Birth Tourism: A Systematic Review

Necla YILMAZ*, Hilal EKİM**

Abstract

Aim: The importance of birth tourism within the scope of medical tourism has increased day by day. Therefore, the importance of studies that will raise awareness about birth tourism has also increased. Accordingly, the aim of this study is to systematically review the studies conducted on birth tourism.

Method: The literature was reviewed via PubMed, Taylor & Francis, ScienceDirect, Web of Science and Scopus databases within the scope of the study. The scope of this study was limited to the studies on birth tourism published in English as a full text. According to literature review, 601 studies were accessed from the specified databases and nine studies were reached by manual search, and a total of 610 studies were obtained as a result of the search. 19 studies were included within the framework of the specified inclusion criteria.

Results: The research methods of the studies conducted between 2016-2023 were qualitative, quantitative and mixed, and it was determined that the mothers who went to give birth were Ghanaian, Chinese, and Taiwanese. The destinations visited for giving birth were the United States, Hong Kong, and Canada. Considering the reasons of mothers traveled abroad within the scope of birth tourism, it has been determined that they provide a better future for their children, acquire citizenship, benefit from better health services, and immigration, because of the policies of the country they live in, personal choices, and lack of trust in the country they live in.

Conclusion: As a result of the current study, in which the recent studies in the literature were examined by using systematic literature review method, it was identified that the studies on birth tourism were not quantitatively sufficient and it was revealed that there was a need to increase the number of studies on birth tourism. In addition, it is necessary to raise awareness in the field by addressing important issues such as the definition of birth tourism, its advantages and disadvantages, and mothers' experiences, regarding studies that will be conducted both in the review and research in the field.

Keywords: Medical tourism, birth tourism, systematic review.

Doğum Turizmi: Sistematik Bir Derleme

Öz

Amaç: Medikal turizm kapsamında yapılan doğum turizminin önemi gün geçtikçe artmaktadır. Bunun neticesinde de doğum turizmi konusunda farkındalık oluşturacak çalışmaların da önemi artış göstermektedir. Bu doğrultuda çalışmanın amacı doğum turizmi ile ilgili yapılan çalışmaların sistematik derlemesini yapmaktır.

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* Assoc. Prof., Department of Health Management, Faculty of Economics and Administrative Sciences, Süleyman Demirel University, Isparta, Türkiye. E-mail: neclabardak@sdu.edu.tr ORCID https://orcid.org/0000-0002-9847-6888
** PhD Student, Department of Health Management, Institute of Social Sciences, Süleyman Demirel University, Isparta, Türkiye. E-mail: d2140234011@ogr.sdu.edu.tr ORCID https://orcid.org/0000-0003-2176-0124

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Yöntem: Çalışma kapsamında literatür taraması PubMed, Taylor & Francis, ScienceDirect, Web of Science ve Scopus veri tabanları üzerinde gerçekleştirilmiştir. Çalışmanın kapsamı İngilizce dilinde, tam metin olarak yayımlanan doğum turizmi ile ilgili araştırma makaleleri ile sınırlı tutulmuştur. Tarama sonucunda 601 çalışmaya belirtilen veri tabanlarından, 9 çalışmaya ise el ile yapılan taramadan ulaşılmış olup tarama sonucunda toplamda 610 çalışma elde edilmiştir. Belirlenen dâhil etme kriterleri çerçevesinde 19 çalışma kapsama alınmıştır.

Bulgular: 2016-2023 yılları arasında yer alan çalışmaların araştırma yöntemleri nitel, nicel ve karma şeklinde olup doğum yapmak için giden annelerin Ganalı, Çinli ve Tayvanlı olduğu tespit edilmiştir. Doğum yapmak için gidilen destinasyonlar ise Amerika Birleşik Devletleri, Hong Kong ve Kanada'dır. Doğum turizmi kapsamında annelerin yurt dışına gitme nedenlerine bakıldığında ise çocuklarına iyi bir gelecek imkânı sunma, vatandaşlık elde etme, daha iyi sağlık hizmetinden yararlanma olanağı, göç etmek, yaşadıkları ülkenin izledikleri politika, kişisel seçim ve yaşanılan ülkeye duyulan güven eksikliği şeklinde tespit edilmiştir.

Sonuç: Literatürde yer alan mevcut çalışmaların sistematik derleme yöntemiyle irdelendiği mevcut çalışma sonucunda doğum turizmi konulu çalışmaların niceliksel olarak yeterli olmadığı saptanmış ve doğum turizmine yönelik çalışmaların artırılması gerekliliği ortaya konmuştur. Ayrıca hem derleme hem de alan araştırması türünde yapılacak çalışmalarla doğum turizminin tanımı, avantajları-dezavantajları, anne deneyimleri gibi önem arz eden konulara değinilerek alan farkındalığı oluşturulması gerekmektedir.

