The Antecedent Factors Affecting Medical Tourists' Intention to Visit Thailand for Medical Tourism: A Focus on Myanmar Patients

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Abstract

This study investigates factors affecting the behavioral intention for Myanmar patients on the choice of medical tourism destination. The objectives include examining the impact of perceived health risks, service quality, costs, social network influence, information availability, and travelling issues on the behavioral intention. A quantitative research approach was employed, where 386 Myanmar medical tourists were surveyed using convenience sampling. The data was analyzed using SPSS, and applying Bartlett's Sphericity tests for checking reliability, validity, and correlation. The results indicate that social network influence, ease of travel, cost-effectiveness, and service quality are all positively affect medical tourism intentions, whereas health risks act as a deterrent. The findings provide valuable insights for healthcare providers and policymakers, emphasizing the need for transparent affordable pricing while maintain the service quality, and improved access to information to attract medical tourist from low-income countries. To strengthen Thailand's medical tourism industry, the government and healthcare providers should offer incentives such as discounts or exclusive healthcare packages for these medical tourists. Additionally, building partnerships between hospitals, travel agencies, and digital platforms can improve the travel experiences. Knowledge-sharing sections among hospitals and medical practitioners can further improve the service quality, providing continuous improvement in patient care. These strategies can help position Thailand as a preferred medical tourism destination while supporting long-term growth of the industry. The study extends the application of behavioral intention theories in medical tourism and provides valuable data on Myanmar patients' behavioral intention to decide medical tourism. Future research should further explore the role of digital healthcare innovations and should include a wide range of demographic scope to improve medical tourism strategies.

Keywords: Behavioral intention, Cost, Healthcare quality, Medical tourism

I. INTRODUCTION

Medical tourism has grown in popularity due to several factors, including development of advanced medical technology, globalization, the high cost of healthcare in developed countries, and the limited availability of advanced medical services in less developed countries. In 2013, approximately 14% of global tourism is driven by medical tourism industry and it has estimated that 436 billion USD was earned. (199IT, 2014) and it has become a major sector in global healthcare, and a key driver of economic growth. Patients from both developed and developing countries are seeking medical treatments abroad to access high-quality healthcare at more affordable prices or to obtain advanced procedures that may not be available in their home countries.

Among many global destinations, Thailand has become as a medical tourism hub, especially for patients from those neighboring countries like Myanmar, Cambodia, Lao due to its affordability, healthcare quality, and geographic proximity. Myanmar patients consider traveling to Thailand to receive better medical services than those available locally. However, their behavioral intention to engage in medical tourism is influenced by a combination of perceived risks, service quality, affordability, ease of travel, and social influences. Understanding the psychological and behavioral factors influencing these intentions is crucial for healthcare providers and policymakers to attract international patients.

The Theory of Planned Behavior (TPB) provides a strong framework for understanding Myanmar medical tourists' decision-making when considering Thailand as a destination. TPB consists of three main components, attitude toward the behavior, subjective norms, and perceived behavioral control (Ajzen, 1991). In this study, attitude reflects Myanmar patients' perceptions of medical tourism based on expected service quality, affordability, and health risks. Positive perceptions, such as high-quality care at Thailand's hospital increase their intention, while concerns about complications and hidden cost decrease it. Subjective norms refer to the social influence of family, friends, and online communities. Recommendations and testimonials strongly impact medical tourists' intention by reducing uncertainty. Perceived behavioral control reflects patients' confidence in their ability to travel, such as financial stability, ease of travel, and the availability of support services. This model provides a comprehensive framework to understand how Myanmar patients form intentions to seek healthcare in Thailand, based on their perceptions and resources.

Despite the growing popularity of medical tourism industry in Thailand, there is a gap in comprehensive understanding regarding the behavioral intentions of medical tourists from low-income countries. For example, previous studies by Aung and Shannon (2023) have provided only qualitative insights into the experiences of Myanmar patients in Thailand. But their findings are based on descriptive analysis rather than statistical testing, and there has been limited quantitative study applying the TPB to explain the intentions of patients from low-income countries. This study addresses this gap by using a quantitative approach and regression analysis to measure the strength of these factors and provide a more systematic understanding of medical tourists' intention. It also aims to enhance existing behavioral models and offer insights to healthcare providers and policymakers aiming to strengthen Thailand's position in the regional medical tourism market.

