Published by European Centre for Research Training and Development UK (www.eajournals.org)

# THE EFFECT OF NIGERIAN ELITES OVERSEAS MEDICAL TREATMENT ON NIGERIAN ECONOMY

#### Ukoha D.O<sup>1</sup> and Adeneye O.A<sup>2</sup>

<sup>1</sup>Deputy Director Hospital Services, Directorate of Health Services, National assembly, Abuja. <sup>2</sup>Department of Economics, Faculty of Arts and Social Sciences, Nigerian Defence Academy Kaduna.

**ABSTRACT:** The main objective of this study is examines the effect of Nigerian elite' overseas medical treatment on the economy of Nigeria. Both quantitative and qualitative data collected through informal interview and structured questionnaire administered to a sample of 102 Nigerian elites across the thirty six states of Nigeria. The data were analyzes using, mean average and multiple regression analysis. The result shows that Nigerian elite' overseas medical treatment has negative and statistically significant effects on the Nigerian economy. More so, Nigerian elite' overseas medical treatment has negative and statistically significant effect on the capital flight and unemployment. Based on this findings it is therefore recommended that Nigeria governments and stakeholders in health sector at all level should formulate appropriate policy that will discourage Nigerian elite overseas medical treatment by provide necessary world class medical infrastructures with best medical team that are well qualify to managed this medical institution. Furthermore, provision of quality of healthcare delivery in the country; restore the confidence of Nigerian elites in the health sector, and, more importantly, create the enabling environment for the nation's brains in the Diaspora to return home and boost our medical tourism.

**KEYWORDS:** Elites Overseas Medical Treatment, Capital Flight, Unemployment.

#### INTRODUCTION

Globally, national health systems are facing enormous pressure brought about by forces of globalization, medical technological advances and consumerism (World-Economic-Forum, 2013). Healthcare delivery contexts around the world are rapidly changing; this is due to varying bioethical considerations for some medical procedures and technologies, high healthcare costs, and unequal accessibility to quality healthcare. The underline factors are responsible for health-seeking behavior; which is viewed as the various responses of individuals to states of ill- health, depending on their knowledge and perceptions of health, socioeconomic constraints, and adequacy of available health services and attitude of healthcare providers.

However, the health of the citizenry is very crucial to the nation's economic growth and development. A healthy labour force will make meaningful contribution to the economic growth and development of the nation. Similarly, patronage of nation health care institution equally contributes to economic growth and development of the nation this is because it could serve as medical tourism destination that attracted people from other part of the world. Subsequently, attract capital inflow, creating employment for the citizen, improving capacity utilization of the medical personnel of the citizen, currency appreciation among others benefits. On the other hand, overseas medical treatment is likely to cause capital flight, unemployment,

\_Published by European Centre for Research Training and Development UK (www.eajournals.org)

under capacity utilization of the medical personnel of the citizen and nation currency depreciation.

However, there are several factors responsible for patronage and utilization of health care facilities. Adeneye, (2015) posited that economic factor among other marketing variables responsible for patronage and utilization of health care facilities been home or abroad. Furthermore, access to healthcare facilities in terms of cost of treatment and healthcare provider attitude and medical personnel competency are determinants of health seeking behavior (Omotoso, 2010). In additions, poor medical facilities, product quality, price, sex, age and patient delays affect the patronage and utilization of public health services which increase the use of other treatment sources such as community pharmacies, drug peddlers, herbal medicine, and spiritual care organizations among others (Vibhuti, Ajay, Pandey & RajKumar, 2014; Kumar & Janagam, 2011).

Nevertheless, in the case of Nigeria where millions of naira are been budgeted for health sector yearly for the development of the health sector in holistic, it is expected that access to healthcare facilities in terms of cost of treatment, world class medical infrastructure and healthcare provider competency and attitude toward patient should reduce Nigerian overseas medical treatment. However, when considered the upward trend of overseas medical treatment in Nigerian particularly, as it relates to the elites it appears that Nigeria budget have no effect on the Nigeria economy. Shockingly, the effect of Nigerian elite' overseas medical treatment on the economy of Nigeria appear not to have overtly bothered the stakeholders and Nigeria government. According to Ahmed, Alhassan, Chung, Leonard and Ahmad (2013) over 5,000 Nigerians travel abroad for medical attention every month, resulting in the loss of N78 billion annually to capital flight.

