians in kidney transplants

Findings from the study also revealed that one of the factors that motivated participants to travel to India for medical treatment is that Indians are experts in kidney transplants. This was evident from some of the participants' responses:

> From the studies I carried out before I travelled to India for my treatment, Indians are known to be good at kidney transplants and are well experienced. For example, in the hospital I went to India for my transplant, the doctor that performed my own operation is very good. He has performed over 3,000 kidney transplants, so you can imagine how perfect he would have been in kidney transplants.
>
> All over the world, Indians are the best in kidney transplants. Check your records. Have you ever heard that any Nigerian is going to any other place abroad for a kidney transplant other than in India?.

Quick turnaround time

Another motivating factor is the quick turnaround time for clients' requests. Most places take long to respond to patients who enquire about their services, but according to the interviewed participants, Indian institutions are different. One of the participants in the study who travelled to India for colorectal surgery said this:

> One of the reasons I opted for India was because they respond fast to client requests. Initially, when I was considering going abroad for my treatment, I contacted several hospitals in different places such as London, Dubai and India. It was only India that responded, and the response was so fast.

Similarly, another participant who travelled to India for spine surgery said this:

> I think Indians are more business-like. Out of all the countries I contacted, their response was superb and timely.

Discussion

Testimonials from previous medical tourists to India is one of the factors that led to the exodus of Nigerians to India for medical treatments, as revealed by some of the participants in the study. Testimonials from previous experiences have been an effective method of building trust with potential clients and a great way of leaving a favourable first impression, especially if a testimonial comes from influential and trustworthy people. This is in tandem with findings of a previous study, conducted by Balogun (2019); Crooks et al (2010); Hwang, et al (2018) and Stanciu (2021), where patients' experiences of medical tourism were linked to the decision-making outcomes of prospective medical tourists. In addition to testimonials, some participants revealed that cheaper treatments and procedures were additional reasons why Nigerians travelled to India. However, this finding is similar to the study of Amiri (2017) and Wapmuk et al. (2015) in which cheaper costs of health services was a major determinant for health-seeking participants to travel to India. It also supports the views of Rao et al. (2005), who opined that India attracts many medical tourists annually due to the quality medical treatment that is offered to international patients at a cost much lower than that of other countries in the world. This also supports the views of Bhat and Jain (2006). They opined that India had become a desirable medical tourist destination because it provides some of the cheapest pricing options of treatments.

Another reason, presented by participants, why large numbers were going to India was the referrals from doctors in Nigeria. This is consistent with the findings of Balogun's (2019) study and the report presented by Nsofor (2014) on the factors which motivate medical tourists to travel from Nigeria to India. It concluded that doctors referred many Nigerians to India for further treatment after undergoing initial treatment in Nigeria.

Findings from the study also suggest that Nigerians travel to India for medical tourism due to agents' aggressive marketing of Indian hospitals and doctors in Nigeria. These findings are consistent with the views of Swati (2011), who posited that all over the world, medical tourism destinations use agents to promote their services. Priya (2019) concurs by asserting that agents are a significant part of medical tourism in India and connect the patients to the precise healthcare provider that suits their budget.

Furthermore, participants cited that the top-notch healthcare services in India is another factor which is responsible for Nigerians to travel to India for medical treatments. This is consistent with the results of the study, conducted by Sajjad (2015), which asserts that medical tourists are attracted to India due to the top-notch healthcare services, provided in the country. This finding is also in line with earlier studies, conducted by Medhekar et al. (2019) and Sultana,et al (2014) where top-notch services topped the list of priorities of the participants. For this reason, Mochi et al. (2013) also submitted that India had the top-qualified healthcare professionals in every field, and their doctors and nurses were highly sought after.

The availability of organs was also a significant drive that attracted people to India for medical treatment in the study. Despite the shortage of organ donations worldwide and stringent legislation in India, trading human organs continue to thrive in India (Simon, 2008 & Apurva, 2017). This confirms Gulraj's (2016) view that India remains an accessible market for illegal organ trade and Srour's (2013) argument that people can easily access human organs in India. Also, this corresponds to the view, advanced by Ashwaq (2015), that organ transplant thrives largely in India. In addition to this, the study reveals that Nigerians travel to India for treatments because it is the preferred choice of medical tourism destination of their sponsors. To confirm this, Bamidele (2016) reported on a patient who was bathed in acid and was sponsored to India for reconstructive surgery by a renowned philanthropist in Nigeria. Another philanthropic organisation in Nigeria, the Kanu Heart Foundation (2020), is known to partner with several hospitals in India to treat Nigerians with heart problems, requiring surgical intervention.

Another critical factor, revealed in the study, that was responsible for the exodus of Nigerians to India for treatment is the ease of obtaining a medical visa to India. Hazari (2018) corroborates this by noting that a medical visa to India is easier, hassle-free and quicker to obtain than to European countries. It also corresponds with the study, conducted by Rakesh (2016), which states that in 2013 more than 50 000 people visited India on a medical visa and that the number of foreign tourist arrivals to India on a medical visa increased by about 140% from 2013 to 2015 of which two-thirds came from Bangladesh, Afghanistan and Nigeria.

The fact that there is no waiting time in accessing healthcare services in India is also a strong argument, presented by some of the participants in the study that encouraged Nigerian's exodus to India for medical treatment. This aligns with Medhekar et al. (2019) findings on the factors that influence inbound medical travel to India in which 'no waiting time' ranked first in order of importance among participants. It also confirms the findings from previous studies, conducted by Sharma (2013) and Tanmay (2018) that healthcare service delivery in India offered little or no waiting time.

Furthermore, results from the study suggest that many Nigerians are attracted to India for medical treatment because they believe that Indians are experts in kidney transplants. This

is a common phenomenon among patients who suffer from end-stage kidney failure that requires a kidney transplant for the body to function. This finding aligns with a study, conducted by Okafor (2017) in south-eastern Nigeria, in which 99% of the participants in the study had kidney transplant surgeries in India. It also corroborates Sahiba's (2019) view that Indian doctors and hospitals are experts in kidney transplants.

Finally, some of the participants were also of the opinion that Nigerians are attracted to India for medical treatments because of the quick turnaround time to patients' requests. Every patient has different wants and needs, and all patients expect their needs to be taken care of immediately. While patients seek real-time information online, it is expedient for medical tourism players to respond with increasingly sophisticated prompt online marketing strategies to delight their prospective clients. Hence, customer satisfaction is imperative to meet consumers' expectations as a result of the performance of the products. Often, it is expected that satisfied customers would typically have the intention to repurchase the products if performance met expectations. This finding, therefore, concurs with the study, conducted by Priya (2019) and Sarwar (2013), which suggests that quick turnaround time plays an essential role in the medical tourist's mind towards the choice of a medical tourism destination.

Conclusion

The study concludes that testimonials from previous tourists, cheaper cost of treatment, referrals, aggressive marketing, top-notch healthcare services, access to human organs, preference of treatment sponsors, assurance of obtaining a visa, immediate healthcare services, the expertise of Indians in kidney transplant and quick turnaround time are some of the factors that are responsible for the exodus of Nigerians to India for medical tourism. Given this study's findings, it becomes imperative for Nigeria to emulate and learn from India's success story. This might assist the country's healthcare system in reversing the current trend and placing it among the major players in the medical tourism industry. We recommend some form of partnership between these two countries that would afford knowledge exchange and expertise between them. We believe that such synergy will go a long way in effecting the necessary change in the country's healthcare system that is long overdue.

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