

Full Length Research Paper

Utilising Tourism Potential in Combating the Spread of HIV/AIDS through Poverty Alleviation in Rural Areas of Botswana

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Tourism is an important economic activity in Botswana and it has the potential to alleviate poverty in the country. Many people living in rural areas of Botswana including areas in which tourism activities are taking place live in poverty. People living in poverty are often vulnerable to HIV/AIDS and Botswana is one of the countries reported to have the highest prevalence of HIV/AIDS in the world. Tourism has the potential to combat poverty because it creates employment, earns foreign exchange, attracts foreign investment and contributes to Gross Domestic Product (GDP). This research is based on both primary and secondary information. The primary information is obtained from survey conducted in Maun, whereas the secondary information is obtained from literature review of published journal papers. This paper analyses the potential of tourism in contributing towards poverty alleviation from a collaborative approach. Tourism is a viable sector in minimising the spread of HIV/AIDS and in combating poverty. This paper concludes that tourism has the potential to alleviate poverty among people living in poverty in rural areas of Botswana. This paper also concludes that poverty alleviation is imperative in the fight against HIV/AIDS.

Keywords: Tourism, prevalence, impact, poverty, HIV/AIDS.

INTRODUCTION

Tourism encompasses all travel with no intention to commute (Gunn, 1998). Tourism involves any activity concerned with temporary short-term movement of people to destinations outside their normal place of residence and work (World Travel and Tourism Council, 2002). Tourism attractions include various environmental factors, historic factors such as buildings, wildlife, heritage sites, and socio-cultural factors among others (South Africa's Department of Environmental Affairs and Tourism, 1996). This means that both human and environmental factors play vital role in tourism (EcoTravel Africa, 2004). In enhancing the quality lives and to alleviate poverty, community based projects such as conservancies are imperative.

The environment should be viewed within its broadest sense that includes natural, historical and cultural heritage as well as the lifestyles, values and traditions of all people in areas in which tourism activities are taking place (SATOUR, 1999). These elements constitute the primary resource base for Botswana tourism and its

global uniqueness is of considerable significance. The Botswana tourism sector and the environment have symbiotic relationship. Whilst the environment is the primary tourism resource base, tourism in return creates opportunities through which economic return can be generated from the environment (John, 1984). Tourism is a dynamic activity that is constantly evolving to cater for new needs and challenges (South Africa's Department of Economic Affairs, Agriculture and Tourism Western Cape, 2001). The same can be said of the Botswana tourism sector, which is entering a particular dynamic yet complex and demanding period, particularly with the challenges of poverty and HIV/AIDS in the face of global economic recession. This requires flexibility to adopt to change. The growing significance of tourism as an economic activity is reflected in the rising recognition it has been given particularly in Botswana and other Southern African countries (Butler and Hinch, 1996). Tourism is not just a developmental tool but it also plays a vital role in curbing socioeconomic problems such as

poverty. Sustainable tourism development is an essential part of tourism. Sustainable tourism development should not be limited to the sustainability of natural resources, but should also include sustainability of human resources. The tourism sector should also work closely with Agriculture and where possible with the mining sector. Mining and Agriculture are also the key economic sectors in Botswana. Agriculture in particular, is an important sector to work with tourism for food production by locals. The worrying factor is that most of the food consumed in hotels and lodges in Botswana are imported from South Africa. Selling locally made foods to tourism organisations will help local farmers to fight poverty.

Factors discussed in this paper include introduction to the paper, literature review, methodology, findings, and concluding remarks are made at the end of the paper.

LITERATURE REVIEW

Tourism is one of the three principal pillars of the economic success of Botswana (Botswana's Department of Tourism, 2003). Botswana's tourism like in many other Southern African countries is based on natural attractions and has a number of world-class game reserves and national parks that make the country unique including its variety of wildlife species that can be viewed in their natural habitat (Botswana Department of Tourism, 2003). The other key tourism attraction in Botswana is the Okavango Delta, which is one of the largest island river deltas in the world. The Okavango Delta is a flood plain situated in Northern Botswana that has no natural outlets to the sea and is a vast eco-system covering 1500km² of African wildness. The Okavango Delta incorporates the Moremi Game Reserve, and is a unique African wildlife paradise and one of the finest remaining wildernesses in the world. Many tourism businesses are located in the Delta.