Moreover, over the years, public office holders in Nigeria in particular political elites have typically resorted to seeking medical treatment abroad. The most recent example came in year 2015 when Nigeria president Muhammadu Buhari spent over 150 days in London receiving treatment for an undisclosed illness. In another instance, four months after commissioning a \$95 million hospital as governor, in September 2015, Godswill Akpabio was flown to London for treatment following a car crash. While Nigerians have protested these trips in the past, the lawmakers are debating a bill to amend the national health act to "regulate international trips for medical treatment by public officers." The bill will look to specify the amount of public funds spent on public officials seeking foreign medical treatment. The extent to which this bill will goes through depend on the political will of the executives.

However, some studies have examined health-seeking behavior in rural communities, healthseeking behavior of students in the university community and factors that responsible for medical tourism in Africa (Mogaka, Mashamba-Thompson,Tsoka-Gwegweni & Mupara, 2017; Omisore & Agbabiaka, 2016; Adeneye, 2015; Chomi, Mujinja, Enemark, Hansen, & Kiwara, 2014; Afolabi, Daropale, Irinoye, & Adegoke, 2013; Omotoso, 2010; Jain, Nandan, & Misra, 2006) but in Nigeria there are no study on the effect of Nigerian elite overseas medical treatment on the economy of Nigeria. This has created gap in the contextual literature. It is against this backdrop that this study examines the effect of Nigerian elite's overseas medical treatment on the economy of Nigeria. Therefore, the study proposes the following statements of null hypotheses: Nigerian elite's overseas medical treatment does not have any significant effect on the economy growth of Nigeria vis-a-vis capital flight and unemployment

## \_Published by European Centre for Research Training and Development UK (www.eajournals.org)

## LITERATURE REVIEW

Consumers' health care service behavior is related to the study of Chand, (2015). This study highlighted factors that influence consumers buying motives. It posited that consumers' health-seeking behavior is determined by two categories of motives that is: emotional behavior patronage motive and rational behavior patronage motive. Both motives have effect on the attitude of consumer toward utilization of particular health care services in any nation been domestic or foreign. The diagram below demonstrates the conceptual framework of health seeking behavior.



Figure: 1, Health seeking behavior

**Source:** Adeneye, (2016). A seminar paper presented to the department of marketing faculty of business administration university of Nigeria Enugu campus.

## **Health-Seeking Behavior**

Health-seeking behavior has been defined as a "sequence of remedial actions that individuals undertake to rectify perceived ill-health (Cultures-Cross-Cultural Anthropology, 2004). In the broadest sense, health behavior includes all behaviors associated with establishing and maintaining a healthy physical and mental state, primary prevention (Martucci, & Gulanick, 2012). According to, (Sandstrom, Lively, Martin, Fine, 2014) Health-seeking behaviors also include behaviors that deals with any digression from the healthy state, such as controlling (Secondary Prevention) and reducing impact and progression of an illness (Tertiary prevention).

The concept of studying health seeking behaviors has evolved with time. Today, it has become a tool for understanding how people engage with the health care systems in their respective socio-cultural, economic and demographic circumstances which is basically influences by emotional and rational patronage motive. When individual patronizes particular health care service/facilities without applying his mind or without reasoning, he is said to have been influenced by emotional patronage behavior. Emotional behavior play important role in the utilization of health care services. Nigerian elite' overseas medical treatment are likely to be emotional which affect their health seeking behavior. For instances, an individual Nigerian elite patronizes a health care facilities base on recommendation by others, prestige's, personality, affluence, political class, among other emotional factors. However, the effects of Nigerian elites overseas medical treatment on the economy of Nigeria cannot be over emphasis.