Anahtar Sözcükler: Medikal turizm, doğum turizmi, sistematik derleme.

Introduction

Health has been the most essential and important physiological need of people from past to present. Individuals have traveled within or outside the country to be healthy. These travels affect the development of health tourism[1]. Health tourism is defined as tourism-based travel to different countries to be treated, improve or maintain the health status of individuals[2]. Medical tourism is a sub-branch of health tourism and a form of tourism in which individuals travel to be treated and care; and at the same time, benefit from the tourist activities of the country visited[3]. By the effect of globalization, social and technological opportunities for the provision of health services at the international level have contributed to the increase in health tourism activities and research. People called as health tourists have experienced a process involving tourism interaction by benefiting from health services from different countries. Regarding the field of health, a wide range of sub-branches on health tourism has emerged[2]. One of these fields is birth tourism. Many pregnant women have traveled long distances to benefit from birth services, and as a result of these travels, the phenomenon of birth tourism has emerged[4]. Birth tourism is defined as traveling to another country to give birth[5]. Birth tourism, which is often considered within the framework of medical tourism, is also called 'baby tourism' since women benefit from obstetric and birth care[6]. On the other hand, a birth tourist is defined as a person who travels to a country different from her birth country of residence with the intention of giving birth[7].

Birth tourism has been a growing phenomenon in many sides of the world. Pregnant women have traveled to different countries for many reasons[8]. Considering the reasons for birth tourism, it has been seen that it is generally to acquire citizenship or to benefit from better healthcare services than in their own country[9]. The perception that

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healthcare services provided is safer and its costs are lower, and ease of access to the healthcare services are among other reasons[7]. Many families prefer birth tourism to benefit from education and healthcare services and, in some cases, to avoid the laws in the parents' countries of birth[10]. Babies who have acquired birth citizenship through birth tourism can benefit from educational scholarships in the birth country and have access to the labor markets of the country[11]. All these reasons and factors lead to the development of birth tourism in a country. Studies on birth tourism, which is a multidimensional phenomenon, have tried to make various evaluations from different contexts. Along with these studies, birth tourism, which is an indicator of a contemporary trend, has gained importance. The present study aims to systematically examine studies on birth tourism in different contexts. In line with this scope, the studies in the literature were examined in a comprehensive and systematic manner.

Material and Methods

Birth tourism has been a growing phenomenon around the world. In this study, a systematic review of studies on birth tourism, which has gained importance as an indicator of a contemporary trend, was conducted. The study was not registered with the PROSPERO system. However, within the scope of the PRISMA protocol, the literature search, study selection, data collection, and reporting of results were carried out systematically and transparently. Within the scope of this study, studies published in "PubMed", "Taylor & Francis", "ScienceDirect", "Web of Science" and "Scopus" databases were included.

In the search strategy in the databases in question, the terms compatible with the subject of the study and frequently used in the literature were determined as "birth tourism", "baby tourism" and "maternity tourism". Inclusion criteria for the study were original research articles on the concept of birth tourism, published in English, with full-text access, and published in peer-reviewed journals. To ensure methodological diversity, both quantitative and qualitative studies were included. Systematic reviews, theses, books, and conference proceedings were excluded due to methodological differences and the risk of data duplication. As a result of the searching, a total of 601 articles were identified in the specified databases. In addition to database searches, a manual search was conducted to expand the literature. Nine studies obtained from these searches were included in this study after meticulously reviewing their reference lists. Studies retrieved from databases were compiled using EndNote reference management software, and 122 duplicates were identified through the automated "Find Duplicates" function. Duplicate records were identified based on key fields such as title, author name, publication year, and DOI, and were excluded from the systematic review process. After excluding 122 duplicate studies, 488 studies were examined. After examining the titles, abstracts and keywords of the remaining 488 studies, 449 studies were excluded on the grounds that they did not meet the eligibility criteria; a total of 39 studies were included in the systematic review. The PRISMA flow diagram covering the systematic literature review is presented in Figure 1. After examining the title, abstract and keywords, one study that did not meet the full text criteria was excluded from the scope of the study and 38 studies were included.

