ORIGINAL ARTICLE

Cross-border healthcare seeking behavior: a study of Myanmar patients in Ruili, China

Chenhao Wang[1], Morakot Meyer[2], Thunwadee Tachapattaworakul Suksaroj[3], Thae Thae Han Htwe[1], Aung Win Tun[1*]

[1]ASEAN Studies for Sustainable Development Program, Faculty of Graduate Studies, Mahidol University, Salaya, Putthamonthon, Nakhon Pathom, Thailand
[2]Research Institute for Languages and Cultures of Asia, Mahidol University, Salaya, Putthamonthon, Nakhon Pathom, Thailand
[3]ASEAN Institute for Health Development, Mahidol University, Salaya, Putthamonthon, Nakhon Pathom, Thailand

Corresponding Author: Aung Win Tun **Email:** aungwin.tun@mahidol.edu

Received: 24 May 2024 **Revised:** 30 August 2024 **Accepted:** 31 August 2024 **Available online:** January 2025
DOI: 10.55131/jphd/2025/230110

ABSTRACT

With globalization and regionalization, traditional borders often present fewer barriers to the sharing of resources, particularly in the context of cross-border healthcare. This trend is driven by cost, medical technology, healthcare quality, and other factors. The study aimed to examine the overall pattern of cross-border healthcare seeking behavior among Myanmar patients in Ruili, China, evaluate the accessibility of healthcare services in China, and identify determinants of healthcare seeking behavior during the decision-making process. Data were collected using a structured questionnaire from three healthcare providers in Ruili, China, supplemented by secondary data from the Health Commission of Dehong, as well as in-depth interviews with nine Myanmar cross-border patients and were analyzed using content analysis. Results from our study indicate that in 2020 there were an estimated 30,032 Myanmar cross-border patients who sought healthcare in Ruili, China (14% in-patients and 86% out-patients): 90% used services at county-level and equivalent hospitals in Ruili, while 10% used services at primary healthcare institutions. Most of the patients were fluent speakers of the Mandarin. The in-depth interviews revealed that Myanmar cross-border patients were willing to seek healthcare services in Ruili. Analysis using Kroeger's model shows that patients primarily from the Han and Kachin/Jingpo ethnic groups (aged 20-60) seek advanced medical equipment and modern facilities in Ruili, despite the higher costs there compared to Myanmar. While staff experiences vary, accessibility of technology drives their decision, suggesting a shift in cross-border healthcare priorities. This study provides insights for improving border region healthcare systems and informs future research on cultural influences, language barriers, and broader system impacts.

Key words:
cross-border healthcare; healthcare seeking behavior; determinants of cross-border healthcare; Kroeger's model; healthcare accessibility

Citation:
Chenhao Wang, Morakot Meyer, Thunwadee Tachapattaworakul Suksaroj, Thae Thae Han Htwe, Aung Win Tun. Cross-border healthcare seeking behavior: a study of Myanmar patients in Ruili, China. J Public Hlth Dev. 2025;23(1):132-143 (https://doi.org/10.55131/jphd/2025/230110)

INTRODUCTION

In the contemporary healthcare landscape, there is a growing trend among patients to explore alternative avenues for obtaining healthcare services, leading to the emergence of cross-border health seeking behavior as a prominent option, particularly in border regions. This kind of health seeking behavior is occurring all over the world. About one-third of adult residents in El Paso, Texas, travel to Mexico for medical treatment or to purchase medications.[1] Similarly, there is a flow of patients from Ontario, Canada to the United States for various medical treatments for cardiovascular and orthopedic procedures, mental health services and other ailments.[2] In South-East Asia, particularly in regions of Laos near the border of Thailand, some patients cross the border to access healthcare services in Thailand, with the expectation of better healthcare services there.[3] This social phenomenon is also observed in other border areas across several Southeast Asian nations.