In the same vein, when individual patronizes a particular health care service/ facilities after careful considerations (after much logical reasoning and careful thinking when engaging) he is said to have been influenced by rational behavior patronage. Rational behavior patronage includes the following: income of an individual, price charged by the facilities, credit facilities

Published by European Centre for Research Training and Development UK (www.eajournals.org)

offer, services offered efficiency of medical personnel, wide choice treatment, and corruption tendencies among others. The aforementioned factors are likely to have an effect on the Nigerian elite's overseas medical treatment. Furthermore, various studies have shown that one's decision to engage with a particular medical channel is influenced by a variety of socioeconomic variables, sex, age, social status, type of illness, access to services, perceived quality of the service, health seeking information and personal attitude (Noukarizi & Davarpanah, 2006; Case DO, 2012).

Theoretically, discrepancy theory of patient satisfaction and attitude by Fishbein and Ajzen (1975) posited that attitudes influence health seeking behavior. Attitude comprises four components namely; cognitions, effective, behavioral intentions and evaluation. Cognitions are patient's beliefs, theories, expectancies, and perceptions relative to the care provided. The effective components refer to patient's feeling with respect to the care provided such as liking or anger. Behavioral intentions are patient's aspiration and expected responses to the care provided. Evaluations are considered the central components of attitudes as consists of the imputation of some degree of goodness or badness to an attitudes object such as care. Care evaluations are functions of cognitive, effective and behavioural intention of patient. Patient's satisfaction represents a global cognitive evaluation or judgment of their satisfaction with quality of care provided. In other words, satisfaction is an evaluation summary of one's liking or disliking of one's care provided.

Furthermore, it could be stressed that the satisfaction or dissatisfaction of patient's healthcare needs results in expecting specific feelings of emotions. It is generally assumed that the discrepancy of a need yields positive feelings. If a need is not satisfied then the related negative feeling will arouse a drive to satisfy this need. This depends on the temperamental dimension of patient's value system suggesting that specific personality traits such as emotional status are directly linked to satisfaction because they represent enduring effective disposition. In addition, satisfaction is achieved when the patient's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying and meets their expectations.

Several empirical studies have shown that overseas medical treatment have effect on health sector in Nigeria and Africal at large for instance, Mogaka, Mashamba-Thompson,Tsoka-Gwegweni and Mupara, (2017) present evidence of medical tourism (MT) in Africa and critically discusses its role and effects on the region's healthcare systems. The findings contradict to the commonly held belief limiting MT to the elites in society, and show that majority of MT activities in Africa are need-based rather than elite-based. MT affects both personal and population health, and if appropriately integrated into national healthcare systems, can complement and supplement both home and destination systems. Technically, this study did not show the effect of MT on economic growth, unemployment among other macroeconomics variables of the nation studied. More so, it did not focus on the elite's overseas medical treatment as it affect the Nigerian economy.

Omisore and Agbabiaka (2016) assess the factors influencing patronage of medical tourism in Lagos state, Nigeria. The studied employed survey research design and sourced primary data through structured questionnaire. The findings of the study revealed that there three factors influencing patronage of medical tourism in the study area this included service related, economic, and medical facilities.

Adeneye, (2016) examines buying motives and their effects on consumers' patronage of conventional drugs and herbal supplements in Rivers state, Nigeria. Research design was

#### Published by European Centre for Research Training and Development UK (www.eajournals.org)

adopted for the study; primary data collected from a total of 60 sample size on the field work covered the three senatorial district of Rivers state through the instruments of questionnaire tool. The data was sorted, coded, analysed and interpreted with the aid of the statistical package for social science (SPSS) version 20. The findings of this study revealed that average weighted mean score of 4.8 (75%) respondents' rated agreed that recommendations by others (emotional buying motive) and services offer (rational buying motive) respectively significantly influence consumers patronage of conventional drugs and herbal supplements. This study only centered on buying motive and it is effect on consumer patronage conventional drugs and herbal supplements. However the study did show the effect of consumer overseas patronage on Nigerian economy.