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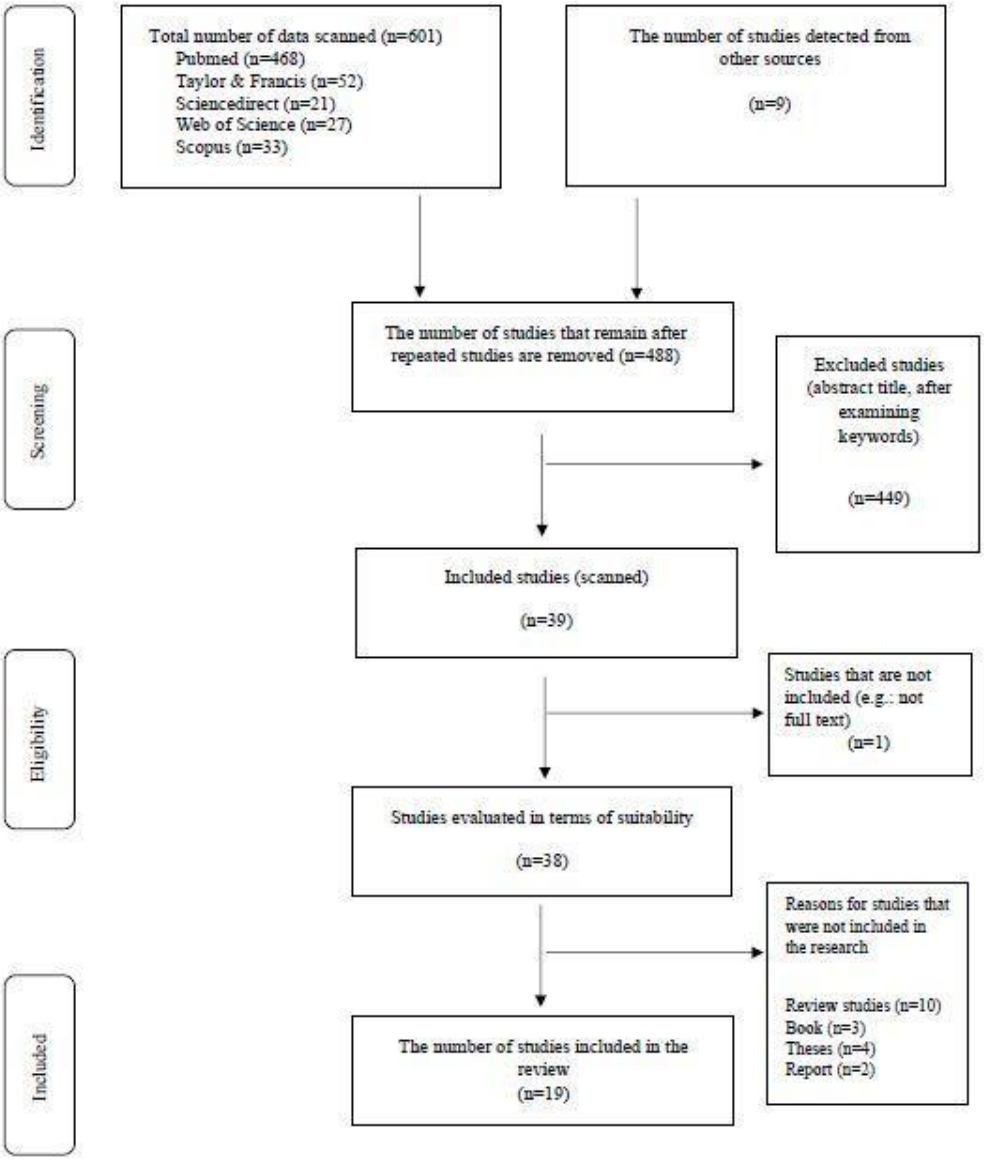
Within the scope of the research, all data related to 38 studies were transferred to the computer in Word format. The data of the studies transferred to the computer were examined within the framework of the inclusion criteria determined by the author, taking into account the evaluation criteria of the research articles published in English as a full text, including the concept of birth tourism. During the detailed examination of the full texts of 38 studies, 10 review studies, two reports, four theses, four dissertations and three books were excluded. The 19 studies included within the framework of the full-text review, the research design to reveal the results, the number of birth countries, the sample size, and the findings obtained are shown in Table 1.

Figure 1. PRISMA flow diagram



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Results

Table 1 shows the author(s) and publication year of the study, the design of the study (qualitative, quantitative, etc.), from the country of origin to the destination country for childbirth, the reason for the data collection, the sample size, and the findings. The publication years of the studies obtained are between 2016-2023. Research methods used in the studies are qualitative, quantitative and mixed. It was determined that the mothers who went to give birth were Ghanaian, Chinese and Taiwanese. The places where they went to give birth are the United States of America, Hong Kong and Canada.

