

Relationship Between Tourism and Local Community Development in Terms of Health in Arusha Region, Tanzania

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Abstract

The purpose of this study was to investigate the relationship between tourism and community development in terms of health in Arusha Region, Tanzania. The study addressed the following specific objective: to examine the relationship between tourism and community development in terms of health in Arusha Region. The study employed the mixed research method, where both quantitative and qualitative approaches were applied. The population of the study was diverse; it included 500 respondents from the community (500 calculated by Slovin's formula and 100 added at the researcher's discretion to increase the validity and reliability of the findings). There were also 36 community leaders, who were important to the study because they were democratically chosen voices of the community, and lastly there were ten top officials. Since the study employed the mixed methods paradigm, the data analysed were both quantitative and qualitative, where the quantitative data were analysed by use of descriptive data analysis/statistical techniques by the aid of SPSS software version 21. The study results revealed a statistically significant positive linear relationship between tourism and community development in terms of health, hence the study recommends that central government, particularly the Ministry of Tourism and Natural Resources, should unify efforts of improving the National Tourism Policy, which will maximize the challenge of obtaining trickle-down effects for the development of local communities in terms of health.

Acknowledgment

I appreciate God for His goodness, guidance and mercy, health and strength to accomplish this work. The successful completion of this work has also been possible through the support I needed and received in generous measure from a number of people and institutions. I may not be able to mention all of them, but it is very necessary to name a few.

Many thanks to the Professors and Doctors of KIU, Dar es Salam Campus, including, Dr. T. W. Babyenebonela, my supporting supervisor: for his contribution which cannot go unappreciated. Dr. Edward Kanya, you gently led me to understand the concepts of SPSS, and to apply the concepts in the light of this study. To you all I say thanks a lot.

Dr. Mary Poche, the Deputy Director Postgraduate Studies and Research: you have proven that nobody should underestimate women. If women are given a place to stand, they do not only move events, but the world. Thanks for all your advice. I say, God bless you indeed.

Keywords: Tourism, Community Development, Health, Arusha Region, Tanzania

1.1 Background of the study

Tourism is a word used often in everyday speech and study; however, it is also a term that can be difficult to define and has no single, widely used definition (Sharpley and Telfer 2015). Two types of definitions exist in the literature, factual definitions and theoretical definitions. Consequently, Jafari (1977) strongly urges that a definition bridging the two categories can be used to study tourism. The study of man away from his usual habitat, of the industry which responds to his needs, and of the impacts that both he and the industry have on the host's socio-cultural, economic, and physical environment. (quoted in Sharpley & Telfer 2015). Additionally, there are widely held beliefs, in both government and academia, that tourism is an effective driver of development, both economic and in terms of human development, and is seen as a way of achieving development within tourist destination areas (Sharpley and Telfer 2015). Yet, very little research exists to provide support for this belief.

The concept of local community development and development in general similarly, has been defined broadly in the literature. Overwhelmingly though, scholars agree that sustainable development has two main tenets. The first is that development "has an economic, a social, and an environmental dimension so that development will only be possible if a sound balance is made between the different components that contribute to the general function of natural environments"; this definition contains the same three dimensions as the definition of tourism. The second tenet of sustainable development is that an obligation exists for the current generation "to leave sufficient social, environmental, and economic resources" for future generations to enjoy (Creaco and Querini 2003, 3).

In the 1950s, tourism became involved in the creation of development strategy influenced by

modernization theory, the popular development theory of the time (Scheyvens 2013, 119). It was from this perspective that tourism became widely understood as a tool for economic development, a strategy that would later be adapted by many underdeveloped countries. In the 1970s and 1980s, social scientists began to question this rhetoric using the newly popularized theory of dependency. This field of scholars criticized tourism for being “an industry dominated by large corporations which exploit the labor and resources of developing countries, cause environmental degradation, commodify traditional cultures, and lead to social disharmony” (Britton 1982; Scheyvens 2013, 119). Lea (1988) wrote similarly about three primary elements of international tourism saying that there are large companies acting as intermediaries who have control over the global tourism markets, that it creates power imbalances between the First and Third World, and that the Third World finds it very difficult to cut out these intermediary companies. Tourism development can come in many shapes and sizes and is often adapted to fit the needs of the economy and/or country in question. The ability to create new economic activity has led many countries to treat tourism development as a main instrument in regional development (Creaco and Querini 2003, 1).