In general, tourism planners particularly in developing countries focus more on marketing and encouraging investors than on host community participation and benefit from tourism (Goodwin, 1998). This is the similar scenario in Botswana; hence communities living in areas where tourism activities are taking place are poor. Tourism in Botswana should be diversified to encourage its benefits to local people because most of local people do not have access and ability to turn the available eco-tourism such as the Okavango Delta into their own benefits. Tourism development in Botswana should also include activities that enhance quality of life for people living within the tourism destinations. For example, instead of focussing on nature-based tourism, cultural tourism should also be encouraged so that ordinary community members can participate and benefit from tourism. This can be done through establishment of community cultural centres in which tourists can pay

entrance fee.

Botswana is also renowned for its traditional crafts of which the most popular is probably the basketry practiced by many regional groups offering individualistic designs and patterns. Traditionally, such crafts as pottery and basketry were produced for utilitarian purposes and materials were general selected from available natural resources. These are important in poverty alleviation in local communities because people living in poverty can produce goods and sell to the tourists. Besides selling goods to the tourists, crafts such as pottery and basketry are also important to the International tourists who may be interested in skills that local people have. However, there is a challenge in conserving and passing the skills through generations in the face of social dynamics of an ever-changing society. It is imperative to conserve these skills and use them to reap economic benefits through tourism, which may be utilised to fight poverty in various communities (Mattes et al., 2002). The other worrying factor is that poverty is closely linked to HIV/AIDS. The continued spread of HIV/AIDS does not only influence poverty but it also threatens local skills that are essential in tourism development and poverty alleviation such as traditional crafts and basketries.

Southern Africa is generally experiencing the highest rate of HIV infection in the world (United Nations, 2005). The high HIV/AIDS prevalence rate in Botswana could be a result of poverty which leads to population migration from other African countries to Southern Africa. The infection rate is particularly high among people aged between 15 and 49. This age group constitutes economically active people and a number of them work directly or indirectly in tourism and other key economic sectors. Sub-Saharan Africa is affected by the HIV/AIDS pandemic more than other parts of the world and a large number of people die from AIDS. Southern Africa consists of Botswana, South Africa, Namibia, Zambia, Angola, Zimbabwe, Mozambique, Lesotho, Swaziland, Malawi, Madagascar and Mauritius.

The average life expectancy in many countries in the Sub-Saharan region has dropped from 62 years to 47 years due to HIV/AIDS (Ramsey et al., 2002). The average life expectancy is below 40 years in many countries with the highest HIV prevalence rate being in Botswana, Malawi, Mozambique and Swaziland, (Ramsey et al., 2002).

UNAIDS (2006) indicates that reduced labour force and low productivity of Southern African countries has reduced government and private sector revenues including those in the tourism sector. In Botswana in particular, HIV/AIDS is reported to be high in areas in which tourism activities are taking place such as Kasane and Maun. Poverty in Botswana is also reported to be high in communities surrounding Maun and Kasane. This shows that poverty and HIV/AIDS are related and this can also be linked to population migration and interaction

TABLE 1. Number of Orphans by Type in 2007

Maternal Orphans	Number
AIDS	65 100
Non-AIDS	15 700
Total	80 800
Paternal Orphans	
AIDS	53 500
Non-AIDS	25 900
Total	79 400
Double Orphans	
AIDS	31 900
Non-AIDS	1 700
Total	33 600
All AIDS Orphans	89 700
Total Orphans	125 700

Source: NACA and ACHAP (2008)

between tourists and local people including activities such as commercial sex work (sex tourism). It is important for tourism potential to be used in poverty alleviation. Poverty alleviation is an important initiative in the fight against the spread of HIV/AIDS. The worrying factor is that the Botswana tourism is dominated by foreign investors and as a result, economic benefits of tourism in major tourism destinations such as Maun do not accrue to the ordinary communities living within the vicinity of places where tourism activities are taking place. The UNAIDS further indicates that a number of the Southern African countries spend between 20% and 90% of their health budgets fighting HIV/AIDS.

Botswana is among the countries experiencing the severest HIV/AIDS infection rate in the world (UNAIDS, 2007). Botswana has 270, 000 people living with HIV/AIDS out of a population of about 1.8 million. The adult HIV prevalence rate in Botswana is estimated to be 24.1%, the second highest in the world after Swaziland. Life expectancy at birth in Botswana dropped from 65 years in 1990 – 1995 to 40 years. It is reported that 120, 000 children in Botswana have lost at least one of their parents to HIV/AIDS and that there are 65, 000 HIV/AIDS orphans. This means that vigorous measures need to be taken to raise and take care of the orphans. Taking care of orphans is imperative for sustainable tourism development because young people are the future leaders of Botswana.