Table 1. General characteristics of selected studies

No	Author(s)/ Year	Research Design	Birth Country	Sample Size
1	Allotey AA, Kandilige L[6]/2021	Questionnaire and semi-structured in-depth interviews	Ghanaian mothers intending to give birth in the United States	n: 260
2	Chee WC[12]/2021	Qualitative research method ethnographic research design was used.	Chinese mothers giving birth in Hong Kong	n: 45
3	Cheng KM[13]/2016	Quantitative research method	Chinese mothers giving birth in Hong Kong	(Data Sources) Annual data on the number of live births from Hong Kong to the mainland (1991-2011) women (21 observations) Data from Hong Kong Census and Statistics department
4	Jaramillo J, Goyal D, Lung C[14]/2019	Qualitative exploratory design	Chinese mothers giving birth in the United States	n: 12
5	Kang T [8]/2018	Semi-structured interviews were conducted with qualitative research method.	Taiwanese mothers giving birth in the United States	n: 21
6	Rodriguez C[15]/ 2018	Qualitative research method was used and content analysis was conducted.		Comments posted in response to a New York Times story on Chinese birth tourism in the United States from November 2013 to February 2014.
7	Rahim H, Page S, Mattatall F, Mitchell I, Guichon J[16]/ 2020	Quantitative research method	Maternity care workers (family physicians, neonatologists, obstetrician-gynecologists and midwives providing prenatal care) working in Alberta and Columbia	n: 125
8	Choi SY, Lai RY[17]/ 2022	Qualitative research method was used.		n: 125; n: 32 (14 mothers and 18 children in total 32 people were interviewed)
9	Freckelton A[18]/ 2022	Qualitative research method was used.		Document review was conducted.

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10	Lozanski K[19]/ 2020	Qualitative research method was used.		11 Chinese language websites were analyzed.
11	Wang SH[20] /2017	Qualitative research method was used.		Document analysis of media and documents was conducted.
12	Ji Y, Bates BR[5]/ 2018	Qualitative research method was used.		The homepages of 34 agencies were analyzed.
13	Lim J, Sun WD, Zhang L, Mikhael M[21]/ 2020	Quantitative research method was used. Retrospective analysis was performed.		A total of 1 755 birth tourists were identified over 4 years.
14	Onwuzurike C, Ungaretti J, Cejtin HE[22]/2022	Quantitative research management was used. Retrospective analysis was performed.		N: 413
15	Philipsborn RP, et al [23]/2022	Qualitative research method was used.		Document review was conducted.
16	Brar S, et al[7]/2022	Quantitative research method was used. Retrospective analysis was performed.	Mothers giving birth in Calgary who are identified as birth tourists through the Central Triage system	N: 102
17	Mikhael M., et al [24]/ 2016	Quantitative research method was used. Retrospective analysis was performed.		N: 46
18	Boichak O[25]/2019	Qualitative research method was used.		1 online user from a Russian forum
19	Harden M[26]/2023	Qualitative research method was used.		Analysis of news in the media and the speech of public opinion commentators

Within the scope of birth tourism, the reasons why mothers went abroad are shown in Table 2.

Table 2. Article(s) examining the reasons for birth tourism

Causes	**Related Article(s)**
Providing a better future for their children (4)	Allotey A, Kandilige L[6]; Jaramillo J. et al.[14]; Kang T[8]; Rahim H, et al.[16]
Citizenship (4)	Allotey A, Kandilige L[6]; Cheng KM[13]; Brar S, et al.[7]; Jaramillo J, et al.[14]
Opportunity to benefit from better health care (3)	Jaramillo J, et al.[14]; Rahim H, et al.[16]; Brar S, et al.[7]
Migration and Immigration (2)	Chee WC[12]; Jaramillo J, et al.[14]
The politics of the country they live in (2)	Chee WC[12]; Cheng KM[13]
Personal choice (2)	Allotey A, Kandilige L[6]; Brar S, et al.[7]
Lack of trust in the country of residence (1)	Allotey A, Kandilige L.[6]

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According to the findings of the study, the opportunity for a better future has been among the reasons for leaving their countries of birth. As sub-themes within the scope of a better future opportunity, it was determined that it has offered better education, career and employment opportunities than the country where the mothers live. It was found that mothers gave birth abroad since their children could benefit from citizenship rights. Considering the findings of the study, another reason is to benefit from better healthcare services than the country where they live. Better healthcare services include painless delivery, the presence of professional healthcare professionals, having a companion in the delivery room, better delivery and care services for the mother, access to neonatal care for babies in case of an emergency during delivery, and the benefit of healthcare services for children in the future. Another reason is the perception of migrating or immigrating after a certain period of time by taking advantage of the citizenship opportunities of their children in the birth country. The policy pursued by the country of residence is another reason for going for birth tourism. For example, China's one-child policy and the country's individual visit program have been found to be effective on birth tourism. Personal choice, individuals wanting to give birth because their family or friends are in that country are also among the reasons. Finally, lack of trust in the country of residence is a reason for going within the scope of birth tourism.

