# The Health of Local Tourism Employees: **A Challenge for Travel Medicine** The Case of the Inca Trail Porters



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- •The popularity of altitude trekking is increasing (eg. Himalayas, Andes)
- •Porters carry the necessary equipment
- •Working conditions are poor and health problems considerable
- ·Himalayan porters
- -anecdotal evidence
- -research (eg. Basnyat 2002) on health, physiology, weight of loads ...
- •Andean porters
- African porters

#### **Purpose of the Study**

To describe demographics, working conditions and work related health issues of porters working on the Inca Trail to Machu Picchu, Cuzco, Peru

### Methodology

- Descriptive design
- •Structured interviews with 101 Inca Trail porters in August/September

'Fuel is given to porters after the tourists have been well-served and only to cook the supplies. Fuel provided is not enough because porters are not allowed to heat water. Some cooks rather use hot water to wash up than to give it to the freezing porters. Sugar is used with cold water for drinks...'





### **Results- Demographics**

- · Gender: 100% are male
- Body weight: 50-76 kg (⊠ = 62.5 kg)
- 63.4% married with 1-8 children ( $\boxtimes = 2$ )
- 92.1% have additional other
- dependents • Work as porter: 1-25 years (区
- = 6.5 years, median 5 years) • 73.3% worked solely their own
- fields before portering



#### **Discussion**

No identified responsibility by stakeholders

- overseas tour operators

- -guidebook authors

- International Year of the Mountain (2002)
- International Year of Ecotourism (2002)
- Campaigns (IPPG, Tourism Concern) • Travel Medicine (ISTM)

- **Results- Working Conditions**
- 50.5% are employed by the cook • No porter has a long-term position with a company
- For 94.9%, the usual length of job is
- Hours of carrying/day: 6-12 hours  $(\boxtimes = 9 \text{ hours})$
- Regular work day exceeds 18 hours
- The load is decided by the cook (60.4%), the guide and the cook (22.8%), the head porter and the cook
- Weight carried: range 20 45 kg •maximum (⊠ = 31 kg)
- Tips (if any): ≈ US\$ 3.00 for total
- designated shelter
- -68.3% usually receive food but it is insufficient and unpalatable (1kg rice, -sometimes food left over by tourists can be had
- is insufficient to cook



### **Future Research**

- · Medical examination survey, larger sample
- · Effect of portering on families' economic
- Economic, political and socio-cultural framework of porters' health problems

#### Results - Health Issues

- poor and attributed it to work
- The main health problems (n = 36

  - -Others: foot and leg problems, cold, muscle pain, stomach pain, 'maj
- Cold: 80.6%
- Majurki: 40.9%
- Stomach pain: 28%
- Respiratory problems: 18.3%
- fever, rheumatism, back pain, hernia,
- 38 porters had been injured while on the trail with
  - -bruises
  - -dislocations
  - -scratches
  - -fractures
- · In case of illness or injury
  - -nobody takes care of porters

- -no compensation for inability to work due to work-related illness/injury

#### **Results - Future**

following areas (n = 100, multiple responses)

- -Medical care (81%)
- -Clothes (25%)
- –Insurance (14%)

#### **Results - Other Issues**

- New regulations are in place from January 2001 but are not applied in
- handed over to the cook or guide
- Tips given to the guide for the porters
- Damaged or lost equipment has to be paid by porters at grossly inflated
- If porters complain they will not be hired again

'Stomach problems occur because of the general lack of food, cold meals due to lack of fuel and the need to drink cold water vith and after the meals...'

### Recommendations

- Create awareness among health professionals

## Acknowledgment

- Cartography Centre, James Cook University