

**Travel Health Advice in North
Queensland/Australia from the Perspective of
Travellers to Destinations in the Developing
World**

Irmgard L Bauer

MTourism, DTM&H, MPH&TM, PhD, MN,

DipT(NursEd), RN, FACTM

Senior Lecturer

School of Nursing Sciences

James Cook University

Townsville Qld 4811

Australia

Phone: 07-47815312

Fax: 07-47814026

Email: Irmgard.Bauer@jcu.edu.au

Background

Travellers to more distant, exotic and tropical destinations are often exposed to a variety of health hazards. Pre-travel care and travel health advice are given to prevent such problems. The primary level of disease prevention is informed health behaviour^{1,2}. Suitable information, presented in appropriate ways, allows individuals to change their behaviour in order to avoid disease. Today, travel health advice can be obtained from a variety of sources in a variety of ways³⁻⁶. However, research over the last decade suggests that the advice given is often out of date, not readily available or only covers more common health problems. Also, some advice given is incorrect, incomplete, inconsistent, confusing and contradicting⁵⁻¹². Not only geographic appropriateness but currency is required in travel health advice pertaining to less common health issues¹³⁻¹⁷. The need for better and more accessible travel health advice has been highlighted by many authors^{3, 8, 11, 18}.

Pre-travel advice is an important part of health education and a public health measure. Also, the rapid expansion of travel medicine as a separate discipline makes it is very difficult for GPs to be constantly up-to-date in addition to their normal

workload. This has been acknowledged by establishing travel clinics with staff qualified in travel medicine. Lacking designated travel clinic facilities in North Queensland, it was important to ascertain the current availability of travel health advice in the region and to examine if and where travellers obtain appropriate pre-travel information which is important for the following reasons. First, the travellers' health is to be protected for their own safety and comfort, that is to provide an enjoyable travel experience, to avoid treatment in less favourable health care facilities and to avoid costly and possibly delayed treatment after returning home. Second, infectious diseases contracted during travel can be transmitted to others after the return, increasing human and financial costs. Third, in the light of the growing international concern regarding the (re)emerging infectious diseases with travel seen as a major contributor to their spread¹⁹⁻²², this potential threat is to be kept to a minimum through educated healthy travellers. This aspect of tourism's impact on the health of the local community has been examined elsewhere^{23,24}.

The aims of this study were to 1) examine the current situation in relation to pre-travel health education in North Queensland; 2) investigate if and what kind of travel health advice travellers

seek and receive; and 3) ascertain the 'ideal' type and source of travel health advice from the travellers' perspective.

Methodology

For this descriptive study, questionnaires and prepaid envelopes were distributed to travel agencies in Townsville and Cairns, two cities in North Queensland. Staff were to insert a questionnaire and envelope in the travel document wallet to be collected by clients travelling to developing countries. The questionnaire incorporated items based on the literature and the researcher's background in health and tourism and consisted of three parts, 1) demographic data and information about destination and trip, 2) travel health advice seeking behaviour and the advice received for this specific trip, and 3) views on the 'ideal' advice.

A convenience sample of 106 travellers completed the form. The number of travellers to the designated areas was much smaller during the study period with some travel agents reporting of having not one client in two months to three in one month. Also, managers of travel agencies changed at a considerable speed, as did some of their staff. This meant that

information about the study participation was not always passed on. Some questionnaires were not usable since they were given to clients travelling to areas other than those specified. It is impossible to ascertain how many more travellers would have been eligible to participate. The option to have the forms distributed by the researcher or assistants was not practical.

Ethical approval was obtained from James Cook University and the study was conducted in strict adherence to the guidelines. The project commenced in Townsville in late 1998 and included Cairns from 1999. Descriptive statistics were employed for quantitative data using SPSS, and content analysis for any qualitative information provided.

Results

Sixty-two (58.5%) tourists were female, 44 (41.5%) male. Distribution of age and occupation is presented in Table 1.