Botswana is confronted with many risks associated with the spread of HIV/AIDS. These include the migration of wage workers, alcohol abuse, deteriorating traditional family structures, denial and ignorance (Botswana's Ministry of Health, 2000). Other risks include family and communal disruptions or transfers, poverty, low status of women, high proportion of single parents and early parentage. The average age of first sexual encounters in

Botswana is 17 years, and this is linked to poverty and unemployment. Poverty and unemployment influence population migration of tourists and/or wage-workers both from neighbouring countries and of people from other sectors within the country itself. According to the Ministry of Health (2000) HIV/AIDS is also increased by a high rate of alcohol consumption and abuse among the young people in Botswana and in a number of Southern African countries. Alcohol abuse increases the chances of engaging in unprotected sex among the young people in Botswana.

Faced with frustrating situations, vulnerable people such as orphans are most likely to engage in risky behaviour such as alcohol abuse, commercial sex work, and to a certain extent, they engage in sexual relationship with older rich partners, which also make it difficult to negotiate safer sex. The gap between the rich and the poor should be minimised so that the rich people cannot take advantage of the poor. With good planning, tourism in Botswana has the potential to minimise such gaps particularly in tourism destinations such as Maun.

Failure to take adequate action to raise orphans and provide educational opportunities may result in concerned orphans being destitute, which may make them more vulnerable to HIV/AIDS. Orphans that grow in poverty may be forced to migrate to urban areas. HIV/AIDS generally increases adult death rates, which also increases the number of orphans in the country (NACA and ACHAP, 2008). Table 1 below presents number of orphans by type.

The HIV/AIDS related orphans as stipulated in table 1 is significantly greater than any other variables. This shows that HIV/AIDS significantly has an influence on the increased poverty levels. Orphans in Botswana and in general often do not have any one to take care of them, and they usually face challenges of poverty. This also

shows that high death rate as a result of HIV/AIDS often results in increased poverty among the affected communities.

In addressing the spread of HIV/AIDS, variables such as poverty and population migration should be taken into consideration. High HIV/AIDS infection in Botswana is attributed to both internal and external population migration (Letamo, 2003).

Several studies conducted in a number of African countries indicate that poverty is one of the barriers in the fight against the spread of HIV/AIDS particularly in poor developing countries (Barnett and Whiteside, 2002). Poverty makes it difficult for people to cope with HIV/AIDS, and it forces people to make desperate decisions. For example, many young poor women in poor developing countries or communities often resort to commercial sex work as means of survival, which also exposes them to HIV/AIDS (Barnett and Whiteside, 2002). The worst impact of Poverty and HIV/AIDS is at individual and household levels.

HIV/AIDS and poverty directly influence each other. The more HIV/AIDS spread in the community, the more poverty levels grow, and the more people become poor the more they become vulnerable to HIV/AIDS. Poverty has direct influence on population migration, which results in further spread of HIV/AIDS. This means that fighting HIV/AIDS cannot be done in isolation, but it should be a systematic approach that addresses poverty, population migration and HIV/AIDS simultaneously. The Botswana tourism has the potential to fight and curb poverty in the country.

Botswana's rich cultural and historical heritage and abundant wildlife resources create opportunities for investment in the tourism sector. Global statistics continue to record significant growth in tourist arrival in Botswana (Botswana's Department of Tourism Research and Statistics, 2008). Tourist arrival in Botswana rose from 923,132 in 2001 to 2,131,149. This, together with tourism sector's multiplier effect and increased local participation, create opportunities to diversify the country's economy from reliance on mineral mining. Employment created by tourism in Botswana is significant in both public and private sectors. Tourism contributes 3.4% to the Botswana's GDP (Botswana's Department of Tourism Research and Statistics, 2004).

Botswana, like many other African countries, faces socio-economic problems such as poverty, high unemployment and disparity in income distribution (Ashley et al., 2000). Assessing the performance of the economy in terms of growth and development does not give a true reflection of the country's performance (Siphambe, 2004). It is imperative to observe other socio-economic factors such as poverty, income distribution and general human development. Botswana experiences problems resulting from unemployment and poverty despite the fact that the country's economy has grown

significantly since the country's independence in 1966 (Mutula and Van Brakel, 2007). This is also despite the fact that Botswana's population is small and projected at only 1.8 million people. However, it should be noted that statistical information on poverty in Botswana is insufficient.

The economic growth of Botswana since the country's independence is linked to the country's diamond mining which is controlled by government. The economic benefits of diamond to Botswana do not directly accrue to communities but it is used for infrastructural development. This leaves ordinary people living in poverty. There is also a shortage of manufacturing companies in Botswana and most of the basic needs such as clothing and food in the country are imported from South Africa, which leaves the country with less entrepreneurial and employment opportunities. Investment in tourism therefore, will create both entrepreneurial and employment opportunities for people living in poverty. Poverty prevails more in rural areas and in areas where HIV/AIDS is more prevalent. However, it should be noted that statistical information on poverty in Botswana is scarce.