Adeneye, (2015) investigated into the factors affecting the attitude of consumer towards patronage of herbal medicines in Nigeria. Emphasis was on consumer attitude towards herbal medicine in relations to marketing variables. A survey design was employed in the study with a total sample of 400. The finding revealed that all the marketing variables namely; product, price, promotion and place strategy were all statistically significant in affecting attitude of consumer towards herbal medicines. Although, the study did not investigate factors that responsible for overseas elite health seeking medical patronage.

Kumar and Raju, (2013) investigated the relationship between emotional response with attitudinal and behavioral aspect of consumer buying behavior in India. The basic objective of the research was to assess the influence of advertising through attitudinal buying behavior. The study adopted descriptive research survey. The findings of the study revealed that many of the respondents agree that adverts change the opinion of the customers about the product, customers are likely to watch more of the adverts which affect their opinion, advertisement will easily convince the customer for the product, and advertisements are the strong means of communication media to convey the intended message to the target group of customers.

El Kahi, AbiRizk, Hlais, and Adib, (2012) assessed the health-care-seeking behavior, barriers to accessing care and associated factors among a sample of 543 Lebanese students at Saint-Joseph University. The study employed cross-sectional data using an anonymous questionnaire. Health-care-seeking behavior was categorized as: formal (professional help sought); informal relational (help sought from friends/family); informal personal (self-help). The health issues examined were: physical, psychological, social and relational, sexual, drug, alcohol and smoking. The findings of the study revealed that when facing health-related issues, the students tended to seek informal health care. Formal health-care-seeking behavior was almost non-existent for psychological issues (3.3%), relational and social issues (1.8%), and issues related to substance use (5.1%). The barriers to seeking formal health care fell into 2 categories: accessibility and relational.

Omotoso, (2010) examines health seeking behaviour among the rural dwellers in Ekiti State, Nigeria. The study employs data from both primary and secondary sources and use Tipping and Senegal's (1995) model of health seekers behavioral theory as basis of its theoretical underpinning. The findings of the study revealed that the type of ailment; availability of money at the time of illness, age, religious background educational background, seventy of sickness, and household position among others determining the health seeking behaviour in the area. However, this study did not show how overseas medical treatment affect Nigerian economy despite the determinant of health seeking behaviors highlighted.

Published by European Centre for Research Training and Development UK (www.eajournals.org)

## **RESEARCH METHODOLOGY**

This study adopts descriptive research design. The study cuts across the thirty six states in Nigeria however; base on the classification of each state into three senatorial districts, three elites from each of the senatorial district was purposively selected for the study making the total population sample 108 Nigerian elites used for the study. Consequently, only six out of 108 questionnaires administered was not returned. The analysis of the study is based on the 102 questionnaires correctly filled and returned. Primary data was sourced through structured questionnaire and personal interviews. Thereafter, descriptive statistics and econometric analytical tool were employed for analyzed and test the hypotheses.

## **Model Specification**

In analyzing the effect of the Nigerian elite overseas medical treatment on the Nigerian economy; Econometric analysis was carried out using multiple regression analysis and chi-square technique to test for the strength and association between the variables under study.

Thus we specify our model as follows;

NECONY= f (NEOMT, NEOCF, UNEMP)	Equation1	
NECONY= $\beta_0 + \beta_1$ NEOMT + $\beta_2$ NEOCF + $\beta_2$ UNEMP)	Equation2	

Where;

NECONY represent Nigerian economy: this is measure by corresponding growth of the health sector

NEOMT represent Nigeria elite overseas medical treatment: this is measure by how often respondents (Nigerian elite) flight out for medical treatment

NEOCF represents Nigerian elite overseas capital flight: this is measure by amount involves in traveling outside the country for overseas medical treatment

UNEMP is rate of unemployment: this is measure by perceived numbers of unemployment graduate in the health sector.