Within the framework of birth tourism, studies on website reviews and comments on news are seen in Table 3.

Table 3. Article(s) examining birth tourism within the scope of website and comments

Website Review	**Related Article(s)**
Comments to the news story on China birth tourism (1)	Rodriguez C[15]
Website review for birth tourism (3)	Lozanski K[19]; Ji Y, Bates BR[5]; Boichak O[25]

According to the findings, it was found that the children of Chinese mothers are considered by being included in the category of “anchor babies”, in the comments made about Chinese birth tourism. In some comments, it was determined that they have posed a threat to the birth country while some of them have been conditionally accepted.

In the website review, within the scope of birth tourism, it was found that babies born resulted in citizenship acquired by giving birth, and coming of foreigners who encourage mobility to acquire citizenship regardless of any commitment and state sanctions. Another study of agencies emphasized that the superior quality of healthcare service was favored on the grounds of whiteness and easy access to traditions as evidence of superior quality. Finally, it was identified that an online user posted on a forum reveals the process of interpersonal capitalism that transforms healthcare services into a market within the scope of birth tourism.

An analysis of the findings reveals that birth tourism is not limited to healthcare demand but also encompasses sociocultural and political dimensions. In this context, some

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studies explicitly critically evaluate birth tourism, while others adopt a more neutral or access-to-services-focused perspective. Some studies argue that this process is being "marketized" or used for strategic citizenship acquisition. This demonstrates significant discrepancies in the findings.

The study examining the phenomenon of migration within the scope of birth tourism is given in Table 4.

Table 4. Article(s) examining birth tourism with migration phenomenon

Migration Phenomenon	**Related Article(s)**
Articles examining birth tourism with the phenomenon of migration (1)	Choi SY, Lai RY[17]

In the context of birth tourism, immigration or migration, family strategy, poverty and social exclusionary practices towards immigrants or migrants have been found to cause children to experience significant difficulties such as reducing the living standards, family separation and language problems. As a result of this situation, it was found that children blamed their mothers and used emotional strategies such as crying and tantrums to protest them. This study emphasizes the long-term negative consequences of birth tourism on family structure, children's identity development, and social integration. Although only one study explores the phenomenon of migration, it is important for providing insights into the long-term social consequences of birth tourism. This gap in the literature highlights the need for studies that also address birth tourism within broader social contexts, such as migration, cultural integration, and family structure.

Studies examining birth tourism within the scope of women's and children's health are presented in Table 5.

Table 5. Article(s) examining birth tourism within the scope of women's and children's health

Women and Child Health Coverage	**Related Article(s)**
Articles examining birth tourism in the context of women's and children's health (3)	Lim J, et al.[21]; Onwuzurike C, et al.[22]; Mikhael M, et al.[24]

Considering the findings, it was determined that mothers were more likely to carry multiple pregnancies and experienced cesarean delivery, and infants required intensive care after birth. The intensive care requirement of mothers was found to be low. Similarly, in another study, it was found that mothers experienced cesarean deliveries, babies were admitted to neonatal intensive care and they paid fees outside the scope of the extra financial package. In the last study examined, it was determined that mothers gave birth by caesarean delivery and that the birth tourism group had a longer hospital stay, experienced more surgical interventions and higher hospital costs. The results

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revealed a common finding that birth tourism involves a higher rate of cesarean sections for mothers, resulting in increased intensive care needs for newborns. The reviewed studies indicate longer postpartum hospital stays, increased need for surgical interventions, and increased healthcare costs. These findings suggest that birth tourists face a more complex process, both medically and economically.

The studies in which document review was conducted within the scope of birth tourism are shown in Table 6.