Even though poverty and unemployment remain a problem in Botswana, the proportion of the population in living poverty dropped significantly between 1986 and 1994 (Botswana Institute of Development Policy Analysis (BIDPA), 1997). The proportion of poor and very poor population dropped from 59% to 47%, and the proportion of poor households dropped from 49% to 38% during the same period. However, it is important to note that poverty reduction in Botswana is more significant in urban areas than in rural areas because there is more development and formal job opportunities in the urban areas than in the rural areas. Poverty is increased by lack of formal sector jobs, low wages for those employed, and insufficient income-generating options to supplement the wage income of the workers. However, there are success stories on the Botswana's initiatives to fight poverty through created educational opportunities.

The success stories in curbing poverty in Botswana are linked to a number of social indicators such as increased enrolment in both primary and secondary educational institutions. Due to increased investment in education and the fact that technology such as computers and internet usage, the adult literacy rates in Botswana has considerably increased, which gives the country a large supply of population that can be trained in various economic sectors including tourism. Investment in education attracts foreign investment. However, the quality of education requires immediate attention to make it more relevant to the economy of Botswana (Siphambe, 2004). As already indicated, HIV/AIDS also threatens educational investment and labour availability in Botswana. But, the Government of Botswana provides anti-retroviral (ARV) drugs to the infected public for

free, free condoms, and free education about HIV/AIDS.

In an attempt to reduce the level of poverty in Botswana the government encourages the development of small business enterprises including those in the tourism sector. Small business enterprises play a vital role in promoting economic and social development in Botswana. To promote the development of small business enterprises, the government of Botswana encourages investment in the Information and Communication Technologies (ICTs). This initiative also helps Botswana to diversify its economy, which is largely dependent on diamond mining. The major challenge facing the Botswana small business enterprises is the shortage of skilled human resources. This challenge is exacerbated by HIV/AIDS which kills many people possessing valuable skills.

Poverty reduction in Botswana is more significant in urban areas than in rural areas due to the fact that there is more development and formal job opportunities in urban areas than in rural areas (Botswana Institute of Development Policy Analysis (BIDPA), 1997). Poverty in Botswana is increased by lack of formal sector jobs, low wages for those employed, and insufficient income-generating options to supplement the wage income of those working. However, there are success stories on the Botswana's initiatives to fight poverty in the country through investment opportunities including tourism sector. In attempt to reduce the level of poverty in the country, the government of Botswana encourages the development of small business enterprises including those in the tourism sector. Small business enterprises such as those in the tourism sector play a vital role in promoting economic and social development in the country. Tourism has the potential to fight the spread of HIV/AIDS in the country through poverty alleviation.

Studies conducted in Brazil indicate that tourism has a significant contribution to the economy of developing countries in general. However, the challenge facing many developing countries is lack of policy guideline on how tourism benefits can be distributed to poor people in the host communities (Blake et al., 2009). Tourism is an important sector in the fight against poverty, particularly in developing countries (Geoffrey et al., 2006).

Woods and Sekhwela (2003) indicate that tourism plays a vital role in the economy of Botswana coming second after diamond. In 1997 tourism was reported to be contributing 3% of the Botswana's GDP. However, Woods and Sekhwela argue that most of the revenue generated from tourism in Botswana is not retained in the country due to the fact that most of the tourism companies are owned by foreign investors who take money to their countries of origin. Revenue generated from tourism provides little or to a certain extent no benefit to some poor communities living in remote rural areas in which tourism is taking place in the country.

Woods and Sekhwela (2003) indicate that 50% of the Botswana population live in rural areas and rely on

subsistence farming for their survival. However, agriculture in Botswana provides a small portion of food needs, and that it accounts for 2.8% of the Botswana's GDP primarily through beef export. Despite the fact that agriculture contributes less than 3% to the Botswana's GDP, it provides food for over 80% of the country's population living in rural areas. Majority of the Botswana population depend on subsistence agriculture and livestock production for their food. This clearly stipulates that mining, tourism and agriculture are the Botswana's top three key economic sectors.