Research Questions: 1) To what extent do perceived health risks, perceived benefits, and perceived behavioral control influence Myanmar patients' intention to choose Thailand for medical tourism? 2) Which targeted strategies can most effectively enhance Thailand's attractiveness for low-income medical tourists?

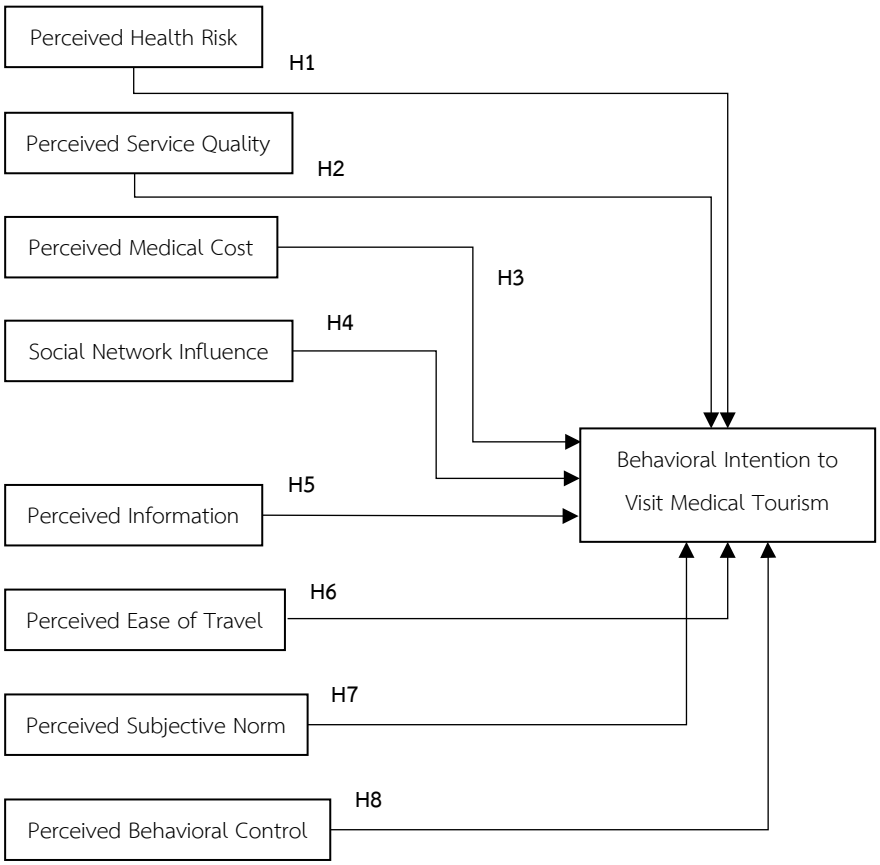

Figure 1: Conceptual framework develops from Wong, Isa, Bidin, and Kassim (2022)

II. LITERATURE REVIEW

A. Behavioral Intention

The concept of behavioral intention for decision making process, based on the Theory of Planned Behavior (TPB), has been widely studied as a predictor of actual behavior. Ajzen (1991) published the three main factors: attitude toward the behavior, subjective norms, and perceived behavioral control, mainly influenced the behavioral intention. In the field of medical tourism, behavioral intention is a key factor of whether potential medical tourist will engage in medical travel or not. It also helps us understand how medical tourists' intentions can be influenced. There are several internal and external factors such as financial stability, health condition, travel arrangements, and cultural difference can impact the behavioral intention of medical tourist. Existing studies suggest that service quality, perceived health risks, and social influence significantly impact patient's decisions to seek healthcare abroad. In this study, behavioral intention serves as the dependent variable, providing insights into the decision-making process of medical tourists. However, this study focuses on Myanmar patients, whose decisions are primarily driven by affordability and availability rather than advanced technologies like robotic surgery, AI diagnostics or leisure activities. Understanding behavioral intention of lower-income demographics medical tourist is important, as it provides valuable insights into the decision-making processes these patients.

