

The Health of Host Communities: Missing from Printed Travel Health Advice

Irmgard L. Bauer

Travelers are becoming increasingly used to the need to seek appropriate health advice before embarking on trips, particularly to developing countries. Travel health advice is given in various ways and through various media.¹ Printed material often accompanies a travel health professional's oral explanations. Leaflets, booklets, brochures and other printed material have been used for a long time. Some are customized by the travel health provider, some are produced by commercial bodies such as the pharmaceutical industry or travel goods producers, and some are given out by health authorities. All are either distributed by the health professional or are accessible to travelers for collection in clinics, in surgeries, in pharmacies or on the web.

Traditionally, travel health advice is provided to protect the traveler from a potential health problem. What is still often forgotten is that travel intrinsically is a two-way process that includes the traveler as well as the host. Wherever one travels, there is already someone else residing. Travel health, therefore, should embrace the well-being of the traveler and the host community. This understanding is being slowly acknowledged, for example, through the establishment of the Host Countries Committee within the International Society of Travel Medicine (ISTM), through the increase in publications creating awareness of the hosts' health, and through, albeit tentative, funding for relevant research. However, it is difficult to find any translation of this school of thought into practice.²

The purpose of this small study was to find whether printed travel health advice included any advice on considerate behavior towards the hosts.

Method

In 1999, the Travel Medicine NewsShare, 3rd Quarter, published a call for contributions to the study. ISTM members were invited to forward to the researcher printed travel health advice they routinely hand out to clients/patients pretravel. The purpose of the study was not disclosed. Only a few members sent material promptly and generously. After that, any brochure, leaflet or booklet, any printed advice intended for use by travelers, was collected wherever the opportunity arose. In 2002, the collected material was finally analyzed. First, all material promoting the sale of anything, travel-related or otherwise, was discarded, as was material clearly aimed at the travel health professional rather than the customer. Of the remainder, any duplicates were discarded. Printed websites were excluded from this survey.

This left 75 printed items of health-related travel advice. Of those, items were discarded when they contained strictly technical descriptions of diseases (e.g. Japanese encephalitis), health conditions (e.g. motion sickness) or vaccinations (e.g. hepatitis A) without any additional advice. Only 44 printed items contained various levels of behavioral advice for travelers and were, therefore, eligible to enter the analysis.

Content analysis was conducted to see if, in any shape or form, the health of the hosts was considered when advice was given to travelers. This analysis did not aim at discriminating between good or poor material in terms of layout, design, content, quality, accuracy, timeliness, volume, user-friendliness and so on, or judging indirectly the producers of the material. A second person validated the obtained results.

Four additional leaflets were located separately which aimed at disseminating information on "Responsible Tourism". Although they were not intended as travel health information, they will be mentioned later because of their content.

Results

Overall, 44 printed items were analyzed. These consisted of 1 book (2%), 14 booklets (32%), 16 leaflets (36%) and 13 information sheets (30%). Some material was designed and written by the travel health providers

Irmgard L. Bauer, PhD: School of Nursing Sciences, James Cook University, Townsville Qld, Australia.

The author had no financial or other conflicts of interest to disclose.

Reprint requests: *Irmgard L. Bauer, PhD*, School of Nursing Sciences, James Cook University, Townsville Qld 4811, Australia.

J Travel Med 2003; 10:350-352.

themselves ($n=18$; 41%); other material was either commercially available or came from health authorities ($n=26$; 59%). Owing to the number of duplicates received, it has to be assumed that many commercially available materials are distributed throughout the respective countries and are widely accessible to the travelers visiting travel clinics or their family doctor. Entries came from the following countries: US (15), Australia (12), Canada (8), Hong Kong (3), UK (2), South Africa (2), Germany (1), and Italy (1). The publication date, where obtainable, ranged from 1996 to 2001.

Of the examined items, only one mentioned the hosts by advising respect for local customs and law; none mentioned the hosts' health. Interestingly, of the four leaflets produced by non-health-related sources under the umbrella of "Responsible Tourism", three not only mentioned the hosts, as one would expect, but also mentioned the hosts' health, either indirectly ($n=2$) by pointing out the problems with child sex tourism, or directly ($n=1$) by going to great lengths in advising about the disposal of fecal matter, and of local water protection.