Currently, Myanmar, one of the ASEAN nations with a population of 52 million people, still lacks full access to quality healthcare services, particularly in maternal and child health, communicable and non-communicable diseases, nutritional related problems, and tobacco control.[4-6] In 2017, the health workforce capacity was 17.8 per 10,000 population in Myanmar: this falls short of the WHO's MDG target of 22.8 and the SDG standard of 44.5 per 10,000 population. Consequently, Myanmar has a very limited number of healthcare personnel in some states, and is regarded as a country with low health workforce availability in Southeast Asia.[7, 8]

Studying and better understanding of healthcare seeking behaviors have several implications. Cross-border healthcare seeking behavior can have significant impacts on the individual, including better access to advanced medical technologies and treatments that are not available in their own country.[9,10,11] However, this practice also imposes challenges, such as higher costs, potential language barriers, and cultural differences. At the community level, frequent cross-border healthcare seeking can lead to changes in healthcare practices and perceptions, potentially making communities more reliant on foreign healthcare systems and leading to neglect of local healthcare development.

Kroeger's model provides a framework to analyze the factors influencing patients' decisions about seeking healthcare services. It can also contribute to the design of more effective health promotion strategies and better resource allocation. Moreover, it highlights the various social, economic, and cultural factors to consider when advocating for changes to healthcare policies and interventions, especially in developing countries.[12, 13] Specifically, we have noted the limited understanding of the factors driving Myanmar patients to seek cross-border healthcare in Ruili, China, and the need for a detailed examination of their healthcare-seeking behaviors, motivations, and experiences.

This study focused on the healthcare-seeking behavior of Myanmar patients who accessed healthcare services across the border in Ruili, China. It explored technology-driven trends in healthcare seeking in a low- or middle-income country. Furthermore, the study aimed to explore the determinants driving cross-border patient flows and evaluate the accessibility of healthcare services in Ruili for patients from Myanmar. Analyzing these influencing factors is crucial for gaining a broader understanding of cross-border healthcare seeking behavior and its

determinants, and the resulting implications for healthcare systems.

METHODS

Conceptual Framework

In this study, Kroeger's model of healthcare seeking behavior, an extension of the healthcare utilization model, was used to analyze the healthcare seeking behavior of Myanmar cross-border patients.[14] Healthcare seeking behavior was investigated by considering three clusters: predisposing factors, characteristics of illness, and characteristics of healthcare system. Predisposing factors comprised demographic factors, such as age, gender, ethnicity, finance, and occupation. Characteristics of illness included perceived urgency of illness, severity and type of illness. The characteristics of the healthcare system included the availability, accessibility and acceptability of healthcare services, as well as he attraction of healthcare providers (Fig.1).

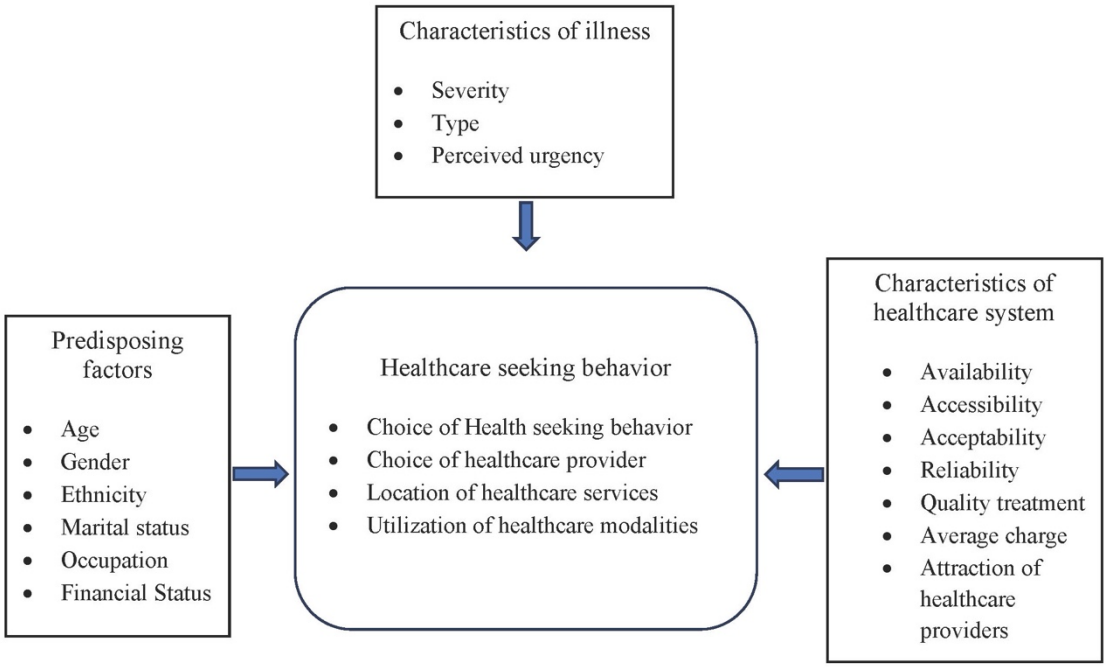

Figure 1. Conceptual framework for Healthcare Seeking Behavior of Myanmar cross-border patients