B. Perceived Health Risks

Perceived risk is a major factor influencing medical tourists' behavioral intention, acting as a main barrier to seeking treatment abroad. It is expected that medical tourists may encounter potential risks at all stages of the medical tourism activities; before departure, during

procedures, and post-treatment. These risks can be mainly categorized into health risks, financial risks, and travel-related uncertainties (Boguszewicz-Kreft, Kuczamer-Klopotowska, & Kozlowski, 2022). Health risks include complications from medical procedures and concerns about healthcare standards, and the financial risks may include unexpected medical and travel costs. Travel-related uncertainties, such as language barriers, cultural differences, and logistical challenges, also delay the decision-making process of potential medical tourists. Psychological risks, including anxiety from past negative experiences and the fear of rejection by local doctors after returning home country, further delay their intention. Many studies have confirmed that the decision of medical tourists is influenced more by their perception of risk rather than the actual risks associated with traveling to specific destinations. For example, Myanmar patients frequently report concerns of postoperative complications and unanticipated costs (Aung & Shannon, 2023). These perceived risks can significantly influence their intention, even when advantages such as affordability, shorter wait times, and high-quality care are present. Clear and transparent risk communication by Thai healthcare providers is essential to build patient's trust and promote their confidence. Therefore, understanding and preventing these risks is important for healthcare providers and policymakers, as they represent as key barriers that negatively impact the behavioral intention of Myanmar medical tourist.

C. Perceived Service Quality

High service quality in medical tourism is defined by the presence of professional healthcare staffs, advanced medical facilities, and a comprehensive patient experience. Such quality standards are essential for attracting medical tourists from both developed and developing countries, as patients seek destinations that offer that combine affordability with reliability, safety, and comprehensive care. In Thailand, the adoption of healthcare innovation such as AI-driven diagnostics and robotic surgery (Taweerutchana, Suwatthanarak, Srisuworanan, & Rich, 2020) promote its competitiveness as top destination. Previous studies have shown that cultural adaptability, such as having multilingual support and halal-certified services (Alfarajat, 2024) influence medical tourist's intention. But these factors were excluded due to cultural homogeneity between Myanmar and Thailand. Instead, this study focuses Thailand's cost-quality balance, which is a significant factor for Myanmar Medical tourist. Amissah, Addison-Akotoye, and Blankson-Stiles-Ocran (2022) found that 78% of low-income medical tourists prioritize affordability but their decision is snot driven by the cost alone, they still demand high-quality treatment. And Aljumah, Nuseir, and Islam (2020) found that a smooth follow-up care, excellent patient support, and clear communication improve patient's satisfaction, which result in higher rates of repeat visits and referrals. High service quality not only improve patient satisfaction but also increase the loyalty and positive recommendations. Hospitals and destinations that invest in world-class treatment, transparent pricing, and comprehensive customer service gain a competitive advantage, increasing long-term patient loyalty and sustained growth in the global healthcare market. Therefore, the availability of high-quality medical services greatly influences the behavioral intention of Myanmar Medical tourist in shaping destination as well as future intentions.

D. Perceived Medical Cost

For the patients from low-income countries, cost savings serve as a primary motivator in choosing medical tourism destination. Popular destinations like Thailand attracts many potential patients due to its affordable yet high-quality healthcare and services (Davtyan, Rayamajhi, Lama, Shrestha, & Soe, 2024). Cost transparency and dynamic pricing models (e.g., all-inclusive surgical

bundles) are now central to medical tourism (Han, Lee, & Park, 2022). These factors can reduce financial unpredictability for Myanmar patients, as 89% of Myanmar patients self-fund treatments (Aung & Shannon, 2023). Many medical tourists consider not only treatment costs but also include other expenses such as travel, accommodation, and post-treatment expenses. They also seek destinations where that offer affordable and high-quality healthcare standards, indicating the importance of perceived value in their decision-making. Therefore, the balance between affordability and quality remains a key factor in selecting a medical tourism destination. For the medical tourism continues to grow, policy maker should focus on clear cost pricing, reliable healthcare quality, and building trust with the patient.

