

TOURISM and HIV-AIDS- A perspective

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The overall context

40 million people are today infected and affected by HIV worldwide-an astounding number by all indications. A mere 5% of these belong to high income countries whilst the remaining 95% are drawn from among the ranks of the poorer sections in the developing countries, quite clearly pointing to the fact of a correlation between AIDS and underdevelopment. Roughly a third of these 40 million are young people and children. Each year, more than three-fourths of a million children are born with AIDS. They inherit the virus right at childbirth-the rapidly escalating phenomena of mother-to-child transmissions. Alongside stupendous and gigantic advances in the field of medical sciences, there are the deepening cries of despair and exasperation of at least 15,000 people who are added each day to the list of those who will sooner or later face death because they have the contracted HIV and no amount of science and technology seems even remotely close to relieving their suffering. 7000 of these are young people and this fact alone threatens devastating consequences for the future of nations, children, families and their immediate communities. On one hand, there is the mounting scale of numbers of victims to be handled. This, however, will soon be dwarfed by the ever-growing complexity of the preventive and curative aspect. For, it is abundantly clear that, the AIDS pandemic requires confronting and tackling on a broad range of fronts. And it must, in any event, be dealt with on an emergency footing. After all, there is not a second that ticks by without either a newly infected person joining the ranks of the already million of victims, or another death. There is also the fact of social stigmatization that must be contended with. Many people who contract HIV/AIDS hide the fact of their illness from the public, which must, in fact, hide the truth about the real numbers. Quite clearly, the world is dealing with a problem, which, if left unattended to, or attended merely at present levels of response, can cause untold and irreversible damage to the social fabric of global society and to economic progress.

Tourism and HIV-AIDS- The bitter facts

The truth is that as long as the earth remains, people will continue to travel for pleasure and holidays, business, family affairs, missions, and meetings. And as they do so, they will continue to be exposed to high-risk social behaviors like casual sex, drunkenness and intravenous drug use, which engender the spread of HIV/AIDS. Many people on holiday tend to behave as though they have just been liberated from long-drawn bondage! These are not healthy habits and HIV/AIDS becomes a very possible offshoot.

HIV/AIDS is the most potent threat to the tourism industry to which many developing nations look up for much needed foreign exchange. It takes no strain to find out that most of the countries said to have the highest prevalence of HIV/AIDS in the world are notable tourist destinations. Hotels and tourism establishments are recording very high turnover of staff and contending with very low productivity of members of their staff who are living with HIV-AIDS. These are able-bodied men and women, not those who suffer debilitating illnesses in any case. Some of them, especially those in the entertainment sector or those in room services contract the virus through unprotected sex with infected tourists and spread it to members of their families. These facts must pose questions to tourism planners as well as concerned people that demand pertinent answers. Are some countries and destinations within them being promoted as havens for sex tourism? Does not poverty and ignorance turn some youth

into sex slaves, prostitutes and gigolos? How many pedophiles of European and American extraction pollute countries in developing regions in the name of tourism? Are there concerns for people in these vulnerable destinations that can evolve into the installation of pre-emptive policies and measures. Little evidence of this is known. If only there can be a change of attitude on the part of tourism authorities, tour operators, hoteliers and hotel workers and the rest of the travel and tourism industry, the heavy toll that HIV/AIDS is taking on the industry would be minimized, perhaps eliminated eventually!

Moreover, there is a clear nexus between poverty in the developing countries and, even, trafficking of girls and women in the developed nations. The BBC recently uncovered an international child-trafficking ring where "AIDS-free" Cameroonian girls were sold as brides and found working in brothels in the UK. UNAIDS estimates that some 69,000 of the Cameroon's children under the age of 14 are living with HIV/AIDS. Logically, it must be accepted that AIDS is spreading in the UK too! Consequently, we are challenged to study the link between AIDS and North-South relations. This (Tourism and HIV-AIDS) is clearly one of those issues, which lends itself to South-South and South-North co-operation.

The denial must cease

There is a denial in certain circles about whether tourism is contributing to the spread of the HIV/AIDS pandemic. But, taking the example of Jamaica alone –a highly popular destination in the Caribbean-in the year 2002 alone, 24,000 Jamaicans were estimated to be living with HIV. On the total cumulative AIDS cases in Jamaica approximately 69 per cent have occurred in persons aged 25-49 years. Judging by current trends, Management and employees alike in the tourism sector will witness loss of human resource capital (people and skills) resulting in reduced earnings, growing costs of welfare packages including medical services, pension and loss of morale in the workforce. This situation will undermine any development effort in Jamaican society including those within the tourism sector, which is a major contributor to the Jamaican economy.

Formulating an effective response for the tourism sector presents a number of challenges and calls for creativity and commitment. The fears of addressing HIV/AIDS with tourists and within the tourism industry are short sighted, dangerous and unhealthy.

Tourism and Global economy

The facts about the relationship between tourism, AIDS, and economics must be studied and made known even if they hurt. It is not enough to be told about the multimillion-dollar worth of transactions in the global travel and tourism industry yearly or about the top ten destinations and source markets. People need to know the human costs involved.

Tourism, economic growth and risk

Tourism is seen as a potential growth area for many countries, especially those endowed with regions of unspoilt landscape, cultural monuments, exotic wildlife, world heritage sites, or a comparative advantage in recreational areas such as beaches, wilderness or mountains. Virtually all countries have some form of tourism marketing, and in many countries tourism is a major foreign exchange earner.