Sustainable development has looked to mainstream destinations first for many years leaving the poor south “at the edge of the picture” and their stories untold, as is true in so many sub-fields of development (Ashley and Roe 2002, 62). Several types of tourism development have emerged keeping the host community in mind. Ecotourism has a strong focus on the environmental aspect of development and keeps the local people in mind. Community-based tourism initiatives seek to involve local people in the tourism sector and can be used as one strategy of pro-poor tourism. Other types of tourism development evolve country specific contexts; for example, ‘empo-tourism’ is a type of development that works to combine tourism with the empowerment of disadvantaged populations in South Africa (63).

Tourism also develops differently in rural environments than it does in urban ones. In all contexts, Marcouiller et al. (2004) said that “there must be a minimum level of economic infrastructure in place in order to capture economic flows”, and some scholars are skeptical of the impact tourism has on poverty alleviation (quoted in Deller 2010, 181). One study looked to tourism in rural America which found that tourism and recreation activities “tend not to influence changes in the poverty rate. Another study by Blake et al. (2008) similarly concluded that “there is little economy-wide research evidence to suggest that tourism does reduce poverty (Blake et al 2008, 108).

Tourism is also a major part of the economy of the city of Arusha, and the largest dollar-earning economic sector in Tanzania. The city is located on the northern safari circuit near some of the greatest national parks and game reserves in Africa, including Serengeti National Park, Kilimanjaro National Park, Ngorongoro Conservation Area, Arusha National Park, Lake Manyara National Park, and Tarangire National Park. The city of Arusha is the headquarters of the East African Community, and plays host to the International Residual Mechanism for Criminal Tribunals, and the African Court on Human and Peoples' Rights. The city is home to the famous Arusha International Conference Center, host too many international meetings. Arusha is also a well-known destination for Non Governmental Organizations that operate out the city in a variety of regions and aid areas such as HIV and AIDS Awareness, children's education, and micro-finance.

The study focused on Arusha Region, and Arusha was selected as a case study to enable the researcher collect data whose findings were generated for benefit of the entire country. That was done as assumption that the government executes equality in distribution of justice when allocating resources and services to all regions. Arusha Region being one of the leading tourist attractions in Tanzania with the famous Ngorongoro Crater, Olduvai Gorge historical site, Arusha national park, Mount Meru, and Manyara National Park, have the highest generation of revenue from the tourism sector. Moreover, there are game reserves amounting 13,663.7 square kilometers of the region.

1.2 Statement of the problem

Tanzania is a growing global tourism destination, with over 740,000 visitors annually that account for 12% of the country's gross domestic product (GDP) (World Economic Forum, 2007). The Ministry of Natural Resources and Tourism estimate that 76% of the leisure market utilizes organized tours when traveling to Tanzania, and that the majority of their expenditures occur outside the country of Tanzania (TMNRT, 2005). While some of this revenue is returned to Tanzanian tour companies, very little of it reaches the local communities surrounding tourism destinations (TMNRT, 2005), resulting in little economic gain at the community level (Cooper 2002, Leys 2005) and increased marginalization of local concerns through an industry dominated by foreign ownership (Hjalager 2007). This study serves to assess as to why after implementing fiscal decentralization focusing on tourism sector has not brought about positive community development of the population adjacent to the game reserves and tourism attraction in Arusha Region. The problem that the study addressed, therefore, is why the local communities where the tourism sites are located are still marginalized and undeveloped in terms of health while tourism is observed to be one of the major sectors contributing to Tanzania's GDP.

1.3 Objective of the study:

The objective of this study was to examine the relationship between tourism and community development in terms of health in Arusha Region, Tanzania

1.4 Hypotheses

There is no relationship between tourism and community development in terms of health in Arusha Region, Tanzania

2.1 Theoretical Review

2.1.2 Community-Based Tourism (CBT) Theory

Community based tourism is intended to benefit the entire community. Community based tourism was pioneered by Murphy (1985) termed as Murphy tourism. It emphasizes on community involvement in developing the tourism, however the management and control of tourism shows evidence that, CBT has not been achieved effectively. Hence it is a tourism sub-sector that, tries to involve all the members of the community in various decisions and issues relating to the sector. It involves interactions between the tourists and the local community that acts as the host applicable in both rural and regional areas (Marko and Jelena, 2014). Hamzah (2009) cited in Marko and Jelena (2014) states the following features for CBT that are; it aims to benefit the local communities, especially rural communities, indigenous or residents in small towns; it contributes to the well-being of the involved hosts, their culture and environment; tourists are hosted locally, Tourism scheme is managed locally, and finally the planning and decisions related to future prospect of the tourism involves the local community.