E. Social Network Influence

Various studies have defined the role of social networks in shaping consumer intention. Han and Hyun (2015) described social networks as a system of interpersonal connections that facilitate information exchange, trust-building, and decision-making. Recent studies highlight TikTok and Instagram testimonials as decision drivers for younger demographics for Phuatangsila, (2021). Based on these findings, social networks in medical tourism can be defined as a system of interpersonal and digital interactions that influence medical tourists' intention, trust, and choices medical destinations. These usually include personal recommendation, online reviews, social media testimonials, and influencer's statement. Of all of these, the personal experiences shared by friends and relatives is a key factor in reducing uncertainty and increasing trust in healthcare services (Han & Hyun, 2015). In conclusion, social networks can strongly impact the intention of medical tourist by acting as a source of information, trust, and reassurance. These networks help medical tourists make informed decisions about their healthcare options abroad. As medical tourism continues to grow, social networks will remain a key factor in shaping medical tourists' intention to travel or not.

F. Perceived Information

Perceived information in medical tourism can be defined as how medical tourists interpret and understand the information available to them when selecting a health-care destination. The reliability, accuracy and the transparency and detailed information about medical services, treatment options, and costs are key factor for building trust and reduces uncertainty among potential medical tourists (Moslehifar, Ibrahim, & Sandaran, 2016). In contrast, biased or incomplete information can lead to hesitation and uncertainty in decision-making (Aung & Shannon, 2023). The way information is presented also affects its perceived value among medical tourists. Clear, well-organized, and easily accessible information is more likely to be understand, with digital platforms such as websites, mobile applications, and social media serving as key channels for distribution (Kalankesh, Nasiry, Fein, & Damanabi, 2020). Digital platforms have become the primary channels for information sharing, with tools such as AI assistant chatbots enhancing transparency in healthcare services (World Health Organization, 2023). Perceived information including its accuracy, reliability, and presentation style all contribute in shaping medical tourists' perceptions and influencing their intention of travel. Therefore, access to high-quality, reliable information is essential for building trust with patients, reducing uncertainty, and promoting the attractiveness of medical tourism.

G. Perceived Ease of Travel

Travel-related challenges such as difficulties in booking flights, obtaining visas, or difficult local transportation can create stress and discourage potential medical tourists from choosing a destination. Studies indicate that over 42% of medical tourists identify travel related

issues as a primary concern, with flight availability and complex visa procedures being among the most common challenges (Hanefeld, Smith, Horsfall, & Lunt, 2014). The availability of direct flights and various travel options is one of the key factors impacting medical tourist's intention. Additionally, easy visa policies and minimal entry requirements contribute to a seamless travel experience, further influencing destination preference. Travel-related barriers such as long flight durations, restrictive visa policies, and concerns about post-treatment complications during transit, act as significant barrier, impacting negatively on medical tourists' intention to travel abroad (Seow, Choong, Moorthy, & Chan, 2017). Many medical tourists struggle with making complex arrangements for flights, accommodation, and medical appointments. Handling these arrangements can be stressful and can impact the medical tourist's travel intention when facing unfamiliar healthcare systems and travel plans. According to Zhong and Chan (2024), travel difficulties such as visa processing, transportation, and lack of support services are significant barriers to medical tourism development in destinations like Hong Kong Therefore, having dedicated support services can help to reduce confusion and stress of the patients and making the entire process smoother. Providing a smooth and stress-free travel experience influence medical tourist intention to decide for medical tourism.

H. Perceived Subjective Norm

Perceived subjective norms refer to the social pressure individuals feel to engage in or avoid a particular behavior (Ajzen, 1991). In medical tourism, these norms are mostly influenced by family, friends, community beliefs, and online influences, all of which impact a patient's intention to seek treatment abroad. Recent study revealed that recommendations from friends and relatives who have had positive medical experiences abroad positively impact on the acceptance of medical tourism (Khan, Chelliah, & Haron, 2016). Digital platforms such as online forums, review sites, and social media also expand the influence of subjective norms by delivering positive patient testimonials, increasing the belief that medical tourism is more desirable option (John, Larke, & Kilgour, 2018). Therefore, perceived subjective norms, mainly driven by family expectations and online influences can build the trust and help in decision-making process.