METHODOLOGY

To draw a meaningful sample for this study, general managers/ Chief Executive Officers (CEOs) in tourism companies were approached and asked to make referral (snowballing sampling) of possible respondents to the confidential questionnaire. People who participated in this research include those in managerial positions such as supervisors and section heads. This is called snowballing sampling. Thus non-probability sampling procedure was applied in this study. The reason for choosing non-probability method as opposed to probability sampling method is that generally, there is no sampling frame or list of managers in Botswana in which the names of possible respondents can be drawn. The other reason is due to the fact that HIV/AIDS is a sensitive issue, and the respondents may feel uncomfortable to respond to HIV/AIDS related questionnaire from a stranger. The respondents may feel more comfortable when asked by their managers/CEOs to respond to the questionnaire.

Tourism managers who participated in the research survey were derived according to their various departments in their respective organisations irrespective of their gender. There are a total of 69 registered tourism organisations in Maun. This research targets all tourism managers from all registered tourism organisations in Maun. The target number of respondents was 167, and this is the total number of tourism managers who indicated that they were willing and had time to participate in this research from Maun. The reason for targeting this sample size is the fact the HIV/AIDS-related is a sensitive issue, which means that people may be reluctant to respond to the questionnaire and that only those tourism managers who showed interest and had time to answer the questionnaire from their respective organisations and departments were given the questionnaires. The other reason is that tourism in Botswana is still at its development stage and the tourism managers are expected to be few. Majority of tourism managers who participated in the research are also members of the communities, therefore, they are expected to understand the problems communities are facing. The reason for working with tourism managers or departmental heads instead of the general tourism workers is because tourism managers are expected to have better understanding of the influence of HIV/AIDS on poverty in Botswana than general employees. Working with tourism managers such as heads of departments is imperative because these individuals have high level of expertise and experience in tourism and a number of them are involved in daily running of tourism businesses. This also helps the researcher to generate quality data that can be analysed and utilised to combat the spread of HIV/AIDS and its influence on the increased levels of poverty. The Botswana tourism has the potential to mitigate poverty in the country, particularly in areas where tourism activities are taking place. The other consideration for working with people at managerial levels of the organisations in conducting this type of research is that in most cases in Botswana, people at lower levels of the organisational

TABLE 2. Respondents Position In The Organisation

POSITION	PERCENTAGE RESPONDENTS
General Manager	6
Financial Manager	11
Human Resource Manager	11
Other	72
Total	100

structures such as cleaners, security and grounds man have lower literacy rate. Therefore, it is not expected of them to provide quality data in complex research such as HIV/AIDS and poverty. However, majority of people in managerial positions such as section head are also members of the community and are expected to have better understanding on socioeconomic factors than those at lower levels.

Before commencing the survey, permission was asked from tourism managers to find out whether they were willing to participate in the research or not, and only managers willing to participate in the research were given the questionnaire. This was a self administered questionnaire. General Managers/CEOs were also asked to identify and ask their subordinates in managerial positions who had time and willing to participate in the research. The general managers/CEOs and their subordinates who indicated that they had time and were willing to participate in the research were given the questionnaire to answer on their own. This data collection method helps to ensure that the questionnaires are answered by intended people, and also prevents unnecessary personal relation or influence that may occur during face-to-face interview.

Considering that this study is quantitatively designed, the questions asked in the questionnaire required the respondents to tick the answer they think is suitable to a particular question. Respondents were given options such as (strongly agree, agree, neutral, disagree and strongly disagree) and they chose options according to a given statement (question).

This research gives priority to respect respondents' rights to privacy, morals and values, their social and psychological welfare. Risks usually associated with this type of research include distress, guilt, anger or fear of disclosure of health status, particularly by respondents who are HIV positive. The other risks associated with this research include discrimination, stigmatisation and loss of employment especially if they reveal the number of employees suffering or died as a consequence of HIV/AIDS in their organisations.

To avoid the above mentioned risks, this research does not ask any personal and embarrassing questions. No questions regarding individual health status, number of people living with HIV/AIDS in an organisation or number of people who died of HIV/AIDS are asked in this research. Tourism managers who participated in the survey are treated with respect and will remain anonymous. The names of the respondents and their organisations are not mentioned in results analysis. The questions asked are based (workers absenteeism, low productivity, poverty, service quality) but not on individual organisations. This is imperative to protect the privacy and rights of the respondents and their respective organisations. This process together with the aims of this research is indicated in the covering letter accompanying the research

questionnaire.

FINDINGS

In analysing the survey results, descriptive statistics in form of frequencies and average have been used. The summated (Likert scale) was used in analysing data according to measurement items. This means that the results have been analysed using statistical methods based on the percentage of respondents who answered a question in a particular way (Table 2).