Study Design

Understanding healthcare service choices requires the examination of underlying emotions and beliefs that influence decisions to complement the quantitative data. Hence, a thorough approach combining both qualitative and quantitative methods is required. This study employed both methods to analyze the healthcare seeking behavior of Myanmar cross-border patients.

Data collection and analysis

The first part involved administering a structured questionnaire to healthcare service providers in Ruili, Yunan province, China. The questionnaire collected data on the number of Myanmar cross-border patients, and the types of

services they accessed (inpatient vs. outpatient). Additionally, official data on Myanmar cross-border patients in 2020 was obtained from the Health Commission of Dehong (HCODH) in Dehong prefecture, Yunnan province (Table 1). This quantitative data was analyzed using descriptive statistics to summarize healthcare service utilization patterns.

The second part, the qualitative component, involved conducting in-depth interviews with nine Myanmar cross-border patients who sought healthcare services in Ruili (Table 1). These interviews aimed to explore: motivations for seeking healthcare in Ruili, patient experiences and satisfaction with healthcare services, perceived quality of care and staff attitudes, and factors influencing patients' decision-making process.

The inclusion criteria were the patient's nationality and their willingness to take part in the survey. Demographic characteristics such as age, gender, ethnicity, residential status, income, and social status were collected. The study recruited 9 Myanmar cross-border patients for face-to-face interviews using a non-probability sampling technique. The maximum variation sampling method was considered appropriate to select a diverse set of patients from Myanmar. To build trust with the participants during interviews, care was taken to ensure that they were clearly informed about the interview content, objectives, and confidentiality measures before starting, and their willingness to participate was confirmed.

Table 1. Data collection methods and tools

Type of Data	Data Collection Method	Data Sources	Data Collected	Sampling Technique
Quantitative Data (primary)	Structured Questionnaires	Three healthcare providers in Ruili	Healthcare service utilization patterns, number of Myanmar cross-border patients including the number and types of services they accessed	Purposive sampling method, expert sampling method (consulting the expert from HCODH)
Quantitative Data (secondary)	Official Records from HCODH	Health Commission of Dehong (HCODH)	Aggregated data on the total number of Myanmar cross-border patients, inpatient and outpatient visits in 2020	Collection of patients' data from official record of HCODH
Qualitative Data	In-Depth Interviews	Nine Myanmar cross-border patients	Patients' motivations, experiences, perceptions of healthcare services in Ruili and determinants of the decision-making process	Non-probability sampling technique, maximum variation sampling method

The interviews were audio recorded and subsequently transcribed. The first step of the analysis involved literalizing the interviews, ensuring an accurate

representation of the spoken content. Following this, the recorded interviews were carefully reviewed one by one. A thematic organizing strategy was applied, and notes were taken under different themes to form distinct groups. Throughout this process, coding was conducted to assign sequences to the transcriptions and notes.

Ethical considerations

Ethical approval for this research was obtained from the Office of The Committee for Research Ethics (Social Sciences), Faculty of Social Sciences and Humanities, Mahidol University (2021/016 (B1)). The study was conducted strictly following ethics protocols. Participants engaged in this study anonymously and information was collected confidentially. Informed consent was obtained from all participants.

RESULTS AND DISCUSSION

1. Distribution of Myanmar Cross-Border Healthcare Service Utilization in Ruili

The three healthcare providers highlighted several key characteristics and preferences of Myanmar cross-border patients seeking healthcare services in Ruili. Myanmar cross-border patients in Ruili primarily identified ethnically as Han or Kachin/Jingpo. In addition, Myanmar cross-border patients in Ruili tended to select healthcare providers from county-level institutions or equivalent facilities.