I. Perceived Behavioral Control

Perceived behavioral control (PBC) refers to an individual's belief in their ability to successfully perform a behavior and is a key component of the Theory of Planned Behavior (Ajzen, 1991). In medical tourism, PBC influences a patient's confidence in deciding treatment abroad, which is mainly influence by the three main factors, financial stability, availability of support services, and cultural adaptability. Biswakarma and Basnet (2025) found that treatment cost, insurance policies, language and cultural differences significantly impact Nepalese patients' willingness to seek care overseas. The financial stability, which means ability to afford treatment, travel, and accommodation is a major factor in decision-making for medical tourist (Sun, 2018). Thai hospitals now offer installment plans, but recent survey from Myanmar patients preferring upfront payments (Aung & Shannon, 2023). Counselling and guidance services provide reassurance for the patients and boost their confidence, and encourage follow-through on medical tourism decisions. Cultural adaptability, a subcomponent of PBC, was excluded due to shared Buddhist practices minimizing unnecessary stress. Together, these studies suggest that destinations that provide flexible payment options and strong support services are more likely to attract Myanmar medical tourist.

J. Other Critical Factors Excluded from the Study

While the study focused on key variables like cost and service quality, Thailand's medical tourism ecosystem involves additional influential factors that were excluded due to demographic relevance and theoretical prioritization. The first and most important factor is legal and ethical issues which include malpractice laws, patient rights protections, and cross-border dispute resolution, which significantly impact behavioral intention of medical tourists (Abualhasani, 2021). Thailand's Medical Council regulations and international accreditation ensure ethical standards, but legal risks like unenforceable medical practice or unclear patient right protection can negatively influence some patients (Gopalan, 2023). The study emphasized immediate decision-making factors such as cost, availability of services and perceived risks and benefit. Legal considerations were viewed as less relevant for Myanmar patients, who prioritized immediate concerns over formal regulatory or legal frameworks (Aung & Shannon, 2023).

Destination Branding is one of the major factors which is excluded in this study. Thailand has established a strong international presence in medical tourism through its "Land of Smiles" branding and attractive promotion. Hospitals like Bumrungrad International and Bangkok Hospital advertise in international media, promoting world-class facilities, comprehensive customer service, and affordable packages. In 2019, Thailand attracted over 3.5 million medical tourists, making it one of the top global destinations for medical tourism (Gozzoli, 2019). Despite Thailand's successful branding, its impact on Myanmar patients appears limited. Research indicates that Myanmar medical tourists are less influenced by international marketing and more by practical considerations such as travel convenience, cost savings and word-of-mouth referrals within their communities (Win, 2021). The branding effects were considered uniform across Myanmar patients and not a primary decision-making factor in this study. Furthermore, the Theory of Planned Behavior (TPB) focuses mainly on attitudes, norms, and behavioral control, while broader systemic factors, such as branding and reputation fall outside its primary focus.

III. RESEARCH METHODOLOGY

A. Population and Sampling

This study conducted a quantitative research design to investigate factors influencing Myanmar medical tourists' intention to visit Thailand for medical tourism. A structured questionnaire was used for data collection. The target population consisted of Myanmar medical tourists, aged 18 and above, seeking healthcare in Thailand. The study utilized convenience sampling; a non-probability method chosen for data collection within a limited timeframe. For the sample size calculation, the exact population size of Myanmar medical tourists was unknown and a non-probability convenience sampling method was used, the sample size was determined based on practical considerations and previous research practices in medical tourism studies. A total of 400 respondents were targeted, with 386 valid responses collected, which is considered sufficient for conducting multiple regression analysis with eight predictors. To ensure clarity and relevance, the questionnaire was developed in collaboration with Myanmar healthcare representatives' tourism agents. The initial draft was pilot-tested among 30 Myanmar patients (Cronbach's alpha = 0.838) and refined based on feedbacks. Adjustments included improving question wording and removing unnecessary in order to align with the study's objectives. The final version was translated into both English and Burmese before distribution to Myanmar respondents. The survey was distributed offline at hospital representative's offices in Myanmar with the assistance of hospital coordinators, who reached out to potential medical tourists after receiving permission.

