

Birth Tourism: a potential niche market for Portugal

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Abstract

Purpose: The health sector is among the fastest-growing clusters in the world economy, and health tourism is a growing sector within the tourism industry (Roman et al., 2022). Health or medical tourism is not a new or even recent phenomenon since, for a long time, people have travelled to other countries in search of medical treatments and health services (Bookman & Bookman, 2007). Medical conditions and financial factors are the main predictors of choosing a treatment destination (Gaines & Lee, 2019). Portugal is already on the route of health tourists. The Portuguese National Health System was classified as having a solid ranking in privacy, patients' rights, and accessibility features, ranking it as the thirteen best in Europe (Björnberg & Phang, 2019). A narrower concept of medical tourism that has aroused increasing interest among academics from different areas of knowledge (Gant, 2015; Cheng, 2016; Heaton & Dean, 2016; Choi & Lai, 2020; Lim et al., 2020; Kang, 2020; Allotey & Kandilige, 2021; Brar et al., 2022; Folse, 2023), politicians, and lawmakers, is birth tourism. Birth tourism refers to the practice of non-residents women giving birth in a country outside of their own for a variety of personal reasons, such as: (i) to obtain citizenship for the infant based on *jus solis*, (ii) the host country's lower costs of healthcare (compared to home country), (iii) the perception of safer medical care in the host country and (iv) and new-born access to a variety of social and economic benefits. Although this practice is relatively insignificant in Europe, it is a booming industry in the United States of America and Canada because both countries' law automatically gives citizenship to babies. This growth in birth tourism has raised strong concerns and controversies concerning the potential misuse of citizenship laws and pressure on healthcare resources.

Despite the controversy that can arise around tourism by birth, interest in this form of tourism continues to grow and will continue to do so as long as the economic and social asymmetries in the world remain. Thus, it is important for countries to balance the benefits of these practices with their potential drawbacks and to establish regulations that ensure ethical and safe procedures for all stakeholders.

In this study, we intend to address a general picture of the birth tourism industry by focusing on contemporary issues surrounding birthright citizenship and its impact. We frame Portugal in this theme, evaluating the benefits of promoting this type of tourism.

This study is particularly relevant for Portugal because although few children are born to birth tourists, the issue has recently received significant attention from the media and politicians. The media aroused interest in the birth tourism industry after the death, in August 2022, of an Indian woman with preeclampsia, described by the press as a 'tourist'. This case gained such proportions that it led to the resignation of the Minister of Health. Although birth tourism is not exactly new in Portugal, the origin of pregnant women has

diversified. If previously the women who resorted to this practice came from the PALOP, they are starting to come from Asia.

Moreover, Portugal recently took a big step towards pure *ius soli* (right of soil) with the 2020 amendments to the Portuguese nationality act. Finally, Portugal has a top-quality competitive healthcare system that inspires confidence. The healthcare system is compounded with state-of-art equipment, technological solutions and a modern hospital network with highly qualified professionals. The quality of care in Portuguese hospitals is well-classified according to international standards.

Methodology: This research has an exploratory character. Due to the difficulty in capturing birth tourism's true extent, we rely on secondary data to address the countries with prevalent birth tourism worldwide and the evaluation and impact of this industry sector in Portugal.

Results: We found that the USA and Canada are the countries chosen, par excellence, by foreign pregnant women to have children. For example, in Canada, between 2010 and 2020, the number of non-resident births increased by 81.1% (Griffith, 2021). This growth (accentuated in the USA) has its genesis in the very permissive birthright citizens' laws that grant nationality to babies born on their soil, regardless of the parent's citizenship status. This 'right of soil' or automatically granting citizenship of the country of birth also applied in 10 of the 27 European Union (EU) member states, namely: Belgium, Germany, Greece, Ireland, Spain, Luxembourg, Netherlands, France, Czech Republic and Portugal, but with some restrictions. Portugal is among the EU member states where obtaining citizenship by right of soil is easier. Children born in Portugal to foreign nationals can become Portuguese citizens at birth, provided at least one parent has lived in the country for at least one year, irrespective of legal status. In 2020, Portugal expanded its *jus solis* law to its current form since, until then it required the residence of one of the parents in the country for a minimum of two years. The Portuguese law is now a genuinely mixed system of *ius soli* and *ius sanguinis*, without the clear prevalence of one of these criteria. Interestingly, in matters of citizenship law, countries follow opposite directions. While some countries like USA and Canada, with great traditions in birth tourism, are taking measures to curb this practice, such as denying automatic citizenship to children born to non-citizen parents, countries like Portugal are moving towards facilitating this tourism segment.