Table 2 summarizes an overview of hospital visit information obtained from Ruili Zhongyi Daiyi Hospital, Ruili Jingcheng Hospital and Wanding Renci Hospital. Ruili Jingcheng Hospital, being the largest and only Tier 3 hospital in Ruili, sees the highest number of both outpatient and inpatient visits among Myanmar patients.

Table 2 Distribution of estimated number of Myanmar cross-border patients who received healthcare services from the three different hospitals in 2020

Hospital	Total number of patients from Myanmar	Patients from Myanmar		Common Age range (years)
Ruili Zhongyi Daiyi Hospital	1,400	Inpatient	400 (28.6%)	19-60
		Outpatient	1,000 (71.4%)	
Ruili Jingcheng Hospital	22,000	Inpatient	2,000 (9.1%)	19-45
		Outpatient	20,000 (90.9%)	
Wanding Renci Hospital	1,150	Inpatient	150 (13%)	19-60
		Outpatient	1,000 (87%)	

According to data collected by the Health Commission of Ruili City (HCORL), a sub-ordinate entity of the Health Commission of Dehong Autonomous Prefecture (HCODH), 30,032 healthcare services were provided to Myanmar cross-border individuals in Ruili during 2020 (Table 3). This figure consisted of 4,080 inpatient visits and 25,952 outpatient visits.

The vast majority of services accessed by Myanmar cross-border patients were provided at hospitals. County-level and equivalent hospitals accounted for the majority of inpatient admissions, (4,065), while primary healthcare institutions only recorded 15 inpatient admissions. Likewise, county-level and equivalent hospitals provided 22,991 services to outpatients from Myanmar, with primary healthcare institutions providing 2,961 services to Myanmar outpatients in 2020.

Table 3. Distribution of Myanmar cross-border healthcare service utilization in Ruili during 2020 according to the data from the Health Commission of Ruili City

Total Myanmar cross-border patient in 2020	30,032	Inpatient	4,080 (13.59%)	County-level and equivalent hospitals	4,065 (99.63%)
				Primary healthcare institutions	15 (0.37%)
		Outpatient	25,952 (86.41%)	County-level and equivalent hospitals	22,991 (88.59%)
				Primary healthcare institutions	2,961 (11.41%)

2. Health seeking behavior: in-depth interviews with Myanmar cross-border patients

Based on Kroeger's model, the in-depth interviews with Myanmar cross-border patients identified various factors that influenced their health seeking behaviors. These included predisposing factors such as ethnicity, marital status, age, sex, occupation, and financial status. Additionally, characteristics of the illness and the services provided by the health system – including availability, accessibility, acceptability, reliability, treatment quality, average healthcare cost, and the attraction of healthcare providers were examined.

The in-depth interviews aimed to holistically understand patients' motivations for seeking healthcare services in Ruili. Demographic data was collected, and open-ended questions and free discussions were conducted to gather relevant information. Patients were asked: how they became aware of the option to cross the border for healthcare services in Ruili, their level of satisfaction with various aspects of healthcare, and how they compared healthcare services in Ruili to those in Myanmar. These inquiries provided insights into patients' experiences and perspectives, offering a comprehensive understanding of their healthcare seeking behavior in the context of cross-border care.

Participants' Characteristics

Table 4. Demographic characteristics of the participants

Case	Age	Sex	Ethnicity	Place of residence	Distribution of Ethnicity (%)
1	20	Male	Han	Muse	Han (56%)
2	30	Male	Han	Muse	
3	48	Male	Han	Muse	
4	27	Female	Han	Jiegao	
5	45	Female	Han	Jiegao	
6	42	Male	Indian Myanmar	Muse	Indian Myanmar (22%)
7	60	Male	Indian Myanmar	Muse	
8	30	Female	Kachin/Jingpo	Lejel	Kachin/Jingpo (22%)
9	26	Female	Kachin/Jingpo	Lejel	

Table 4 provides some basic demographic information about the in-depth interview participants. They varied in age from 20 to 60 years, with a median age of 30 years. The included people were from three major ethnic groups: Kachin/Jingpo, Han Chinese, and Indian Myanmar. The Kachin/Jingpo ethnicity was represented by two females residing in Lejel, while the Han Chinese ethnicity had three males from Muse and two females from Jiegao. Additionally, there were two male participants of Indian Myanmar ethnicity residing in Muse. Mandarin-speaking is widely practiced among 78% of the participants.