In both government and academia, it is broadly believed that, tourism is an effective driver of both social and economic development (Sharpley and Telfer, 2015). According to OECD (2016), Tourism tourist hubs benefit through creation of employment via (tour guide and travel retail) and local economic development as well as improving the wellbeing of the residents. However, social scientist criticizes the contribution of tourism due to the fact that, most of the players in the game are big corporations (Scheyvens, 2013). For example from the long time, Lea (1988) asserts that, there are global large companies just are operating worldwide using subsidiaries and this creates imbalance between first and third world countries as a result of leakage.

Tourism leakage refers to the estimation of the amount which is left in the local economy as a result of tourism. A number of scholars argue that, the number of economic benefits that are left with the local economy and their impact on poverty alleviation has no enough literature (Blake et al. 2008). According to Choudhury and Goswami, (2013) tourism leakage refers to the difference between income generated from tourism and the actual amount that is left in the economy, which means total tourism earnings minus remaining amount in the local economy which is often in the hands of the giant firms.

Indeed leakage can be viewed in two different eyes that are international leakage which refers to the amount that is left in international borders by tourists which includes spending on airfare and travel agents.

Despite the fact, that, the literature point out multiple economic benefits from tourism, investigation show that, most of these benefits are unachievable (Hundt, 2006). This is so due to the fact that, most of the revenue generated from tourism is expatriated (leakage), and indeed it is believed that, most of the tourist companies that operate in developing countries are owned by developed countries. Besides, many hotels, restaurants, resorts, tour operators, car rentals, airlines, etc that are used by western tourists are operated by westerners. Moreover, to worsen the situations additional leakage of revenue is experienced as a result of expatriate workers, foreign infrastructure constructions crews, imports of food and beverage and loan interests (Hundt, 2006). Hence, the host countries don't benefit, instead the transnational corporations and the first world countries.

All the same, the job opportunities to the locals are debatable. The issue that arises is the type of jobs made to the natives, and even those who get to be employed might earn than working in other industries, however they may also be vulnerable to poor wages. For example in Carebbean, the 30% of jobs in tourism industry is composed by foreigners, however, 43% of the salaries is payable to foreigners (Hundt, 2006). This shows that, although the natives are 70% of the working population in the sector, they receive only, 57% of the total salaries and wages paid to the employees of the sector.

The question of whether the local communities within or adjacent to the tourism attraction areas are economically benefitting from the revenue generated by the tourism sector in Tanzania has been debated in various forms, including in the National Parliament.

Community based tourism model asserts that, the locals should be involved in tourism activities. A community participation approach has been emphasized as an integral for sustainable development of tourism. It is suggested that, the community involvement will reduce the negative effects that are related to tourism and increase the carrying capacity of the tourism. Participative tourism does not only mean to increase material resources, rather even the knowledge sharing and change of learning process into people's self-development (Connel, 1997). Community participation is the process of involving all stakeholders who benefits from the

tourism. However, Taylor (1995) criticizes communitarians' as romanticism that does not hold reality in it. In addition, participatory approach is considered as a time-consuming.

Community-based tourism (CBT) centres on the involvement of the host community in planning and maintenance of tourism development in order to develop a sustainable economic base (Hall, 1996). However, in most cases, Tourism planning is often done without host community involvement at the outset. Many tourism projects are prepared by professionals or managers without input from the host community. When these projects are made available for community input, usually not until the final stages of development, they often fail to get support as they do not meet community needs or values. In addition, many social groups within the host community often feel helpless and frustrated because they are unsure about how to get their concerns addressed at any point of the development process (Hall, 1996). Hence, their involvement is believed to bring more positive outcome.

Community-based tourism is often recognized as a perfect example of sustainable tourism development. The reason for this is mainly that local community participation in the development and practice of these projects is supposed to be high, and that the whole community benefits from the projects (Brohman, 1996; Hatton, 1999). Community development is at the heart of CBT. Most CBT projects are small-scale and they often include community owned and operated lodges and other facilities. This would provide positive economic benefits, such as income, for large parts of the community. Besides that, CBT is regarded as being less harmful to the socio-cultural environment because the local population is in control, and they decide which cultural traits they share with their guests. Finally, CBT projects would also have less negative impacts on the natural environment as compared to when locals are not involved. Community members are often best able to judge what is best for their natural surroundings. The small-scale character of CBT also means that small numbers of tourists visit at one time and therefore do not cause overcrowding of the socio-cultural and natural environment.