Table 6. Articles document reviewed within the scope of birth tourism

Document Review	**Related Article(s)**
Articles examining document review within the scope of birth tourism (3)	Freckelton A[18]; Wang SH[20]; Philipsborn RP, et al.[23]

According to the findings from the document review, in the article examining Canadian citizenship laws, it was found that since 2014, the birthright citizenship law has not only allowed birth tourism but also encouraged and facilitated birth tourism by Canadian businesses. Another study examining media and documents argued that the concept of citizenship is important and that birthright citizenship is difficult in terms of childbearing and racialization. In the last study, it was found that there were problems regarding maternal migration status and healthcare services. These findings indicate that birth tourism is not merely an individual search for services, but is also shaped by structural policies, immigration regimes and citizenship practices.

The studies related to the discourse analysis conducted within the scope of birth tourism are presented in Table 7.

Table 7. Articles related to discourse analysis on birth tourism

Discourse Analysis	**Related Article(s)**
Articles related to discourse analysis within the scope of birth tourism (1)	Harden M[26]

Within the scope of birth tourism, the news in the media and the discourse analysis of public commentators were analyzed and it was found that the desire to realize a white heteropatriarchal America lies at the basis of the legislation and discourse targeting birth tourism. This finding places birth tourism within a broader ideological context interwoven with gender, race, and belonging. The fact that only one study has addressed the discourse analysis of birth tourism demonstrates that it represents a dimension requiring further research. Expanding discourse analysis will contribute to a better understanding of the connections between legal regulations, public perception, and political reflexes.

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Discussion

The findings were reviewed for the purpose of systematically examining the studies related to birth tourism. Birth tourism, which is an indicator of a modern trend, has increasingly become important, and it is significant for the literature to systematically examine the studies conducted in this field and reveal the findings. There are a total of 19 articles using quantitative, qualitative and mixed methods covered in this study. The concept and implication of birth tourism has a complex structure in terms of patient, health team, facility and health system[9]. Birth tourism means giving birth to their newborn baby outside their country for various reasons such as acquiring citizenship or healthcare services[7]. Women have traveled miles away by risking their health for their unborn child[27]. In the studies conducted, it has been demonstrated that mothers living in Ghana, China and Taiwan have traveled outside the country for the purpose of birth tourism[6,8,12-14]. In the literature, mothers from various countries such as China, Taiwan, Ghana, Nigeria, India, Mexico have also become an important part of birth tourists[6]. On the other hand, in the studies examined, it was found that the countries of birth were the United States, Hong Kong and Canada[6-8,12-14,16]. Regarding the literature, according to the citizenship clause of the fourteenth amendment of the Constitution of the United States, all persons born or naturalized in the United States and subject to jurisdiction here are citizens of the United States and the state in which they reside[24]. Similarly, Canada has allowed them to acquire citizenship through jus soli, that is, every child born on Canada has automatically acquired citizenship, regardless of the citizenship or residence status of the parents[28]. In line with this, these countries can be considered as important destinations within the scope of birth tourism.

Considering the studies conducted on birth tourism, 7 different factors have stood out in the development of the phenomenon of birth tourism. According to the results related to the factors, providing a better future opportunity to children have ranked first[6,8,14,16]. Allotey and Kandilige[6] found that the strategy of providing a better future for their children was 34.6%. According to the study conducted by Jaramillo et al.[14], they concluded that among the factors for Chinese mothers to give birth in the United States with the possibility of a better future is to provide their children with a better educational opportunity in the future, and a better living environment. Additionally, the study of Kang[8], it was found that Taiwanese mothers who gave birth in the United States as part of the opportunity for a better future went to the United States as part of birth tourism in order to offer their children a better education and employment. The study carried out by Rahim et al.[16], similar to other studies within the scope of a better future opportunity, they obtained the result that mothers gave birth in another country in order to provide their children with a better quality education opportunity than their hometown (13.6%), and their children with access to Canadian education (42.4%).

Secondly, the birth tourism factor has derived from being a citizen of the birth country[6,7,13,14]. According to Allotey and Kandilige[6], the findings on American citizenship and related benefits were found to be 24.2%. The status of being an American citizen and having the opportunity to travel without hindrance, ensuring access to a better education are among the findings obtained. Cheng's[13] study demonstrated that annual data on the

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number of live births from Hong Kong to the mainland (1991-2011), observation data on women (21 observations), according to data from the Hong Kong Census and Statistics department, are an important factor in birth tourism due to the granting of residence rights under citizenship. According to Brar et al.[7] the findings gathered in their study, most of the participants (77%) were born in Canada due to acquiring Canadian citizenship. According to Jaramillo et al.[14] stated in their study, Chinese mothers went to the United States for childbirth to acquire United States citizenship for their children.