Discussion

The study sample was small, and therefore the results do not represent all printed travel health advice, but the findings can be used as an indication that hosts are not yet included in written health information. A similar result was obtained in an earlier study on the content of travel health advice in clinics and surgeries, where none of the respondents ($n=106$) received information on the consideration of hosts' health.²

Tourism's (and therefore tourists') impact on local health can be: (1) indirect, deriving from economic, environmental, and sociocultural impacts of tourism; and (2) direct, due to the transmission of diseases, accidents, and workplace health and safety violations.³ While it cannot be expected that tourists will be able to alleviate all forms of impact, informed travelers are more likely to modify their behavior in such a way that locals' health is not made worse by having tourists around. Therefore, tourists should be made aware of the small things they can do to protect locals, such as attempting to minimize the transmission of pathogenic agents.

Poor hygiene, unfavorable economic conditions, inadequate housing and nutrition already predispose people to a range of diseases, such as tuberculosis, parasitic infections or hepatitis, with individuals often having several acute and chronic conditions at the same time. An additional load of pathogenic agents, especially when the immune system is already compromised, can only aggravate health problems. Lack of funds for appropriate treatment makes matters even worse.

The three ways of disease transmission that can be most easily influenced by tourists' considerate behavior are the respiratory, fecal-oral and sexual transmission of microbes. If one observes tourist behavior at destinations for a number of years, behavior relating to those three transmission modes clearly stands out. Respiratory infections are fairly common in tourists,⁴ and so is their sneezing or coughing directly into people's faces in crowded areas such as markets or buses. Travelers' diarrhea, as the most common ailment,^{4,5} translates alarmingly often into tourists' indiscriminate defecation, with inappropriate disposal of feces and toilet paper. This is not just an esthetic nuisance, but is a source of fecal-oral transmission of infections to locals and fellow tourists. Asymptomatic carriers of pathogenic agents need to be included in this concern, but also healthy travelers without conveniently located toilet facilities, such as treks and trails. Hands often remain unwashed, due to the lack of sufficient or any water at all. The transmission of STDs from the traveler to the host, rather than the other way around, has been discussed in several papers.^{6,7} And, as just one example of a different, albeit rare, health threat, *Schistosoma*-infected long-term travelers could contribute to the spread of the disease by urinating into water that harbors yet uninfected host snails.

With the growing awareness of hosts' health in the travel scenario, it seems timely to put ideas into practice, even if this is only a small start. The suggestion here is that the health of the host communities be included in any newly printed travel health advice that proffers general health tips. Not only should the required behavior be mentioned, but also the rationale for this behavior. Reading similar advice time and again will condition travelers to at least become aware of their potential role in disease transmission, and assist in minimizing their impact. This advice should include duty of care and responsibility in relation to local tourism employees, such as porters⁸ or hospitality workers, and their working conditions.

One examined leaflet suggested some activity "to protect your health". A simple addition of "and that of the hosts" would serve the purpose of pointing out that travel does not occur in isolation. As the leading organization in travel health, the ISTM would seem to be in prime position to design a template with essential key issues that can be used as a blueprint by anybody producing printed travel health advice. This could be separated into information intended for travelers and information intended for use by health professionals regarding what and how to advise.

In conclusion, the field of "travel health" should encompass travel as a two-way process, one that does not exclusively look at travelers but also looks at the hosts. Therefore, where possible, printed travel health advice

should include consideration of the hosts' health, to give travelers the opportunity to minimize the potential negative impacts of their visits, for the benefit of the host communities.

Acknowledgment

I thank all ISTM members who contributed quickly and generously.

References

1. Leggat, P. Sources of health advice given to travellers. *J Travel Med* 2000; 7:85–88.
2. Bauer I. Travel health advice in North Queensland/Australia from the perspective of travellers to destinations in the developing world. *J Br Travel Health Assoc* 2002; 3:42–48.
3. Bauer I. The impact of tourism in developing countries on the health of the local host communities: the need for more research. *J Tourism Stud* 1999; 10:2–17.
4. Looke D, Robson J. Infections in the return traveller. *Med J Aust* 2002; 177:212–219.
5. DuPont H, Khan F. Travelers' diarrhea: epidemiology, microbiology, prevention, and therapy. *J Travel Med* 1994; 1:84–93.
6. Forsythe S, Hasbún J, Butler de Lister M. Protecting paradise: tourism and AIDS in the Dominican Republic. *Health Policy Planning* 1998; 13:277–286.
7. Cabada M, Echevarría M, Seas C, et al. Sexual behavior of international travelers visiting Peru. *Sex Transm Dis* 2002; 29:510–513.
8. Bauer I. Inca trail porters: the health of local tourism employees as a challenge for travel medicine. *J Travel Med* 2003; 10: 94–99.



Inca trail. Submitted by Dr. Oliver Hart.