However, one of the issues regarding tourism is that communities are not involved; hence they have not been a part of the decision-making process in its development and also have not been beneficiaries of its social and economic benefits. Most of the tourism development projects have been designed without those communities' consent and have mostly disregarded the community's involvement and not benefited from community's immense knowledge and cooperation. Interestingly, there has been a shift in the general attitude of governments, development agencies and NGOs, and they are giving considerable emphasis to community-based tourism (CBT) as a primary development strategy to support poverty reduction, rural development, and strengthen the social capital of the remote communities. A development model to direct the tourism planning towards communities and their interests, i.e. community-based tourism (CBT), has been planned and implemented in similar small towns and rural areas where economic activities based on primary resources have been dwindling and consequently economic hardship has been experienced. In addition, environmental concerns, subsidized agriculture, recreational needs, and sustainable development have become challenging issues in rural areas to make the social transition and diversify the economy. The EU's rural tourism policy is very firmly based on this process (Burton, 1995; Gannon, 1994).

A community participation approach has long been advocated as an integral part of sustainable tourism development. It is envisaged that the approach can increase a community's carrying capacity by reducing tourism's negative impacts while enhancing its positive effects (Haywood, 1988; Jamal & Getz, 1995; Murphy, 1985). According to Connell (1997: 250), participation is "not only about achieving the more efficient and more equitable distribution of material resources: it is also about the sharing of knowledge and the transformation of the process of learning itself in the service of people's self-development". Arnstein (1969) states that the purpose of participation is power redistribution, thereby enabling society to fairly redistribute benefits and costs. In the context of tourism planning, Haywood (1988: 106) defines community participation as "a process of involving all [stakeholders] (local government officials, local citizens, architects, developers, business people, and planners) in such way that decision-making is shared".

While CBT is very popular for sustainable tourism development, it has been both positively and negatively reviewed (Goodwin, 2011). This theory has its challenges, as some studies, for instance, find that the revenues gained from CBT are relatively small (Mitchell & Muckosy, 2008; Goodwin, 2006) and sometimes very little revenue is granted which does not meet the communities' needs. CBT projects can also fail because of a lack of access to markets and poor governance. Other researchers have also found limitations to participation of the local community, such as lack of knowledge and resources, and that some local communities do not always operate as one group (Koch, 1997; Tosun, 2000; Scheyvens, 2002; Timothy, 1999). While there are challenges, some of the ways forward are to train the local community how to participate in tourism planning and development, and for the government to grant more revenue for the economic development of local communities.

2.1.2 Collective Action Theory

According to Olson (1965) the founder of collective action theory and Hardin (1968), the logic of collective action theory entails three kinds of groups, which are: *Privileged groups* (members of this group would gain

more from a public good than it would cost them to provide it unilaterally); *Latent groups* (any member of this group could withhold his contribution to the public good without causing a noticeable reduction in its supply); and *Intermediate groups* (if any member of this group withholds his contribution, it will cause a noticeable decrease in supply of the good, or a noticeable rise in cost to other contributors). Collective action theory has been employed in various empirical studies, for example, in Tanzania (Kyessi, 2005; Babyenebonela, 2010).

Tourism normally develops in a confined territorial area where diverse organizations shall have to congregate efforts in order to enhance its potentiality. This industry tends to be described as encompassing a large number of small independent companies free from any conglomerate. Even those who do not consider being tourist-dependent shall act in a manner that will shape its development since they are part of the socioeconomic dimension of the tourism destination image. The arias perceptions of social and economic benefits linked to tourism may be influenced by the degree of “the residents’ tourist education”.

Resources integrated in the tourist product generally assume a dimension of common good where, due to economics rules, its use by a party reduces its availability for the others, although it is hard to exclude somebody from its consumption. In the tourism sector, these resources are transversal and used in an interdependent manner by multiple groups. Indeed, one of the main characteristics of these resources is the distribution in a varied manner of its ownership, private, state, associative and free, before and after the tourist development (Healy, 1994). This leads to a multiplicity of actors that with potentially diverse management perspectives manage great part of the constituent resources of the tourist product.