Thirdly, there is the possibility of benefiting from a better healthcare service than the country they live in[7,14,16]. According to Jaramillo et al.[14] in their qualitative research method studies, it was determined that the reasons for Chinese mothers to give birth in the United States for providing better healthcare are to give birth painlessly, healthcare services provided by professional health workers, and having a companion in the delivery room, as sub-themes. The study conducted by Rahim et al.[16] has listed the reasons for going to another country to give birth in the form of ensuring that their children benefit from Canadian healthcare within the scope of a better healthcare service (50.4%), a better obstetric services for mothers (42.4%); and that their children have had access to neonatal and intensive care in an emergency (13.6%). According to Brar et al.[7], the findings of their studies showed that 8% of the participants gave birth abroad for access to better healthcare services. The next factor is migration[12,14]. In Chee's[12] study, the migration regimes implied for Chinese mothers who gave birth in Hong Kong are included. Jaramillo et al.[14] also emphasized that Chinese mothers gave birth to provide convenience through their children in order to migrate to the United States if desired. The fifth factor is the policy implemented by the country they live in[12,13]. Chee[12] found that Chinese mothers living in rural areas gave birth in Hong Kong to have a boy due to the one-child policy implemented in their own country. Cheng[13] stated that the Individual Visit Program (IVS), which provides a convenient means for traveling to Hong Kong, is effective within the scope of birth tourism in accordance with the annual data on the number of births from Hong Kong to the mainland (1991-2011), data collected from women (21 observations) and the Hong Kong Census and Statistics Department.

Another important factor is personal choice[6,7]. Allotey and Kandilige[6] emphasized that the reason for parents to leave the country they live in, by personal choices, is 10.8%. According to Brar et al.[7], it was stated by the participants that 40% of the participants had family or friends living in that country among the reasons for giving birth in Canada. Consequently, there is a lack of trust in the countries they live in. Additionally, Allotey and Kandilige[6] found that the proportion of women who gave birth in another country was 12.7% since they have experienced the lack of trust in the country they lived in. Lack of trust in the education system, and narrow opportunities for their children can be considered among the factors for giving birth in another country as attractive status.

According to the results obtained from the studies in the literature, it is seen that pregnant women gave birth in another country, within the scope of birth tourism, for the welfare of their children and then for the welfare of their families together with themselves. In particular, countries where citizenship rights have a positive impact on the quality of life have become a higher priority for giving birth. Since acquiring

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citizenship of a country under normal circumstances brings long processes and bureaucracy, parents may prefer birth tourism to prevent their children from facing this difficult process. In addition, the fact that pregnant women want to give birth in healthier conditions is also among the reasons for choosing to give birth in another countries. On the essential reason of this preference, it can be stated that the mother wants to protect her child against present health risks since mothers strive to protect their children from various risks with the maternal instinct, as a consensus of acceptance in societies. On the other hand, it has seen that the desire of families to immigrate to countries for better living conditions than the countries they live in as an extended family is also an important factor in going to different countries for childbirth. Here, the accessibility of jobs, education, health and social opportunities can be taken into better living conditions. Accordingly, it is important that differences in family perception also affect birth tourism. The desire for more children in the family rather than an only child, and thus the perception that the concept of family will find a full response, also leads to childbirth in various countries. The goals that states want to achieve in their population policies have a limiting effect in highly populated countries. Due to these policies, which are usually characterized as a one-child policy, parents can acquire the right of settlement and immigrate there by the fact that mothers gave birth in different countries. Thus, they will be able to have as many children as they want, since such a policy cannot be mentioned in the country where they immigrated. As a matter of fact, families prefer birth tourism by going to other countries for this purpose instead of the country they live in. Consequently, according to the studies in the literature, the presence of relatives or acquaintances in the country where the birth is wanted makes the desire to give birth in that country more attractive in a facilitating way. Instead of looking for solutions to problems such as other types of accommodation, only the choice of hospitals in that region makes birth tourism more attractive.

There are 4 models that examine birth tourism within the scope of the website and reviews[5,15,19,25]. In the article covering the comments made to the news about Chinese birth tourism, it was found that the children of Chinese mothers were considered as the “anchor baby” and made sense of. It has been also determined that some comments demonstrate a threat to the birth country while other comments show a conditional acceptance from countries. In the website reviews, it has been found that babies born resulted in citizenship acquired by giving birth, and coming of foreigners who encourage mobility to acquire citizenship regardless of any commitment and state sanctions. Based on these findings, it can be emphasized that babies born, within the scope of birth tourism, may be a burden to the state, and the families’ settling in the country by considering as an anchor through their babies is a concern that causes significant problems. In another study in which agencies were reviewed, it was found that the superior quality of healthcare was preferred to birth tourism on the grounds of easy access to whiteness and traditions as evidence of superior quality. Finally, it has been found that an online publication published on the forum reveals the process of relational capitalism that turns healthcare services into a market within the scope of birth tourism. These findings point to approaches that consider birth tourism not only as an individual healthcare choice but also as a means of generating social capital, establishing a sense of

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belonging, and gaining legal status. However, this perspective has not been present in all studies, with some studies focusing solely on birth tourism in the context of service access and cost advantages. This reveals the diversity of approaches and research gaps in the literature.