B. Instrumentation

A structured questionnaire was the primary research instrument, which is developed from conceptual framework of the study. The questionnaire was divided two main sections. The first session is collection of demographic information such as age, gender, income level, and prior experience with medical tourism. The second section is factors influencing medical tourism intention which examined independent variables (e.g., perceived health risk, medical cost, service quality, ease of travel, etc.) and their impact on behavioral intention. Responses were measured on a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5).

For the reliability and validity, the questionnaire was reviewed by experts first and a pilot test was done on 30 respondents.

To summarize demographic data and response distributions, Microsoft Excel was used and data analysis was done using SPSS software. For confirming reliability of the questionnaire, Cronbach's alpha test was done, yielding a score of 0.838. Correlation analysis was done to identify associations between variables, and multiple linear regression was used to determine the predictive factors affecting behavioral intention of medical tourists to visit.

IV. RESULTS AND DISCUSSION

A. Demographic Characteristics

As described in Table 1, the demographic analysis of 386 Myanmar medical tourists considering Thailand showed some key characteristics. For example, a majority of respondents (54.66%) were between the ages of 46 and 60, followed by those aged 31 to 45 (27.20%), suggesting that middle-aged individuals represent the core demographic. Female participants include for a larger proportion of the sample (62.18%) compared to males (37.82%), indicating a greater interest among women in seeking medical services abroad.

Table 1: Demographic characteristics

Variables	**Occurrence**	**Ratio (%)**
Age		
18-13	18	4.66
31-45	105	27.20
46-60	211	54.66
Above 60	52	13.47
Gender		
Male	146	37.82
Female	240	62.18
Other	0	0
Occupation		
Retired	48	12.44
Dependent/ Unemployed	97	25.13
Business Owner/ Merchant	159	41.16
Employee	78	20.21
Students	5	1.30
Monthly Income in MMK		
Less than 1,000,000	0	0
1,000,001–5,000,000	52	13.47
5,000,001–10,000,000	68	17.62
10,000,001–50,000,000	128	33.16
More than 50,000,001	31	8.03
Unspecified	107	27.72
Medical tourism experience excluding Thailand		
Yes	68	17.62
No	318	82.38
Number visit(s) to Thailand for medical tourism		
1	128	33.16
2	118	30.57
3	86	22.34
More than 3	54	14.00

This data analysis helps to understand the age, gender, jobs, income levels, and provides a strong foundation for understanding their preferences.

B. Hypothesis Testing and Results

As describe in Figure 1, the conceptual framework showing hypotheses H1 to H8, which represent the relationships between various factors and behavioral

intention of Myanmar medical tourist. To examine these factors, a multiple regression analysis was used with the behavioral intention as the dependent variable. The eight independent variables include perceived health risks (H1), service quality (H2), medical cost (H3), social network influence (H4), information availability (H5), ease of travel (H6), subjective norms (H7), and behavioral control (H8). The model explained 68% of the variance in behavioral intention ($R^2 = 0.68$, Adjusted $R^2 = 0.68$, $F(8, 377) = 52.34$, $p < 0.001$). Perceived health risks ($\beta = -0.22$, $p < 0.001$) showed negative relationship with behavioral intention, confirming H1. Service quality ($\beta = 0.19$, $p = 0.002$), medical cost ($\beta = 0.17$, $p = 0.003$), social network influence ($\beta = 0.15$, $p = 0.005$), information availability ($\beta = 0.12$, $p = 0.008$), ease of travel ($\beta = 0.14$, $p = 0.004$), subjective norms ($\beta = 0.11$, $p = 0.010$), and behavioral control ($\beta = 0.13$, $p = 0.006$) all demonstrated positive effects, supporting H2–H8. Multicollinearity was assessed using variance inflation factor (VIF) and tolerance values. All VIF scores ranged between 1.12 and 2.45 (tolerance = 0.41–0.89), well below the threshold of 10, indicating no significant multicollinearity concerns.