Furthermore, no single organization or individual can exert direct control over the destination's development process.” (Jamal and Getz, 1995: 193). Thus, the tourism sector is made up of a multiplicity of small organisations that only contribute separately for a global good, assuming for its development the characteristics of public and social goods whose benefits could be shared by numerous actors (Saxena, 2000). This theory is relevant to the study because it appears that the local communities are neither in the privileged or latent groups but in the intermediate group. If this group chose to withhold their natural resources as well as labour, the tourism sector would come to a standstill. The dynamics of a regional tourist destination results mainly from the collective thought and the need for cooperation to create a structure between multiple partners. This led to a coherent and integrated product that became attractive to the tourist and produced a value-added to the territory. As such, these movements must be also understood as sustained policies for territorial development.

The tourism sector could be taken as a space where organisations for the defense of collective interests abound. They generally develop their activity collecting heterogeneous resources mainly originating from their associates, whose activity materializes towards common objectives, including its members’ remuneration. Here, this remuneration assumes a very ample dimension, whether it is the direct Production of goods or services for their fruition, or influencing other actors’ Behaviour to their own benefit (Knoke, 1988). In the tourism sector, great part of this remuneration simultaneously implies the creation of a more appealing and coherent tourism product that in turn, will have the influence to modify the image and behaviour of the potential users of this product.

In fact, external investors may have very opposing perceptions of the shelter Community, what will imply different perceptions of norms, values and even the patterns of resources’ use. It may also imply the lack of perception of the collective interest in the use of common resources, and it does not promote the efficient accomplishment of the common interest as a whole (Olson, 1965). This problem will be further compounded by the multiple shapes of ownership of tourist resources that may have in itself diverse forms of control and management, which may need to be integrated.

With the elaboration of the tourist product and the need to integrate multiple Complementary experiences with a joint value, the collective action translates into a higher cooperation level, surpassing a mere intraregional dimension. This only Integrates actors of a region, usually administratively limited. One has to assume an interregional dimension with other regions or destinations, whose characteristics are concordant and complementary with the first one. In this manner, the collective action reaches a new dimension better understood by the eyes of the tourist. It is also a more robust competitor with other destinations in as much as coherent unit with uniform values. Therefore the study contends that the local communities ought to be involved significantly in socio-economic development because of the tourism sector.

3.1 Methodology and Design

The study employed the mixed research method, where both quantitative and qualitative approaches were applied. The key advantage of the mixed approach is that it capitalises on the strength of both quantitative and qualitative methods while minimising the weaknesses as well (Creswell, 2013). The study also employed a mixed method approach and was able to get in-depth data from TANAPA leadership, community and community leaders respectively by using both qualitative and quantitative data collection methods, that is to say, the survey (questionnaire), and interviews within Arusha Region. A documentary analysis was also done because data from these categories are expected to be evidence-based, where respondents will be requested to produce

documents to verify their statements where possible.

Quantitatively, the study employed the correlation research design to establish if there was a significant relationship between tourism sector performance activities and community development in Arusha Region, Tanzania. Ary, Jacobs and Razavieh (1990) argue that correlation studies are concerned with determining the relationships among two or more variables. Hence, the study intends to establish how the tourism sector is related to community development in terms of education, health, and infrastructure and per-capita income.

3.2 Target Population

Arusha Region has five major attractions namely Arusha National Park and Mount Meru, Ngorongoro Conservation area (Crater), Manyara National Park, Olduvai Gorge (Historical site) and Tarangire National Park. There are 5 selected villages adjacent to Arusha National Park and Mount Meru. The villages are Ngurudoto (n=4,877); Ngongongare (n=4,000); Njeku (n=4,315) and Sakita (n=5,050) and Ngarenanyuki (n=9082). (WEO, 2016). There are 5 selected villages around and within Ngorongoro Conservation Area and Oldvai Gorge. These are Tloma (n=12,000); Bashay (n=4,450); Mbulumbulu (n=7634); Mbuga Nyekundu (n=10,500); and Oldeani (n=5,600). (WEOb, 2016).

The study selected 5 villages around and within Manyara National Park. These are Endamarariiek (n=4,600); Bassodawish (n=3,520); Kibaoni (n=4,700); Endabash (n=1,500) and Chemchem (n=3,750). Lastly, there were 3 selected villages around and within Tarangire National Park. These were Kakoi (N=4200); Vilima Vitatu (N=5392) and Qash (N= 6771). Therefore, the target population is 101941 for all 18 villages around and within selected National Parks as shown in Table 3.1.