Regarding the phenomenon of migration in the context of birth tourism, it has been found that children experience significant difficulties such as family strategy, poverty and socially exclusionary practices for immigrants, decreasing living standards, separation of families, and language barriers. As a result of this situation, it has been found that children blame their mothers and use emotional strategies such as crying and tantrums in order to protest[17]. The fact that such a finding was found in only one study demonstrates that social dimensions such as migration, family dynamics, and cultural identity have not yet been adequately explored in the literature. Therefore, future research exploring this multilayered process within a broader societal framework will contribute to filling this gap in the literature.

There are also various studies addressing birth tourism to women's and children's health[21,22,24]. Based on the findings obtained from the studies, it was found that mothers are more likely to carry multiple pregnancies (5.5% vs.1.4%, $p<0.0001$) and experience cesarean delivery (40% vs.34%, $p<0.0001$), and their babies need intensive care after childbirth (0.6% vs. 0.1%, $p<0.0001$). It has been concluded that the intensive care needs of mothers are low. Similarly, in another study, it was found that babies, 28.6% of whom were found to have given birth by caesarean delivery, were admitted to neonatal intensive care and 230 women (55.7%) paid fees outside the scope of the extra financial package. In the last study reviewed, it was also stated that 72% of mothers gave birth by caesarean delivery, and in the birth tourism group there was a longer hospital stay (15 days), and 50% had more surgical interventions and high hospital costs. Studies evaluating the impact of birth tourism on women's and children's health have identified certain common risks in terms of health outcomes for birth tourists. Higher rates of cesarean sections, increased postpartum intensive care for newborns, and prolonged hospital stays are among these risks. Some studies have noted that mothers are subjected to additional surgical interventions and paid additional fees for procedures not covered by the scope of services. The recurrence of similar themes across studies suggests that this situation is related to systemic conditions and access to healthcare services rather than individual preferences. The increased financial burden suggests that healthcare provision may be commercialized for health tourists.

On the other hand, studies conducted by document review method can also be mentioned within the scope of birth tourism[18,20,23]. According to the findings obtained from document reviews, a study examining Canadian citizenship laws showed that since 2014, the birth citizenship law has not only allowed birth tourism, but also encouraged and facilitated birth tourism by Canadian businesses. According to another study in which the media and documents were reviewed, it was found that the importance of the concept of citizenship and birthright citizenship are difficult in terms of childbearing and racialization. In the latest study, it was determined that there are problems related to maternal immigration status and healthcare services. The findings reveal that birth

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tourism is not only an individual or economic decision, but also a structural phenomenon closely related to existing migration policies, health systems and legal regulations.

In a study related to discourse analysis conducted within the scope of birth tourism[26], discourse analysis of news and public commentators in the media was conducted and it was found that the desire to realize a white heteropatriarchal America which underlines at the heart of legislation and discourse targeting birth tourism. Studies conducted through discourse analysis in the literature on birth tourism are quite limited, with only one study focusing on the topic. It can be argued that such ideological discourses highlight the need to move birth tourism discussions beyond the level of individual preferences or economic concerns and instead address them within a more structural and societal context. However, the fact that this approach is represented by only one study in the literature demonstrates that analyses in this area remain limited and superficial. Therefore, in future studies, expanding the scope of discourse analysis on birth tourism and examining it within the context of representational policies and social prejudices will contribute to the development of a more holistic understanding.

Conclusion and Recommendations

As a result of the current study, in which the existing studies in the literature were reviewed by systematic review method, it was identified that the studies on birth tourism were quantitatively limited and the necessity of increasing the studies on birth tourism was revealed. Therefore, it is necessary to raise awareness in this field by addressing important issues such as the definition and advantages-disadvantages of birth tourism, and maternal experiences through studies to be conducted. In addition, in future research, increasing studies based on discourse analysis and considering birth tourism in the context of migration and structural inequalities will contribute to the development of a more in-depth understanding in this field.

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