## **RESULTS AND DISCUSSIONS**

**The broad objective:** to examine the effect of Nigerian elite's overseas medical treatment on Nigeria economy. An answer provided in this section is on four point Likert scale ranges from 4 to 1. Strongly Agree [SA], Agree [A], Disagree [D] and Strongly Disagree [SD].

\_\_Published by European Centre for Research Training and Development UK (www.eajournals.org)

	Ranking	4	3	2	1	$\sum x/n=10/$	Criterion
						4 = 2.5	2.5
	Response	SA	А	D	SD	Mean	Decision
							rule
1.	Nigerian elite overseas medical	69	30	1	2	369/102=	Accept
	treatment affect Nigeria	(276)	(90)	(2)	(1)	3.62>2.5	
	economy negatively						
2.	Nigerian elite overseas medical	3	7	22	70	147/102=	Reject
	treatment affect Nigeria	(12)	(21)	(44)	(70)	1.44< 2.5	
	economy positively						
3.	Nigerian elite overseas medical	53	43	5	1	352/102=	Accept
	treatment aid capital flight in	(212)	(129)	(10)	(1)	3.45>2.5	_
	Nigeria						
4.	Nigerian elite overseas medical	44	55	2	1	374/102=	Accept
	treatment contribute to	(176)	(165)	(4)	(1)	3.67>2.5	-
	unemployment in Nigeria						
5	Nigeria economy somewhat	68	27	6	1	366/102=	Accept
	dependent on Nigerian elite	(272)	(81)	(12)	(1)	3.59>2.5	_
	overseas medical treatment.						
n	an Degewoh field work 2019	•	•				•

**Table 1.** The effect of Nigerian elite overseas medical treatment on Nigeria economy.

Source: Research field work 2018

Table 1 presented the respondents' response rate on the effect of Nigerian elite's overseas medical treatment on Nigeria economy. Questions 1 to 4 were raised to address the set objectives. Noticeably, the findings revealed that the avarage respondents agreed that Nigeria economy somewhat dependent on Nigerian elite overseas medical treatment. However, with the average mean score of 3.58 greater than 2.5 criterion values suggests that Nigerian elite overseas medical treatment affect Nigeria economy negatively. In the same vein the average mean score of 1.44 less than 2.5 criterion values suggests that Nigerian elite overseas medical treatment does not affect Nigeria economy positively. More so, with the average mean score of 3.68 greater than 2.5 criterion values suggests that Nigerian elite overseas medical treatment aid capital flight in Nigeria. Likewise, with the average mean score of 3.67 greater than 2.5 criterion values suggests that Nigerian elite ourseas medical treatment contribute to unemployment in Nigeria. This result supported the assertion by Ahmed, Alhassan, Chung, Leonard & Ahmad (2013) which posited that oversees medical treatment aid capital flight in Nigeria. This result supported the assertion by Ahmed, Alhassan, Chung, Leonard & Ahmad (2013) which posited that oversees medical treatment aid capital flight in Nigeria.

**Hypothesis testing**: Nigerian elite's overseas medical treatment does not have any significant effect on the economy growth of Nigeria vis-a-vis capital flight and unemployment

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	1.000 <sup>a</sup>	1.000	1.000	.17471

## Table 2. Model Summary

a. Predictors: (Constant), UNEMP, NEOMT, NEOCF

Source: SPSS Statistics 20 Output from study data

Published by European Centre for Research Training and Development UK (www.eajournals.org)

The table 2 presents the model summary. The  $R^2$  of 1.000 calculated points to the fact that approximately 100 percent changes in the Nigerian economy (NECONY) is explained by the regressors. The coefficient of multiple determinations that is, the adjusted  $R^2$  is very strong at 100%. This shows a very strong explanatory power of the regressor in explaining changes in the dependent variables.