Table 3.1: Population Distribution by National Parks

S/N	National Parks	Village	Population Total
1.	Arusha National Park	Ngurudoto	4,877
		Ngongongare	4,000
		Njeku	4,315
		Sakita	5,050
		Ngarenanyuki	9,082
2.	Ngorongoro National Park and Olduvai Gorge	Tloma	12,000
		Bashay	4,450
		Mbulumbulu	7,634
		Mbuga Nyekundu	10,500
		Oldeani	5,600
3.	Manyara National Park	Endamarariiek	4,600
		Bassodawish	3,520
		Kibaoni	4,700
		Endabash	1,500
		Chemchem	3,750
4.	Tarangire National Park	Kakoi	4,200
		Vilima Vitatu	5,392
		Qash	6,771

(Population and Housing Census, 2012)

The population of the study was diverse; it included 500 respondents from the community (500 calculated by Slovin's formula and 100 added at the researcher's discretion to increase the validity and reliability of the findings). There were also 36 community leaders, who were important to the study because they were democratically chosen voices of the community, and lastly there were ten top officials, who were important to cross-check with the views from the rest of the respondents as shown in Table 3.2.

Table 3.2: The target population and the sample sizes

S/N	Category	Total target	Sample size
1	Community Members	101,941	400 (randomly sampled) + 104 which were added to increase the strength of validity and reliability of the study = 504
2	Community Leaders	36	36 (Purposively sampled from the community members)
3	TANAPA	10	10 (Purposively sampled)
Grand total		101,951	550

Source: Field data, 2016

3.3 Sampling Procedures

The study employed three sampling techniques: the purposive sampling technique, and stratified and simple random techniques.

Purposive sampling was used to select village leaders and TANAPA officials. A total of 36 village leaders were selected, who were either the village chair person or village executive officer. These leaders were selected because they occupy the top management positions in their respective villages. Further more ten officials from TANAPA high management were interviewed because they are familiar with the tourism activities in the community. The selection of the community members living within or around the national parks was based on the stratified sampling technique, where the respondents were selected according to their villages. Therefore, due to the heterogeneity of the population from which the sample was derived, a stratified sampling technique was considered to be the most appropriate technique. After obtaining a list from each village, the simple random technique was then adopted in such a way that samples of the same size had equal chances of being selected (Amin 2005).

3.4 Sampling Size

In this study, the sample size was calculated from the target population using Slovin's formula to determine the minimum sample size. The margin error of 0.05 or confidence level of 95% was chosen because it gives the study average validity (Prudence 2016). Below are the sample size calculations using Slovin's formula:

$$n = \frac{N}{1 + N(e^2)}$$

Where:

n = sample size

N = Population

e^2 = Level of significance

Calculation of Sample Size

101,941 divides to $1 + 10,1941 (0.05 \text{ sq}^2)$

$N = 101941$ (See appendix I)

$e^2 = 0.05$

$n = 101941 / (1 + 101941 \cdot 0.05^2)$

$n = 101941 / (1 + 101941 \cdot 0.0025)$

$n = 101941 / (254.8525)$

$n = 400$

By the use of the above formula, the study used the total number of respondents to reach 400. This standard sample size was confirmed by online formulae that give the same answer (Raosoft, 2016). In order to increase the reliability and validity of the findings, the researcher added 104 respondents above the standard sample size to reach 504. These were evenly distributed among the selected communities around the national parks.

3.5 Data Collection Instruments

This study employed questionnaires, interviews and documentary analysis. The questionnaires were used to collect data to describe study variables quantitatively, while interviews were employed with key respondents to gain detailed qualitative information about the study variables. The researcher also made documentary analysis from the secondary data obtained from the Ministry of Tourism and Natural Resources, TANAPA and other institutions have effect on local community development. The research instruments that were employed in this study included the following:

3.6 Data Analysis

Since the study employed the mixed methods paradigm, the data analysed were both quantitative and qualitative, where the quantitative data were analysed by use of descriptive data analysis/statistical techniques by the aid of SPSS software version 21. Data were analysed based on the objective, whereas the demographic characteristics of the respondents were analysed by use of frequencies and percentages. Further, since the study had mono variant and bi-variant variables, the mono variant descriptive analysis tested single variables by using units of mean and standard deviation.

