

An Investigation of Travel Health Experiences in High Altitude Destinations: Case Studies of Sagarmatha National Park (Nepal) and Tibet (China)

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Abstract

Travelling to remote regions at high altitude in less developed countries is fast growing in popularity amongst adventure tourists. Many are lured by the beauty and the challenge of the high mountains and their indigenous cultures. In the course of this travel tourists are exposed, often unwittingly, to the endemic diseases of the region and the potentially deadly symptoms of mountain sickness in places with little easy access to modern medical facilities.

This study aims at examining travel health experience among tourists in high altitude destination through case studies of Sagarmatha National Park (SNP), Nepal and Tibet, China. Research objectives are embraced in a proposed model of travel health experience which contains seven inter-related factors of importance in the assessment of this experience: destination profile; tourist profile; tourist motivation; anticipation; behaviour; health ailments; and satisfaction.

Completed questionnaires, 448 and 340 from SNP and Tibet respectively, were collected on three separate occasions over a period of six months using random and convenience sampling.

The results show that the tourists, though mainly novices, possess adequate knowledge of the region and are also physically and organizationally prepared. However, nine out of ten suffer some forms of health ailments, of which the most common are mountain sickness symptoms, diarrhoea, respiratory symptoms and musculoskeletal pain. High-risk tourists for mountain sickness symptoms are Free Independent Travellers (FiTs) who travel with others, young novice tourists and those who travel with the motivation 'to get away' and 'sightseeing'.

'Spiritual' and 'educated and knowledgeable' tourists are less prepared organizationally and physically. Females are generally more prepared than males. However, the three profiles do not show any significant difference in the incidence of ailments especially mountain sickness symptoms.

The taking of pre-travel immunization is associated with a higher incidence of several ailments. This creates concern as to the benefits of this practice. Regular exercise is more beneficial than physical fitness alone. It reduces the incidence of musculoskeletal pain and soft tissue injuries and increases holiday satisfaction. Despite the prevalence of health ailments in the region, the overall satisfaction is high. This may be attributed to expectation of adverse health conditions, ailments usually not being seriously disabling, and the use of coping strategies.

The manifold and close interconnections displayed in the health travel experience model are strongly indicative of the desirability of a holistic approach to both health tourism research and health management in high altitude destinations in less developed countries. Such an approach can be utilised in formulating health education and promotion policy and for the prevention of travel-

associated ailments. To be effective this policy requires the collaboration of policy makers and all tourism stakeholders and the involvement of both local people and tourists.

Physical and organizational effort is a necessary preliminary for all travel. However, the study also concludes that psychological preparation should not be neglected since it may have an important contribution to make to the overall experience.

Profile

Ghazali Musa gained his PhD from the University of Otago in 2002. In the last six years he has been working in the Faculty of Business and Accountancy, University of Malaya, Malaysia. In 2007 he was appointed as the head for the Department of Marketing and Information Systems in the University. His main research interest are the areas of scuba diving tourism, health tourism, backpacker tourism, and disabled and elderly tourism.