Portugal can significantly benefit from encouraging this market segment for two main reasons. First, birth tourism could offset the country's low fertility rate. Portugal has one of the lowest fertility rates in the world, and in 2021, it reached the 4th lowest fertility rate in the European Union. While the fertility rate fell in Portugal from 1.41, in 2020, to 1.35, in 2021, it progressed in the European Union, reaching 1.53 children, per woman, in 2021 (Eurostat, 2023). The number of children born in Portugal dropped by 17.5% between 2010 and 2022 (from 101.381 births to 83.671 respectively). However, while the number of children born to Portuguese mothers decreased by 23.1%, the number of children born to foreign mothers increased by 29.8% in the same period (FFMS, 2023). Second, birth tourism may be a driver of Portugal's economic growth associated, for example, with spending by mothers and their companions on food, accommodation, and eventual local tourism activities, increased employment opportunities in the healthcare sector and related industries, and with the increase in the active population.

Originality: This study is the first to highlight the potential for Portugal of birth tourism as a niche market.

Keywords: Health tourism; Medical tourism; Birth tourism; Healthcare sector.

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References

- Allotey, A. A., & Kandilige, L. (2021). The Conundrum of Birth Tourism and American 'Jackpot Babies': Attitudes of Ghanaian Urban Dwellers. *African Human Mobility Review*, 7(3). <https://doi.org/10.14426/ahmr.v7i3.948>
- Brar, S., Kale, M., Birch, C., Mattatall, F. & Vaze, M. (2022). Impact of birth tourism on health care systems in Calgary, Alberta. *BMC Health Services Research*, 22(1).120 10.1186/s12913-022-07522-4.
- Björnberg A. & Phung Y. (2019) *Health Consumer Powerhouse Euro Health Consumer Index 2018 Report*. Available at: <https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf>
- Bookman, M. Z. & Bookman, K.R. (2007). *Medical Tourism in Developing Countries*, Palgrave Macmillan, New York.
- Cheng, K. (2016). Medical tourism: Chinese maternity tourism to Hong Kong. *Current Issues in Tourism*. 19(14): 479-1486. 10.1080/13683500.2015.1042359.
- Choi, S. & Lai, R. (2020). Birth tourism and migrant children's agency: the 'double not' in post-handover Hong Kong. *Journal of Ethnic and Migration Studies*, 48: 1-17. 10.1080/1369183X.2020.1839397.
- Eurostat (2023). *Fertility*. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility_statistics
- FFMS (2023) Fundação Francisco Manuel dos Santos. PORDATA. *Nados-vivos de mães residentes em Portugal: total e por nacionalidade da mãe*. <https://www.pordata.pt/portugal/nados+vivos+de+maes+residentes+em+portugal+total+e+por+nacionalidade+da+mae-2512-197690>
- Folse, B. (2023). Strategic Citizenship in China: Birth Tourism and the "American Hukou". *Social Problems*, 70(1): 238-255. 10.1093/socpro/spab038
- Gaines, J. & Lee, C.V. (2019). Medical Tourism. In J. S. Keystone, P. E. Kozarsky, B. A. Connor, H. D. Nothdurft, M. Mendelson, K. Leder (Eds.), *Travel Medicine* (4th Edition), Elsevier, 371-375.
- Griffith A. (2021). *Birth tourism in Canada dropped sharply once the pandemic began*. *Policy Options Politiques*. Available at: <https://policyoptions.irpp.org/magazines/december-2021/birth-tourism-in-canada-dropped-sharply-once-the-pandemic-began/>
- Kang, T. (2020). Visualizing Birth Tourism on Social Media: Taiwanese Expectant Mothers in the United States. In *Mobile Communication in Asia: Local Insights, Global Implications*. 10.1007/978-94-024-1790-6_8
- Lim, J., Sun, Wang-Dar, Zhang, L. & Mikhael, M. (2020). Birth Tourism Is Associated with Fewer Neonatal Intensive Care Unit Admissions: A Healthy Migrant Effect? *American Journal of Perinatology*. 10.1055/s-0040-1719117
- Roman M., Roman M. & Wojcieszak-Zbierska, M. (2022) Influence of the COVID-19 Pandemic on Tourism in European Countries: Cluster Analysis Findings. *Sustainability*, 14,1602. 10.3390/su14031602.