#### Table 2. ANOVA<sup>a</sup>

Mo	odel	Sum of Squares	df	Mean Square	F	Sig.
	Regression	58701.878	3	19567.293	641022.325	.000 <sup>b</sup>
1	Residual	.122	4	.031		
	Total	58702.000	7			

a. Dependent Variable: NECONY

b. Predictors: (Constant), UNEMP, NEOMT, CF

Source: SPSS Statistics 20 Output from study data

In table 3 ANOVA table the F-value of 641022.325 indicate the overall model is statistical significant with Sig-value of 0.000, this explains the joint impact of the explanatory variables on the predicator.

#### Table 4. Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		В	Std. Error	Beta		
	(Constant)	268	.095		-2.809	.048
1	NEOMT	.403	.011	.415	36.024	.000
1	NEOCF	1.518	.027	1.263	56.485	.000
	UNEMP	914	.015	737	-62.194	.000

a. Dependent Variable: NECONY

Source: SPSS Statistics 20 Output from study data

Table 4 present the coefficients of the explanatory variables. The results show that one percent unit increase in NEOMT will lead to 0.403% changes in NECONY. Again, one percent unit increase in NEOCF will effect a 1.5187% change in NECONY. Furthermore, one percent unit increase in UNEMP will cause -0.914% change in NECONY. Also, all the t-calculated value is greater than beta value with the exception of UNEMP t-calculated value which less than beta value The Sig-value of 0.000 of all the explanatory variables are less than 0.05 confident levels suggests that NEOMT together with others independent variables stated in the model have statistically significant effect on the NECONY. Thus, the null hypothesis which stated that Nigerian elite's overseas medical treatment does not have any significant effect on the economy growth of Nigeria vis-a-vis capital flight and unemployment is therefore rejected and alternate hypothesis is accepted. That is Nigerian elite's overseas medical treatment have significant effect on the economy growth of Nigeria vis-a-vis capital flight and unemployment.

\_Published by European Centre for Research Training and Development UK (www.eajournals.org)

#### CONCLUSION AND RECOMMENDATIONS

The main objective of the study was to examine the effect of Nigeria elite overseas medical treatment on the economy of Nigeria. Specifically, the study examines the extent to which Nigeria elite overseas medical treatment affect capital flight and unemployment. The survey research design used was used in the study. Primary data were collected from the respondents across thirty six states of Nigeria. The purposive sampling techniques were used to administer the questionnaire to the respondents. The data was sorted, coded, analysed and interpreted with the aid of the statistical package for social science (SPSS) version 20. The findings of the study revealed that Nigeria elite overseas medical treatment has negative and statistical significant effect on the economy of Nigeria. The study therefore, concludes that Nigeria elite overseas medical treatment has negative effect on the economy of Nigeria vis-à-vis capital flight and unemployment. The effect of Nigeria elite overseas medical treatment on unemployment is much higher than that of capital flight. The average weighed mean score of unemployment is 3.67 while, that of capital flight is 3.45 however, both mean score is greater than 3.0 criterion mean values. Subsequently, an improved health care sector will, no doubt, halt the huge cash flight and unemployment.

Based on the results and findings of this study, the study therefore recommends the following; That governments and stakeholders in health sector at all level in Nigeria should formulate appropriate policy that will discourage Nigerian elite overseas medical treatment by provide necessary world class medical infrastructures with best medical team that are well qualify to managed this medical institution. Furthermore, provision of quality of healthcare delivery in the country; restore the confidence of citizens in the health sector, and, more importantly, create the enabling environment for the nation's brains in the Diaspora to return home and boost our medical tourism.