Reliability Test And Analysis

Initially, before running analysis related to addressing objectives in this research, a reliability test was prepared. Cronbach's Alpha was used in conducting the reliability test and the results show a high reliability ($\alpha = .84$). The following table 3 presents the results for reliability test.

Tables 3 depicts the results for the scale reliability test conducted based on the research objectives. The purpose of the reliability test is to test the reliability of the measurement scale and items that were used in this research. In general, the results show that the scale is reliable because they present results not far from positive (0.84). However, the only item that presents negative results is the last measurement item 1. This does not mean that the item is not reliable but it is a result of the way in which the question is structured.

This research was conducted on April and May 2009. As already stated in this article, the measurement scale used here is likert scale in which respondents are given five options (strongly agree, agree, neutral, disagree and strongly disagree). In this research, respondents were also given the opportunity to answer the question they are neutral about. The items used in this research were obtained from various published journal papers and were adjusted to suit the Botswana tourism and poverty alleviation.

TABLE 3. Reliability Test On The Scale Of Tourism And Hiv/Aids In Botswana In General (Cronbach Alpha = 0.84)

Measurement Items	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Tourism is one of Botswana's important economic activities	.206	.840
Botswana is one of the countries in the world with highest rate of HIV/AIDS infection	.295	.838
HIV/AIDS increases the levels of poverty in a number of rural areas in Botswana	.452	.832
Botswana tourism is losing experienced workers to HIV/AIDS	.434	.833
Botswana tourism sector is seriously threatened by HIV/AIDS in future	.602	.825
Gender inequality contributes to the spread of HIV/AIDS in Botswana	.419	.833
Government should do more to address HIV/AIDS problems	.251	.839
Prospective domestic tourism demand in Botswana is threatened by the HIV/AIDS	.602	.826
HIV/AIDS threatens new investments in the tourism private sector	.616	.825
HIV/AIDS increases health expenditure on individuals, and tourism business	.435	.833
HIV/AIDS problem reduces individual's savings due to medical expenses	.520	.829
HIV/AIDS reduces the government investment in tourism public sector	.521	.829
Tourism organizations often discuss HIV/AIDS problems among themselves	.168	.844
HIV/AIDS increases the growth rate of average incomes	.287	.839
HIV/AIDS problem results in lower population growth	.318	.837
Tourism companies are not doing much in fighting the impact of HIV/AIDS in their organization	.143	.846
HIV/AIDS problem is expected to become much worse in future	.388	.834
Quality of service is affected by the HIV/AIDS problem	.593	.825
Alcohol abuse influence the spread of HIV/AIDS in Botswana	.416	.835
HIV/AIDS increases the costs of running tourism businesses	.474	.831
Tourism organisation experience low labour productivity resulting from HIV/AIDS	.627	.824
HIV/AIDS is a serious problem for tourism industry	.500	.830
Tourism business community in Botswana often discusses the HIV/AIDS problem with the local community members	-.105	.854

Table 4 presents the perception of tourism managers who participated in the research on the possible impact of HIV/AIDS on the Botswana tourism sector. On the average most respondents confirm that HIV/AIDS has negative impacts on the Botswana tourism sector. All tourism managers who participated in the research indicate that tourism is one of the Botswana's most important economic activities. This confirms that tourism in Botswana has the potential to minimise poverty in the country. As already indicated in this research, poverty is one of the variables influencing the spread of HIV/AIDS. Due to poverty and unemployment, many young people particularly in remote areas where tourism activities are

taking place, engage in risky behaviour such as commercial sex work and unorganised sex tourism. This brings a question of whether tourism influences the spread of HIV/AIDS or not. Most respondents agree with the statements indicating that Botswana is one of the countries with the highest prevalence of HIV/AIDS, and that HIV/AIDS affects the country's tourism sector through its negative effects on experienced workers within the sector. The fact that HIV/AIDS has a negative impact on the Botswana tourism sector is not surprising given the fact that the prevalence of the disease is reported to be higher in the key tourism destinations such as Maun/Okavango and Kasane/Chobe than in any other

TABLE 4. The Percentage Response On The Perception Of The Tourism Managers On The Possible Impact Of Hiv/Aids On The Botswana Tourism Sector (Total Respondents: N =149)