The study reflected that the Han ethnicity constituted the majority, accounting for 56%, followed by the Kachin/Jingpo and Indian Myanmar ethnicities , which represented 22% each. Han ethnicity is the predominant ethnic group in China and is widely distributed along the border areas. On the other hand, the Kachin/Jingpo ethnicity is the second largest ethnic group in the Northern Shan State of Myanmar and is prominently found in Muse.

Availability and Accessibility of Healthcare Services

Myanmar cross-border patients demonstrate subjective preferences when selecting healthcare service providers in Ruili. However, the in-depth interviews revealed a common theme among those patients. A majority of Myanmar cross-border patients expressed concerns about the insufficient availability of medical equipment in their local areas of residence. During the in-depth interview, one interviewee shared:

"I've known about the healthcare services in China since I was young. Many of my friends and relatives have actually gone to China for that reason, mainly because Myanmar lacks modern medical equipment." (Male, 30 years, Participant 4)

The other participants also hold similar opinions:

"Almost all my friends and families have been to China for healthcare services, and it seems to be very natural for us and I knew the doctors in the hospitals there (in China)." (Male, 20 years, Participant 3)

"I chose China for healthcare treatment by myself because it is common for us who live in border areas. .... my mother has ever been to China for treatment as well." (Female, 26 years, Participant 2)

It is natural for individuals to be driven by the advantages offered, which leads Myanmar patients to cross the border to Ruili for healthcare services instead of seeking healthcare within Myanmar. Additionally, it was observed that 8 out of 9 interviewees resided in border areas, indicating a shared geographic pattern. Consequently, the convenience of travel

also plays a crucial role in their decision-making to seek healthcare services in China.

In certain contexts, language preference is influenced by ethnicity and shaped by the local lingua franca.[15] In this study, 7 of the Myanmar cross-border patients could speak Mandarin, while the rest could not. The 7 patients who could speak Chinese were more inclined to seek healthcare services in Ruili than in a local health center. Moreover, these patients reported better experiences and higher scores for staff attitude during the in-depth interviews compared to the other 2 patients, indicating a correlation between language proficiency and positive healthcare encounters. The existing literature also highlighted this finding. A lack of a common language is a major obstacle when accessing and providing healthcare services across Europe.[16] This barrier can lead to miscommunication, reduced patient satisfaction, and poorer health outcomes.[17] Similarly, low English proficiency among US Hispanic adults increases their cross-border healthcare seeking in Mexico or Latin America.[10]