In this study, the regression model showed an R^2 value of 0.68, meaning that 68% of the variance in Myanmar patients' intention to choose Thailand for medical tourism can be explained by the factors such as perceived risks, perceived benefits, and perceived behavioral control. This result suggests that the model is fit and these factors impact patients' decision-making behavior. Since R^2 can be sometimes increase by adding more variables, even if they are not very useful, the Adjusted R^2 was also examined. The Adjusted R^2 value remained at 0.68, confirming that the model's strength was not boosted by adding extra independent variables. This gives a more accurate picture of how well the model fits the data. To further test the overall significance of the model, an F-test was done. The results showed that the model was ($F(8, 377) = 52.34$, $p < 0.001$), meaning that the group of predictors reliably explains variations in behavioral intention. Together, the high R^2, stable Adjusted R^2, and significant F-test results demonstrate that the model is strong, statistically valid, and well-suited for understanding the medical tourism intentions of low-income Myanmar patients.

Table 2: Research Hypothesis Testing

Hypotheses	β	P-value	95%CI	VIF
H1: Perceived health risk negatively affects behavioral intention.	-0.22	<0.001	[-0.30, 0.14]	1.89
H2: Perceived service quality positively affects behavioral intention.	0.19	0.002	[0.07, 0.31]	2.45
H3: Perceived medical cost positively affects behavioral intention.	0.17	0.003	[0.07, 0.27]	1.76
H4: Social network influence positively affects behavioral intention.	0.15	0.005	[0.05, 0.25]	2.10
H5: Perceived information positively affects behavioral intention.	0.12	0.008	[0.04, 0.20]	1.32
H6: Perceived ease of travel positively affects behavioral intention.	0.14	0.004	[0.04, 0.24]	1.98
H7: Perceived subjective norms positively affect behavioral intention.	0.11	0.010	[0.03, 0.19]	1.12
H8: Perceived behavioral control positively affects behavioral intention.	0.13	0.006	[0.03, 0.23]	1.54

CI = Confidence Interval; VIF = Variance Inflation Factor

The results support the Theory of Planned Behavior, indicating the role perceived risks, service quality, and social factors on medical tourists' intention. The multicollinearity test showed no issues, meaning the

regression model is reliable and each variable has each own effect on intention. Based on these findings, policymakers and healthcare providers should focus on reducing perceived health risks and improving service quality, price transparency, and travel convenience to strengthen Thailand's position as a competitive destination for medical tourism.

The standardized regression coefficients (β) from the multiple regression analysis show the relative impact of each factor on behavioral intention. Service quality had the strongest positive effect (β = 0.19, p = 0.002), followed by medical cost (β = 0.17, p = 0.003), while perceived health risks had the largest negative effect (β = -0.22, p < 0.001). These findings suggest that improving service standards, maintaining cost transparency, and addressing safety concerns are critical strategies for increasing medical tourists' intention to visit Thailand. The findings also support the study's theoretical framework, showing that high-quality services and economic factors are key motivator in medical tourism, while the risks and health-related issues must be addressed through clear communication to make Thailand more attractive as a medical destination.

C. Research Questions and Answers

1. To what extent do perceive health risks, perceived benefits, and perceived behavioral control influence Myanmar patients' intention to choose Thailand for medical tourism?

The study confirms that perceived risks, perceived benefits, and perceived behavioral control impact Myanmar medical tourists' intention to visit Thailand for medical tourism. Based on the result, perceived health risks have a significant negative effect (β = -0.22, p < 0.001), meaning that each one unit increase in risk perception such as fears of complications, hidden cost, or travel related issues reduce behavioral intention by 0.22 standard deviations. When patients perceive higher risks, they are less likely to seek treatment abroad. These concerns make them hesitate, even if they know better healthcare options are available. Healthcare providers should focus to reduce risks, such as offering clear safety assurances, transparent pricing and cost breakdown, and comprehensive post-treatment care.

The study also found that several aspects of perceived benefits such as service quality, cost savings, social network influence, information availability, and ease of travel, all impact positive effects on behavioral intention. Service quality, such access to accredited hospitals and experienced healthcare professionals, is the strongest single motivator (β = 0.19, p = 0.002) followed by cost saving (β = 0.17, p = 0.003). The Social network influence such as personal recommendations, online reviews, and social media also impact positively (β = 0.15, p = 0.005). The ability to access to reliable, clear, and well-organized medical information reduces uncertainty and gave patients more confidence in their decisions (β = 0.12, p = 0.008). Easier travel process like direct flights, simple visa processes reduce the stress and support the intention to travel to Thailand for medical care (β = 0.14, p = 0.004).

