

Designing an Assessment Tool for Tourism's Health Impacts in Developing Countries

Step 1: Listening to Local Voices – an Example from Peru

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Background

Tourism in developing countries is growing rapidly, predominantly as a tool for economic growth. Unfortunately, local people in rural and remote destination communities receive little benefit from tourism. In addition, they have to live with the consequences of tourism at their doorsteps without understanding its future impact on their health. Without economic power and voiceless, they are taken advantage of by developers whose prime concern is the corporate profit.

There is now a greater awareness of the need to consider the health of host communities (Bauer, 2008). However, impact assessments are designed by 'experts' for experts' use, and the inclusion of communities in this process is merely tokenistic. To date, there is no way for local people to assess tourism's health impacts according to concerns important to them rather than to corporate developers.

People who are affected by projects are excluded from planning and decision-making, a situation considered unethical and inappropriate (Bauer & Thomas, 2006).

This long-term study aims to demonstrate how community-validated indicators can be designed as the backbone of a location specific tool that allows local communities to assess tourism's impact on their health. This poster presents, from a villagers' point of view, the concepts seen as important for a healthy community and, therefore, in need of protection or conservation when exposed to tourism enterprises.

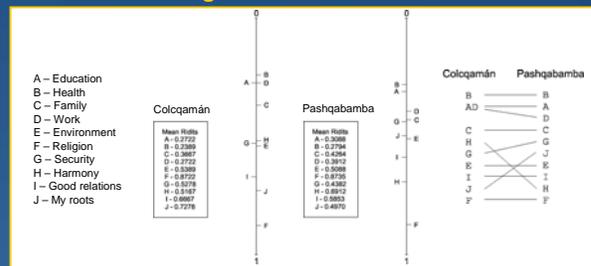
Method

Eighteen residents from Colcqmán* and seventeen from Pashqabamba*, two villages close to the Cordillera Huayhuash high altitude circuit in Northern Peru, participated in the study. Unstructured interviews, supported by photo elicitation toward the end of each interview, provided core concepts which villagers saw as crucial for a healthy community as relevant to the people. Preliminary conversations and observations informed a list of 10 concepts most of which were also interview findings. At the end of the interviews, the participants ranked those 10 concepts in order of importance for a community to be considered healthy (Bauer, 2007). Qualitative and statistical analyses were applied. Ethical approval was obtained by James Cook University/Australia and by the village authorities.

Results - Interviews

Interestingly, there was a marked difference in the findings between the two villages. In Colcqmán, work/income and harmony were of great relevance to a healthy community with lesser mention of environment, individual health and education. In Pashqabamba, the environment and good individual health were valued most before safety/security, harmony and work/income.

Results - Ranking



Conclusion

The combination of methods chosen ensured with great success that the results did represent exclusively local people's perceptions. The findings suggest that each community has a specific range of concerns linked to its specific ethnographic, geographic and socio-political make up. Therefore, impact assessment tools may need to be designed with a specific location in mind to allow residents a meaningful control over tourism developments and their potential health impacts. The next step in this study will be to design a range of questions/items per community-identified indicator and design formats for a user-friendly application before field-testing in the same locations.

References

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