Average Healthcare Expenditure

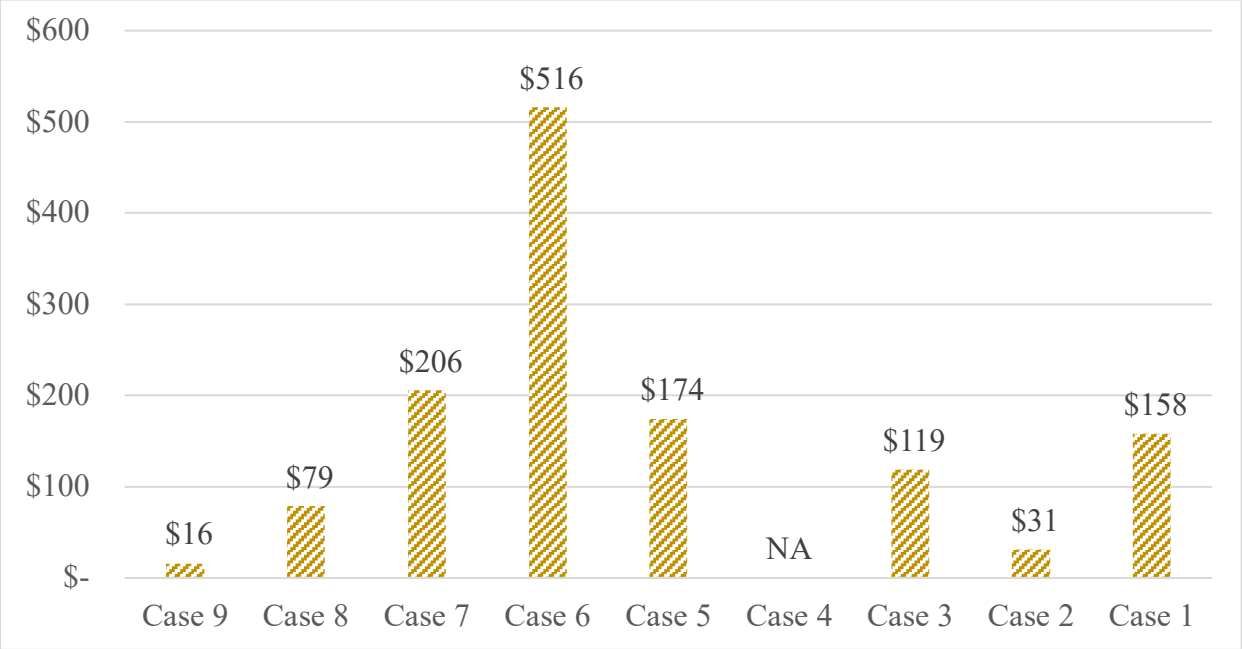

Figure 2. Average healthcare expenditure of each patient per day

The figure 2 illustrates the daily average healthcare cost incurred by nine Myanmar cross-border patients. There was a significant disparity, with the minimum daily cost being approximately 16 USD (at an exchange rate of 1 USD = 7 RMB), while the median cost was 138.5 USD and the maximum daily cost reached around 516 USD. Only two out of nine respondents reported that daily healthcare costs were below 79 USD, whereas four respondents reported a cost exceeding 150 USD.

Based on the in-depth interviews, three respondents expressed dissatisfaction with the cost of healthcare services. It was obvious that the expense for treatment varied significantly for Myanmar cross-border patients who sought treatment in Ruili. However, the cost was not a determining factor in the preference of

Myanmar cross-border patients for receiving healthcare services in Ruili:

"I would like to say it's effective. However, the price is higher than in Myanmar. Nevertheless, I will still consider going to China because we don't have medical equipment as advanced as in China." (Female, 30 years, Participant 1)

Reliability and quality of treatment – staff attitude and environment

The respondents expressed widely varying levels of satisfaction with the quality of care and staff attitudes, reflecting a diverse range of experiences and perspectives. However, certain patterns and trends were observed. Four out of 9 participants thought that staff attitudes and nursing care were generally better in Myanmar. One participant suggested that staff attitudes and nursing care were similar in Myanmar and China.

"*The healthcare services quality and the staff attitude are virtually the same, but the cost is much lower in Myanmar, though, the hospital environment and the quality of total care are better in China."* (Female, 26 years, Participant 2)

Meanwhile, two participants expressed satisfaction with staff attitudes and nursing care in China. For example, one participant who went to the Ruili Jingcheng hospital in China said that:

"I'm very happy about what I got from there. The nurses were very nice, helpful and professional. And they treated me very well, just like my family." (Male, 42 years, Participant 7)

Conversely, it is worth mentioning that one participant shared a negative experience with staff attitudes in Chinese hospitals, feeling discriminated against at times. Another respondent who received healthcare services at Ruili People's Hospital expressed dissatisfaction with communication issues, long queues, crowded facilities, and unfavorable staff attitudes, particularly during an emergency.

"There was a long queue. Queuing is normal and understandable. However, I was in an emergency, and yet I still had to wait in a long queue. It was crowded there, and the attitude of the staff was not good; they were not patient." (Female, 45 years, Participant 9)

Nevertheless, more than half of the participants agreed that the hospital environment and the overall quality of care were better in China. In addition, the participants highlighted the technology and quality gap between Myanmar and China, which influenced their preference for treatment in China.

Choice of healthcare services

According to the in-depth interviews with Myanmar patients, the decision to seek healthcare in China was influenced by three important determinants. Firstly, the availability of advanced medical technology and modern equipment in China holds great significance for Myanmar patients. All the participants recognized the importance of accessing state-of-the-art facilities for better treatment outcomes.

"I would like to say it's effective. However, the price is higher than in Myanmar. Nevertheless, I still consider going to China because we don't have medical equipment as advanced as in China." (Female, 30 years, Participant 1)

"I have known about the health care services in China since I was young. Most of my friends and relatives have been in China for treatment, because of the lack of modern medical equipment in my area." (Male, 30 years, Participant 4)

Secondly, geography contributed to their decision making. For people who live close to the border, proximity and accessibility make treatment in China a viable option for seeking healthcare services. None of the participants raised concerns about the time or quality of cross-border transportation, as the hospitals in China were relatively accessible for residents in the border area of Myanmar.