Perceived behavioral control (β = 0.13, p = 0.006) such as strong financial stability and availability of support services, including emotional assistance increases tourists' confidence in making medical travel decisions. Overall, the study shows that lowering perceived risks, increasing benefits, and improving support service can positively influence their decision to choose Thailand for medical treatment.

2. Which targeted strategies can most effectively enhance Thailand's attractiveness for low-income medical tourists?

This study highlights key areas where Thailand can strengthen its competitiveness in the low-income medical tourism market. The results show that perceived risks (β = -0.22) is the major barrier for medical tourists'

intention. To overcome this barrier, healthcare providers should focus on risk mitigation strategies to reduce concerns related to treatment risks, pricing transparency, and post-procedure care. Affordability also plays a crucial role (β = 0.17), indicating that promotion and all-inclusive medical bundles make Thailand feel more affordable and it will help reduce financial uncertainty.

Partnership with hospital, clinics and referral networks from Myanmar would further increase their intention and facilitate cross-border healthcare services. Hosting health seminar and organizing patient ambassador program increased patient's intention to choose Thailand for treatment, especially when paired with targeted digital outreach such as Burmese-language social media testimonials and AI-powered chat support. Collaboration between government agencies and public–private sectors, such as linking visa authorities, airlines offering discounted medical fares, and hospital concierge teams to improve overall efficiency, accessibility, and smooth experience for medical tourist. By focusing on these risk reduction strategy, clear pricing structure, trusted partnerships, personalized communication, and easy travel process to Thailand can promote its attractiveness for low-income medical tourist.

V. CONCLUSION & RECOMMENDATION

The study provides an in-depth analysis of the factors influencing Myanmar medical tourists' intention and identifies key factors which impact strongly on the intention of medical tourists from low-income country. Previous studies mainly focus on high-income medical tourists or aggregated patients from developing countries into a single group, masking the unique socioeconomic, cultural, and challenges faced by specific low-income populations. It reveals factors relevant to low-income patients, such as the influence of social networks (e.g., word-of-mouth referrals) over formal marketing, and the prioritization of cost transparency over advanced medical technologies. The findings consistent with previous studies where the importance of service quality (Lee, Han, & Lockyer, 2012) and cost-effectiveness (Lunt & Carrera, 2010) as primary drivers of medical tourism. For instance, the positive impact of service quality (β = 0.19) and cost (β = 0.17) mirrors global trends where affordability and quality are pivotal. Similarly, the negative effect of perceived health risks (β = -0.22) also consistent with Han and Hwang (2013) study on health-risk. The study's findings align well with the Theory of Planned Behavior. Variables such as service quality, cost, and health risks reflect patients' attitudes toward medical tourism, directly influencing intention. Social network influence and subjective norms demonstrate the role of social pressure in decision-making, while ease of travel and perceived control impact on tourists' confidence in deciding medical care. Together, these results support TPB as a framework for understanding medical tourists' behavioral intention, especially among patients from low-income countries. Future research should explore how cultural factors influence healthcare decision-making and evaluate the effectiveness of these strategies through long-term studies.

Based on the study's findings, several strategic recommendations are proposed to enhance Thailand's appeal as a medical tourism destination for Myanmar patients to improve risk communication and to reduce perceived health risks, healthcare providers should offer transparent pre-treatment consultations, comprehensive post-operative care plans, and collaborate with local hospital to facilitate cross-border healthcare services. Targeted digital marketing campaigns should be developed for platforms such as Facebook and local community forums, where hospitals can encourage satisfied patients to share their positive experiences online to build trust among potential visitors. Hospitals should offer fixed-price medical packages with clear cost breakdowns. These should be designed to match

the income levels of Myanmar patients, especially 33.16% earning between 10 and 50 million MMK per month. Improving access to medical visas, collaborating with airlines to offer discounted fares, and providing multilingual travel support services will help remove barriers related to travel logistics and improve the travel convenience. These recommendations address the specific needs and challenges of Myanmar medical tourists and are supported by empirical evidence from this study.

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