Tourism and travel make a vast and growing business. Current turnover is estimated at \$3.4 trillion and this is expected to rise to \$7.5 trillion by the year 2005. It is also estimated that the industry employs 212 million people-10% of the global workforce. Tourism's share in the global economy is rapidly rising. Whilst in 1992 the sectoral share was estimated at 6.1%, by

1995 this is estimated to have risen to over 10%. It includes passenger-transport industries, hotels and accommodation, restaurants and other food and drink providers, recreational and cultural services, manufacture and sale of souvenirs, and information provision. It is a sector with many links to other sectors at local, regional, national and international. Indeed, it might be said that one of tourism's main functions is to develop and expand communication networks to facilitate the movement of people, and in 1994 some 528 million people traveled as tourists.

Thus it also facilitates the spread of diseases. Tourism thrives on the opportunities it offers for people to have new experiences. This fact alone accounts for the frequent identification in many minds (perhaps mainly, but not exclusively, men's mind) of tourism and travel with sexual adventure. Because tourists seek out new experiences, they also enjoy what they perceive as "safe risks" – such as gambling, sex or even drug use- all aspects of the "illusory" or "exotic" worlds created by the "tourist experience". Thus, tourism as a personal experience and as an industry creates environments where diseases such as HIV/AIDS may thrive.

At a level of the economy it has been widely recognized that unwise development of tourism can:(a) result in rapid diminution of precisely the features which attracted the visitor in the first place; and (b) incur" externalities"- such as environmental damage, the cost of which outweighs the income earned. The explosive spread of AIDS may be considered just such an "externality".

The Medium- term prospects for Tourism

The pattern of global tourism will change over the next decade. The European and American markets are likely to grow more slowly as growth in disposable incomes slows. The main boom in tourism will be from Japan and the newly industrialised countries of Asia. At present only one in 10 Japanese travels abroad compared to one in two Europeans. Foreign travel is becoming increasingly popular. Whilst only 5% of Koreans and 2% Thais travel for recreational purposes, this is set to boom; the result will naturally be a massive increase in demand for destinations- both globally and regionally.

HIV/AIDS and tourism sector: sex and tourism and sex tourism

HIV/AIDS is not just another diseases. It is a disease currently without a cure or vaccine. As far as is known, all people who become infected with the virus (become "HIV-positive" or "seropositive") ultimately develop AIDS and die. During part of the time a person is seropositive they are likely to be well and able to lead a perfectly active life. They may be sexually active – and also infectious. From these facts there arises the following important implications for the tourist sector:

1. Sex and tourism have always to some degree been associated. In some places, "sex tourism" has become a key element in the tourist industry. This business attracts many types of "commercial sex workers" both male and female. Some of these are full-time and voluntary, some are full-time and forced and many others are part-time and work in the sex industry to supplement otherwise small incomes. All of these people will also have non-commercial sexual relations in which diseases transmission may occur.

When a fatal sexual transmitted infection (STI) such as HIV is spreading and when drug use may also be a factor, the tourist sector can play an important role in the spread-not

only into a country from visitors to nationals, or out of a country from nationals to foreigners-but also from the tourist areas to the rest of a country.

2. The disease has a dormant period and an infected person may be symptom-free but infectious for several years. This means that one person may unknowingly and unintentionally infect many others. Most of the people who are infected will be in the age group of 15 and 50 - sometimes called the “sexually active” groups. These people are also those members of a society who are working and producing to support the young and old. If they become sick and die, the social and economic effects on the entire country can be serious indeed – large numbers of sick people to care for, loss of workers in many sectors, increasing number of orphans, loss of skilled people. All these effects are already being seen in some parts of the world where the epidemic has advanced steadily over the last decade. Thus the tourist sector has the potential to accelerate the epidemic and ultimately to cost a country more in lost human resources and additional expense than it may contribute.

Environments are risky - not people!

It is not groups of people (such as tourists or commercial sex workers) who are risky. No, are types of behaviors (such drug use) risky. Rather it is particular behaviors become risky because there is a disease in the environment. Thus we are best advised to think of the tourist sector as a high-risk environment in which a disease such as HIV/AIDS can thrive. There are two sets of issues to consider under this-reducing and/or preventing spread from:

1. Tourists to nationals or vice versa; and
2. Nationals working in the tourism sector to nationals in the wider society or vice versa.

All these possible transmission routes could be affected by general health education in a country. However, given the concentration and rapid turnover of both workers and visitors in the tourist sector, it is important to develop detailed and appropriate health education programmes for all these combinations.

Medium and long-term socio-economic impacts of tourism and HIV/AIDS

The most immediate medium -term social and economic effect of HIV/AIDS- beyond making people seriously ill is that it will begin to destroy the tourist industry if a country becomes identified or stigmatized as having high levels of HIV/AIDS. This may discourage visitors even if they are not “sex tourists”, because they will worry about the safety of hospitals, blood supplies, dentists and emergency medical services.

Beyond this immediate impact, the longer-term impact of infection channeled from the tourist sector into the wider economy and society may be very profound indeed. It may include the loss of highly skilled specialists, of teachers (and thus the education of the next generation), of careers for the young and old; It may lead to decline in production in important economic sectors and people die prematurely.

Conclusion

Tourism has the potential to exacerbate the HIV-AIDS endemic and further complicate matters for vulnerable people in tourist destinations. At the same time, tourism has the potential to be a vehicle for raising consciousness about the issue of HIV-AIDS as well as forging links of solidarity between people and people thus contributing to the eventual solutions.