Finally, the reliability of the effective treatment played a crucial role in their choice. They sought assurance that the healthcare services they received would effectively address their medical needs. These factors collectively shaped the preferences of Myanmar patients seeking healthcare in China. Overall, individual experiences and priorities influenced the participants' satisfaction with and preferences for healthcare services.

Many Myanmar patients are crossing the border into China's Ruili area for healthcare, driven by a desire for better technology and accessibility. Similarly, a significant number of Myanmar patients receive treatment in other countries, particularly in neighboring countries such as India and Thailand. They do this for various reasons, including the more advanced technology available and because it is easier to return for regular check-ups.[18, 19] Limited medical equipment in Myanmar was a major push factor, while China's proximity and advanced facilities such as modern equipment, were the key draws. However, cost was not a major concern for these patients; they prioritized quality over price. This finding is consistent with studies on medical tourism, where patients often prioritize quality over cost.[20,21] While some rated staff and care in Myanmar highly, others thought that there was a higher level of care in China, despite the occasional negative interaction with healthcare staff. Another important factor is the technology. Patients from capital-poor countries often seek treatment abroad due to a lack of trust in local capabilities and a desire for advanced, trustworthy medical technology.[9,22,23] Our present study also highlights a technology-driven trend of cross-border healthcare seeking, where patients prioritize advanced medical technology over cost.

CONCLUSION

The present study explored the healthcare seeking behavior of Myanmar cross border patients in Ruili, China, highlighting key factors influencing their decisions. The findings indicate that most of these patients prefer county-level and equivalent hospitals in Ruili due to the availability and accessibility of advanced medical technology and better healthcare facilities compared to those in Myanmar. The perceived quality of care and the availability of modern medical equipment outweighed the higher healthcare costs, and they were significant determinants for seeking healthcare in China. Though the majority of the patients reported positive experiences with the hospital environment and services in Ruili, some negative experiences, such as long queues and communication issues, were also noted. The convenience of travel to Ruili and the ability to communicate in Mandarin further facilitate their decision to seek healthcare across the border.

RECOMMENDATION

The findings have some implications for policymakers in both countries seeking to improve healthcare accessibility and technology for cross-border patients. For Myanmar, there is a clear need to provide better quality healthcare services to satisfy patients' needs. For China, enhancing bilingual services and cultural competence among healthcare providers can further improve the healthcare experiences of Myanmar cross-border patients. Further research is also required to investigate trust in providers, impact of language, and cultural influences, to support improvements in border region healthcare systems.

ACKNOWLEDGEMENT

The authors thank Dr. Jim Stankovich for his assistance in English proofreading and editing this manuscript. The authors appreciated all the research participants and responsible authorized persons whose support was instrumental in conducting this research.