Measurement items	Strongly Agree (%)	Agree (%)	Do not agree nor disagree (%)	Disagree (%)	Strongly Disagree (%)	Total % (N)
Tourism is one of Botswana's most important economic activities.	83	17	0	0	0	100 (149)
Botswana is one of the countries in the world with the highest rate of HIV/AIDS infection.	31	53	6	9	1	100 (149)
HIV/AIDS increases the levels of poverty in a number of rural areas in Botswana.	47	34	11	4	4	100 (144)
Botswana tourism sector is losing experienced workers to HIV/AIDS.	32	34	22	7	5	100 (148)
Botswana tourism sector is seriously threatened by HIV/AIDS in future.	27	41	13	13	6	100 (147)
Gender inequality contributes to the spread of HIV/AIDS in Botswana.	28	33	21	12	6	100 (145)
Government should do more to address HIV/AIDS problems.	51	29	14	3	3	100 (148)
Prospective domestic tourism demand in Botswana is threatened by the HIV/AIDS.	14	44	23	18	1	100 (148)
HIV/AIDS threatens new investment in the tourism private sector.	18	34	24	21	3	100 (147)
HIV/AIDS increases health expenditure on individuals, and tourism businesses.	32	43	16	6	3	100 (143)
HIV/AIDS problem reduces individual's savings due to medical expenses.	33	36	12	15	4	100 (147)
HIV/AIDS reduces the government investment in tourism public sector.	25	34	22	17	2	100 (143)
Tourism organisations often discuss HIV/AIDS problems among themselves.	23	33	24	13	7	100 (144)
HIV/AIDS increases the growth rate of average income incomes.	16	18	35	25	6	100 (142)
The HIV/AIDS problem results in lower population growth.	43	35	14	7	1	100 (148)
Tourism companies are not doing much in fighting the impact of HIV/AIDS in their organisations.	16	24	24	22	14	100 (146)
The HIV/AIDS problem is expected to become much worse in future.	17	21	33	25	4	100 (146)
Quality of service in general is affected by the HIV/AIDS problem.	21	35	19	20	6	100 (145)
Alcohol abuse influences the spread of HIV/AIDS in Botswana.	62	29	5	3	1	100 (148)
HIV/AIDS increases the costs of running tourism businesses.	16	33	26	20	5	100 (148)

Table 4. Cont

Tourism organisations experience low labour productivity resulting from HIV/AIDS.	20	35	21	18	6	100 (147)
HIV/AIDS is a serious problem for tourism industry.	31	37	18	10	4	100 (141)
Tourism business community in Botswana often discusses the HIV/AIDS problem with the local community members.	18	37	21	20	5	100 (137)

part of the country. Poverty is also reported to be high in Maun and Kasanae. This indicates that there is a link between tourism and HIV/AIDS, and between HIV/AIDS and poverty. With good planning, tourism can minimise the spread of HIV/AIDS through poverty alleviation. HIV/AIDS is the main cause of death in Botswana and people who die of HIV/AIDS related illness constitute breadwinners working in the tourism sector. Death of a breadwinner represents the direct impact of HIV/AIDS on poverty, which eventually translate into continuous spread of HIV/AIDS through commercial sex work and child abuse including sexual abuse as orphans will have no one to look after them.

On the average, most respondents agree that the increased death rate resulting from HIV/AIDS related illnesses also threatens both the Botswana prospective domestic tourism demand and tourism investment both in public and private sectors. Reduced demand and investment means that poverty alleviation through tourism initiatives may be difficult. HIV/AIDS results in reduced individual savings through its increased medical expenses. The fact that many people spend more money on HIV/AIDS means that they will continue living in poverty than in a no-HIV/aids scenario. HIV/AIDS also results in increased growth rate of average income for key tourism employees who remain with the companies. The companies that experience severe HIV/AIDS prevalence rate among their employees also experience poor quality service, which also affects the daily running of tourism business. Besides its impacts on the service quality, most respondents indicated that HIV/AIDS also results in low labour productivity particularly for tourism companies that experience its adverse impacts. This may result in serious challenges when it comes to developing Botswana tourism. Failure to market Botswana tourism due to poor service quality rendered to the tourists means that the potential of tourism as a poverty alleviation agent in the country may seriously be jeopardised. On average, many respondents agreed with the statement indicating that HIV/AIDS results in lower population growth than in no-AIDS scenario. Reduced population growth affects both availability and quality of tourism workforce and it also reduces tourism local market. Poverty alleviation needs qualified manpower because it involves complex economic challenges.

The high prevalence of HIV/AIDS in Botswana makes it difficult for the government and individuals to fight poverty due to the fact that more money is spent on medication such as antiretroviral (ARV) instead of investing on tourism projects that can help in poverty alleviation. Besides increased poverty, HIV/AIDS also results in low population growth by killing young people at their productivity age. A number of people who die of HIV/AIDS related illness leave orphans who have no one to take care of them except the grandparents who are also living in poverty. Bearing all these challenges in mind the high prevalence of HIV/AIDS in Botswana means that the future of the Botswana tourism sector could be seriously threatened by the pandemic through reduced labour productivity. High levels of poverty often result in activities such as commercial sex work, which may also result in increased HIV infection. In fighting both the spread of HIV/AIDS and poverty, local people need to engage in farming and produce food that can be sold to tourism companies. The fact that tourism companies can buy food from local farmers instead of importing show that tourism has the potential to alleviate poverty.