TABLE 1

Thirty-four (32%) planned to travel alone, 66 (62%) with one or more adults, 3 (3%) with children under 16 years, and 3 (3%)

with adults and children. Travel insurance had been taken by 101 (95.3%), 74 (74%) of those considered this a very important measure.

Travel health advice seeking behaviour

Most (n = 61; 57%) claimed to always seek travel health advice, 23 (22%) often, 18 (17%) sometimes and four (4%) never.

There was no significant difference in relation to gender, age, education or occupation. Ninety-six (90.5%) sought travel health advice before this trip. There was no difference in gender, age, occupation, education or between those who travelled alone and those who travelled with others.

The ten subjects who did not seek advice did so because they were health professionals (3), because they usually don't get sick (2), because they didn't want to know what they could get (1), because they had no time (1), because they didn't know where to go (2) and for other reasons which were not stated (4); multiple answers were possible. All following results refer to those respondents who did seek advice (n = 96).

Sources of travel health advice

The sources of those 96 respondents who did seek advice are

presented in Table 2.

TABLE 2

Type of advice received

It was of particular interest to ascertain which media were used to convey the advice. The results are listed in Table 3.

TABLE 3

The advice given was seen by 86 (81%) as country specific, 71 (74%) of those had been asked about their destination. Of those, 64 (90%) were asked about the country, 32 (45%) about the specific area within the country, but only 21 (30%) about the time of year they intended to travel (multiple responses). None had received any advice on how to minimise negative health impacts on the host communities. Immunisation was suggested to 69 (72.5%) clients.

Future source of travel health advice

Of all 106 respondents, 101 (95%) planned to get advice before future travel. Table 4 presents the planned sources of choice. Some of those preferring a travel clinic qualified their choice

with comments such as 'if there was one'.

The ideal situation

When asked for the ideal place, 42 (39.5%) would choose a travel clinic, 41 (38.5%) a GP. A comparison of used, future and ideal sources of travel health advice has been made in Table 4/ Figure1 (line graph) or Figure1 (bar chart) .

TABLE 4 OR ONE OF THE FIGURES (EDITOR TO CHOOSE)

Most (36; 34.5%) of the travellers (n = 104) prefer a combination of printed material, oral instructions, video and audiotapes, 34 (32.5%) printed and verbal advice, 26 (25%) printed material only, eight (8%) thought verbal advice is sufficient. Of 105 participants, 47 (44.5%) requested detailed information on diseases, prevention and treatment, 36 (34.5%) needed at least some background, while 22 (21%) were happy to just be told what to do.

Fourteen (13.5%) felt they needed more advice (n = 105). A few qualifying statements (figures in brackets refer to case numbers): 'I would like more info but unsure where to go for

accurate, timely, applicable information' (8), 'too much conflicting advice' (50), 'felt I couldn't quite believe the GP' (83), 'don't think I got the best deal' (95). Only 18 (17%) respondents (n = 106) would cancel a trip due to precautions necessary when travelling to a certain destination. Travellers in the 61-65 age group were more likely to cancel.

Respondents were invited to share their views on travel health advice and comment on anything they felt strongly about. About a third were unhappy, with the main concern being inconsistent advice. The result of this perception was confusion, anxiety and uncertainty, eg: 'Both doctors gave difference advice' (39), 'many different opinions from different doctors' (50), 'limited availability of up-to-date travel health information locally. I question how up-to-date some information was that I received' (55), 'we are three friends, all got different answers from their GPs' (60), 'I was very disappointed with the medical practitioner I visited. I had to ask all the questions, he offered no advice at all. The consultation was over in 2 minutes.' (13), 'some advice given is confusing and difficult to understand. Different advice is given by different organisations' (36), 'despite having an immunisation manual, GPs still give their own advice which gives some inconsistency, especially in

relation to malaria' (47), 'conflicting health advice is given' (49), 'confusion all along' (60), 'GP didn't seem to worry about me being a diabetic' (61), 'we four [friends] are uncertain and confused; two GPs a bit similar, number three and number four completely different advice. Feel uneasy now' (63), 'GP seems uncertain, had to go through several books' (65), 'felt that GP doesn't normally deal with this sort of thing and he had to consult books' (81), 'friends who went there last year had completely different advice' (87), 'I am not so concerned about myself but feel the children are not adequately covered' (101).