REFERENCES

1. Byrd TL, Law JG. Cross-border utilization of health care services by United States residents living near the Mexican border. Rev Panam Salud Publica. 2009;26(2):95-100. doi: 10.1590/s1020-49892009000800001
2. Katz SJ, Verrilli D, Barer ML. Canadians' Use Of US Medical Services: Canadians do come to the United States for care, but not to the extent of popular perception. Health Aff (Millwood). 1998;17(1):225-235. doi: 10.1377/hlthaff.17.1.225
3. Bochaton A. Cross-border mobility and social networks: Laotians seeking medical treatment along the Thai border. Soc Sci Med. 2015;124:364-373. doi: 10.1016/j.socscimed.2014.10.022
4. Kyaing NN, Sein T, Sein AA, Than Htike MM, Tun A, Shein NN. Smokeless tobacco use in Myanmar. Indian J Cancer. 2012;49(4):347-51.
5. Latt NN, Myat Cho S, Htun NM, Yu Mon S, Myint MN, Aoki F, et al. Healthcare in Myanmar. Nagoya J Med Sci. 2016;78(2):123-34.
6. Parmar PK, Barina CC, Low S, Tun KT, Otterness C, Mhote PP, et al. Health and human rights in eastern Myanmar after the political transition: a population-based assessment using multistaged household cluster sampling. PLoS One. 2015; 10(5):e0121212. doi: 10.1371/journal.pone.0121212
7. WHO. WHO Country Cooperation Strategy: 2014-2018, Myanmar. 2014. Report No.: 9290224495.
8. WHO. Decade for health workforce strengthening in the South-East Asia Region 2015–2024; Second review of progress, 2018. New Delhi: World Health Organization, Regional Office for South-East Asia; 2018.
9. Ssengooba F, Tuhebwe D, Ssendagire S, Babirye S, Akulume M, Ssennyonjo A, et al. Experiences of seeking healthcare across the border: lessons to inform upstream policies and system developments on cross-border health in East Africa. BMJ Open. 2021; 11(12):e045575. doi: 10.1136/bmjopen-2020-045575
10. De Jesus M, Xiao C. Cross-border health care utilization among the Hispanic population in the United States: implications for closing the health care access gap. Ethn Health. 2013;18(3):297-314. doi: 10.1080/13557858.2012.730610
11. Hamdy SH, Sr. Beyond Borders: Exploring the Quality of Life, Health-Seeking Behavior, and Perceived Barriers in Health Services Utilization Among Sudanese Immigrants in Egypt. Cureus. 2024;16(1):e52442. doi: 10.7759/cureus.52442
12. Shaikh BT, Haran D, Hatcher J, Iqbal Azam S. Studying health-seeking behaviours: collecting reliable data, conducting comprehensive analysis. J Biosoc Sci. 2008;40(1):53-68. doi: 10.1017/S0021932007002118
13. Shaikh BT, Hatcher J. Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. J Public Health (Oxf.). 2005; 27(1):49-54. doi: 10.1093/pubmed/fdh207
14. Kroeger A. Anthropological and socio-medical health care research in developing countries. Soc Sci Med. 1983;17(3):147-61. doi: 10.1016/0277-9536(83)90248-4
15. Ochoa CY, Miller KA, Baezconde-Garbanati L, Slaughter RI, Hamilton AS, Milam JE. Parental Cancer-related

Information Seeking, Health Communication and Satisfaction with Medical Providers of Childhood Cancer Survivors: Differences by Race/Ethnicity and Language Preference. J Health Commun. 2021; 26(2):83-91. doi: 10.1080/10810730. 2021.1895919
16. Samkange-Zeeb F, Samerski S, Doos L, Humphris R, Padilla B, Bradby H. "It's the First Barrier" – Lack of Common Language a Major Obstacle When Accessing/Providing Healthcare Services Across Europe. Front Sociol. 2020;5:557563. doi: 10.3389/ fsoc.2020.557563
17. Kiasuwa Mbengi RL, Baeten R, McKee M, Knai C. Issues arising when crossing a border to give birth: an exploratory study on the French-Belgian border. Facts Views Vis Obgyn. 2014; 6(3):127-32.
18. Jain M, Nandan D, Misra S. Qualitative assessment of health seeking behaviour and perceptions regarding quality of health care services among rural community of district Agra. Indian J Comm Med. 2006;31(3):140.
19. Parmar P, Aaronson E, Fischer M, O'Laughlin KN. Burmese Refugee Experience Accessing Health Care in New Delhi: A Qualitative Study. Refugee Survey Quarterly. 2014; 33(2):38-53.
20. Dehdashti Shahrokh Z, Nakhaei H. An Entropy (Shannon) Based Approach for Determining Importance Weights of Influencing Factors in Selecting Medical Tourism Destinations. IJTMGH. 2016;4(4):115-21. doi: 10.21859/ijtmgh-040406
21. Veerasoontorn R, Beise-Zee R, Sivayathorn A. Service quality as a key driver of medical tourism: the case of Bumrungrad International Hospital in Thailand. IJLTM. 2011;2(2):140-58.
22. Kangas B. Hope from Abroad in the International Medical Travel of Yemeni Patients. Anthropol Med. 2007;14(3):293-305. doi: 10.1080/ 13648470701612646
23. Kovacs E, Szocska G. Informed Patient Choice in Treatment Abroad - A Response to Recent Commentaries. Int J Health Policy Manag. 2015;4(7):491-2. doi: 10.15171/ijhpm.2015.86