## **REFERENCES.**

- Adeleke, O.A , (2015) Investigation into the factors affecting the attitudes of consumers towards the Consumption of Herbal Medicines in Nigeria. *European Journal of Business and Management*.7(26):9-19. ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online).
- Adeneye, O.A. (2016). Buying motives and their effects on consumer patronage of conventional drugs and herbal supplements in rivers state, Nigeria. A seminar paper presented to the department of marketing faculty of business administration university of Nigeria Enugu campus.
- Afolabi, M.O, Daropale, V.O, Irinoye, A.I & Adegoke, A.A. (2013). Health-seeking behaviour and student perception of health care services in a university community in Nigeria. *Journal of health*, 5(5):817-824 (2013).
- Ahmed, T.A, Alhassan, A, Chung, S, Leonard, J & Ahmad, R. (2013). How Nigerians spend billions on medical tourism. *Nigeria newspaper daily trust, 5<sup>th</sup> January, 2013*
- Case, D.O. (2012). Looking for inform action: A survey of research on information seeking, Needs, and Behavior. UK: Emerald Group Publishing; 2012.
- Chand, S (2015). Five factors influencing consumer behaviour. Your article Llbrary.com, online publication, october 2015.
- Chomi, E.N, Mujinja, P.G.M, Enemark, U., Hansen, K & Kiwara, A.D. (2014). Health care seeking behaviour and utilisation in a multiple health insurance system: does

\_Published by European Centre for Research Training and Development UK (www.eajournals.org)

insurance affiliation matter? *Journal of the international society for equity in health* 2014 (13): 25. DOI:10.1186/1475-9276-13-25.

Cultures-Cross-Cultural Anthropology. (2004). In C. Ember & M. Ember (Eds.), Encyclopedia of Medical Anthropology Health and Illness in the World's Cultures. 1(1):3-8). New York: Springer Science.

El Kahi, H.A., AbiRizk, G.Y., Hlais, S.A.& Adib, S.M. (2012) care-seeking behavior among university students in Lebanon. Eastern mediterranean health Journal 18(6)

- Jain, M., Nandan, D. & Misra, S.K. (2006) Qualitative assessment of health-seeking behaviour and perceptions regarding quality of health care services among rural community of district Agra. *Indian journal of community medicine*, 31():140-144.
- Kumar, M. R., & Janagam, D. (2011). Export and Import Pattern of Medicinal Plants in India. *Indian journal of science and technology*, 4(3): 245-248.
- Kumar, D. P & Raju, K. V. (2013). The Role of Advertising in Consumer Decision Making Journal of Business and Management, 14(4):37-45 <u>www.iosrjournals.org</u>.
- Mogaka, J.J.O., Mashamba-Thompson, T.P., Tsoka-Gwegweni, J.M & Mupara, L.M. (2017). Effects of medical tourism on health systems in Africa. *African journal of hospitality, tourism and leisure.* 6(1) - 2017. ISSN: 2223-814

Noukarizi M, & Davarpanah M.(2006). Analysis of the models of information seeking behavior. *Journal library information science*, 9(1):155-78

Noukarizi M, Davarpanah M. Analysis of the models of information seeking behavior. J LibrInfSci, 2006 ; 9:155-78

- Omisore, E.O. & Agbabiaka, H.I.(2016). Factors influencing patronage of medical tourism in metropolitan Lagos, Nigeria. *International journal of scientific & technology* research.5(04)-April 2016 ISSN 2277-8616
- Omotoso, O. (2010).Health seeking behaviour among the rural dwellers in Ekiti State, Nigeria. African review research an international multi-disciplinary journal, Ethiopia 4 (2):125-138. April, 2010 ISSN 1994-9057 (Print) ISSN 2070-0083 (Online)
- Sandstrom, K.L., Lively, K.J., Martin, D.D., Fine, G.A. (2014).Symbols, Selves, and Social Reality: A Symbolic Interactionalist Approach to Social Psychology and Sociology (4th ed.) New York, NY: Oxford University Press. Goffman and Stigma Chapter 7-8.
- Vibhuti, A, K. T., Pandey, V., & RajKumar, G. (2014). A case study on consumer buying behavior towards selected FMCG products. *International Journal of scientific research and management (IJSRM)*.2(.8):168-1182. Website: www.ijsrm.in ISSN (e): 2321-3418.
- World-Economic-Forum. (2013). Sustainable health systems: Visions, strategies, critical uncertainties and scenarios. WEF.