Discussion

The results from this survey indicate that more than half of the tourists always seek advice before going on a trip. The fact that 90 % sought advice before this trip to a destination in the developing world shows that people are aware of the need for suitable precautions. Travellers do go to their doctors first. Although many respondents felt happy with that, others were uncertain about the quality provided when this advice clashed with advice from other sources such as information posted on the Internet or provided in travel guidebooks. These findings coincide with previous research^{6, 8-11}. Of particular concern was

that advice from different physicians in relation to one and the same trip did sometimes not coincide, leaving travellers worried and anxious with some in need of more advice from elsewhere. There may also be an uncertainty among GPs as to whose responsibility it is to give travel health advice. One travel agent manager recalled clients whom she had referred to their GPs were referred back by the doctors to the travel agent for health advice.

Most of the travel health advice is currently geared towards the country in its entirety as the destination. This practice does not accommodate a geographic or climatic variability within one country. Only about half of those who sought advice were asked about the specific area within the country they planned to visit while only a third was asked about the time of year of their trip. Therefore, seasonal changes impacting on health were not considered. There seems to be a great need for more detailed geographical knowledge and subsequent modification of the information given. It is widely acknowledged that tourism also impacts on the health of local communities. Therefore, there is a need to educate travellers not only about their own health but also about the impact of their visit on others.

Although the findings cannot be generalised due to the limitations in sampling and sample size, the evidence given implies that there is still a great need, and much room, for improvement in the way travel health advice is currently given. The results suggest that there is a need for a designated travel clinic in North Queensland with health personnel qualified in travel health and health education to provide comprehensive and updated travel health advice to alleviate the uncertainty and anxiety in travellers. This would also be the place where GPs can get updated advice for their clients. High quality travel health advice is an important part of health education and, hence, an important factor in the concept of health promotion.

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Figure Legend

(Applies to the line graph and the bar charts, editor please choose)

Figure 1 Comparison between current, future and ideal source of travel health advice

Table 1 Age and occupation profile of respondents

Age	n	%
-20 - 30	32	30.1
31 - 40	21	19.9
41 - 50	25	23.6
51 - 60	15	14.2
61 - 71+	13	12.2
Occupation	n	%
Unemployed	6	5.7
Student	11	10.4
Home duties	7	6.6
Farmer	6	5.7
Labourer	3	2.8
Production/ transport worker	2	1.9
Clerical/service worker	11	10.4
Trades person	10	9.4
Professional	28	26.3
Manager/administrator	15	14.2
Retired	7	6.6
Total	106	100.0

Table 2 Sources of travel health advice

Sources	n	% of responses	% of cases
GP	83	43.5	86.5
Travel agent	31	16.1	32.5
Airline	4	2.1	4.2
Travel clinic	4	2.1	4.2
Internet	15	7.9	15.6
Guidebook	29	15.2	30.2
Family/friends	17	8.9	17.7
Other	8	4.2	8.3
Total	191	100.0	199.2
(multiple responses possible)	96 valid cases		

Table 3 Media of travel health advice received

Type of medium	n	% of responses	% of cases
Leaflet	18	14.1	18.6
Photocopies	10	7.9	10.3
Other readings	6	4.7	6.2
Verbal advice	79	63.0	81.5
List of other sources	1	0.8	1.0
Other	11	8.7	11.3
Nothing given	1	0.8	1.0
Total	126	100.0	129.9
(multiple responses possible)	96 valid cases		

Table 4 Comparison between current source, future source and ideal source of travel health advice

	Source of current advice (%)	Source of future advice (%)	Ideal source of advice (%)
GP	43.5	52.2	38.5
Travel agency	16.1	7.9	8.5
Airline	2.1	1.0	1.0
Travel clinic	2.1	22.8	39.5
Internet	7.9	8.9	5.5
Guidebook	15.2	5.9	3.0
Other	4.2	1.0	4.0
Total	100.0	100.0	100.0