Besides the fact that HIV/AIDS threatens the future of the Botswana tourism sector, tourism plays a vital role in the economy of Botswana by creating employment, which in return helps the country to alleviate poverty. Its economic contribution and benefits to the communities is significant because many communities including those living in poverty have access to tourism benefits.

Although majority of the respondents indicate that tourism is an important economic activity, some of the respondents are under the impression that tourism contributes to the existence of social problems such as commercial sex work. However, such activities as commercial sex could be a result of poverty not of tourism. However, few respondents feel that tourism contributes to increased poverty through its increased cost of living particularly for people who are not involved in tourism but living in areas where tourism activities are taking place. The increased cost of living is due to the fact that prices of basic needs such as food are relatively higher in tourism destination than in areas in which there are no tourism activities. In addressing such discrepancy, most respondents indicate that it is imperative for tourism business community to work closely with host

communities. Collaboration between tourism business communities and host communities is also an essential initiative in identifying the tourism potential and use it in the fight against poverty and HIV/AIDS.

CONCLUSION

The Botswana tourism sector contributes significantly to the economy of the country by creating employment and contributing to the country's Gross Domestic Products (GDP). Besides its contribution to the country's GDP, tourism has the potential to alleviate poverty in Botswana. Poverty has an influence on the spread of HIV/AIDS because it often results in some people engaging in activities such as commercial sex work. It is difficult to discourage people living in poverty to dissent from engaging in commercial sex work especially if commercial sex work is their source of livelihood. Commercial sex workers are among the population group vulnerable to HIV/AIDS. The Botswana tourism is based on eco-tourism, and is located in the northern part of the country where majority of poor people in the country live. The Botswana Government through tourism policy encourages foreign investment and local people's involvement in the tourism business in the country. The government also works hard to market the country internationally so that Botswana can continue to attract foreign investors, but the main challenge facing Botswana and a number of other Southern African countries is the continued spread of HIV/AIDS, unemployment and increased number of people living in poverty such as orphans. The Botswana tourism policy formulation, implementation, monitoring and evaluation, particularly policies aiming at poverty alleviation through increased benefits of communities in rural areas from tourism are insufficient.

The Botswana tourism sector has the potential to benefit the country more than its current contribution and it proves to be an essential tool for poverty alleviation. In reaping the potential benefits, the Botswana tourism policy should address discrepancies identified within the tourism policy. This includes the fact that local community participation in the management of tourism enterprises is insufficient. In addressing this problem, local people should be trained so that they can acquire adequate skills that will qualify them to manage tourism enterprises. Training of local people in management of tourism businesses will not only help local people to occupy management positions, but will also help the country to identify and reap the long term socio-economic benefits of tourism in a sustainable manner, which may also help the country in fighting poverty and HIV/AIDS. Tourism has the potential to create more employment opportunities and to attract both local and international investors. Creating more employment and

entrepreneurial opportunities for local communities including those in rural areas is a good strategy to reduce poverty. Poverty, as has already been indicated, is one of the key factors influencing the spread of HIV/AIDS through its influence of risky behaviour such as commercial sex work particularly among young ladies. Tourism potential should be utilised to bridge the gap between the rich and the poor so that those people engaging in risky behaviour should do it by choice not because they are forced by poverty challenges.

Communities particularly in many rural areas of Botswana are reported to be more vulnerable to both poverty and HIV/AIDS than in urban areas. Therefore, local communities should play the pivotal role in the fight against HIV/AIDS. The fight against HIV/AIDS should not be done in isolation, but it should be done simultaneously with the fight against poverty. This involves projects related to poverty alleviation and engaging communities in tourism policy making and in any developmental projects. Tourism organisations including those in the private sector should be encouraged to participate in community projects aiming at poverty alleviation. However, communities in Botswana are not in devastating poverty situation because the government of Botswana strives to curb poverty in the country through programmes such as young farmers programs, which gives any person between the age of 18 and 40 years opportunity to farm. The government also ploughs for any person interested in ploughing in the country without any charges or costs. The big challenge however, remains with people who do not have access to such programs such as children living in poverty and orphans. The other challenge is that productivity in ploughing cannot be predictable due to ever changing weather conditions in Botswana.

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