4.1 Study Findings

Research question two sought to establish the contribution of tourism to local community development in terms health services. Elements such as building hospitals, clinics, and provision of diet foods to kids with malnutrition, provision of piped clean water, maternity services, medicine and drugs were all rated fair, which indicates that

tourism has not significantly contributed to the health conditions of people in the community where they are housed. Correspondingly, factors such as family planning services, provision of hospital equipment and training of medical practitioners, sensitization programmes and seminars on health issue, mobile health services and availability of ambulance were found to be poor. This shows that there is great need for the tourism industry to support the communities health services where the attraction cites are located. Table 4.1 in the next page presents the data graphically.

Table 4.1 Means and Standard Deviations Showing the Contribution of Tourism to Local Community Development in Terms of Health

Items on Health	Mean	Std. Deviation	Interpretation
In the last five years a hospital has been built through tourism activities	3.1270	1.45432	Fair
In the last five years a clinic has been built through tourism activities	2.9742	1.31111	Fair
In the last five years food programme for malnourished children was sponsored by tourism.	2.9444	1.29876	Fair
In the last five years clean water was supplied to the community through tourism	2.8968	1.28196	Fair
Due to Tourism the community receives good maternity services	2.8968	1.81480	Fair
In the last five years tourism funds have been spent on Medicine	2.7500	1.27095	Fair
Due to tourism Family planning sensitization programmes are given to the community	2.7302	1.26531	Poor
Physical features tourism has contributed significantly to health sector.	2.7123	1.47833	Poor
In the last five years Clinic equipment were bought through tourism earnings.	2.6865	1.24724	Poor
In the last five years tourism funds have been spent to facilitate training of medical practitioners	2.6587	1.17572	Poor
In the last five years, more than 10 public health seminars were sponsored by tourism organisations.	2.5655	1.19794	Poor
Qualified medical personnel have been sponsored & obtained through tourism activities.	2.5337	1.13802	Poor
In the last five years, a mobile clinic was put in place.	2.4206	1.14446	Poor
In the last five years, at least one ambulance was bought through tourism earnings.	2.1111	1.77445	Poor

Key: 1.25–1.99 = Very poor: 2.00–2.74 = Poor: 2.75–3.49 = Fair: 3.50–4.24 = Satisfactory: 4.25–5.00 = Very satisfactory

Source: Field data, 2016

4.1.2 Contribution of Tourism to Local Community Development

Table 4.2 indicates that the dependent variable of the study was community development, which was measured by examining elements such as education, health, infrastructure, and people's per-capita income. Questions to establish the level/ extent of community development such as the availability of banks; the availability and quality of roads, the average per-capita income; the level of school access at both primary and secondary levels, the availability of food; both for home consumption and for sale, the availability and quality of residential and commercial houses, the availability and quality of commercial markets; the availability of medical services and hospitals, among others, were investigated. It was observed, however, that all these determinants of community development were rated poor, with the average means ranging from 2.23 to 2.63. This implies that the communities where tourism sites are located are still undeveloped and effort is needed on educational issues, health issues, and infrastructural issues, and efforts should be put into factors that would improve people's monthly income. Table 10.1 in the next page presents the findings graphically.

Table 4.2 Means and Standard Deviations Showing the level of Local Community Development in the area of study

	Mean	SD	Interpretation
The community has enough quality banks for saving.	2.6310	2.96412	Poor
The quality of roads in the community is good enough.	2.6131	2.66094	Poor
Employment opportunities are available in the community.	2.5258	1.34184	Poor
On average, the per capita income for community members is good enough.	2.4980	2.60142	Poor
Information communication technology has improved in the community.	2.4841	1.77114	Poor
All school going children go to school in this community.	2.4603	1.26837	Poor
The quality of secondary schools in the community is good enough.	2.4583	1.34883	Poor
The community has enough food for home consumption.	2.4187	1.49663	Poor
The quality of primary schools in the community is good enough.	2.4167	1.27719	Poor
The quality of Commercial houses in the community is good enough	2.3829	1.22360	Poor
The quality of residential houses in the community are good enough	2.3790	1.29889	Poor
The quality of commercial markets in the community is good enough	2.3591	1.25639	Poor
The quality of medical services is good enough in the community	2.3532	1.22850	Poor
The quality of hospitals in the community is good enough	2.2341	1.24237	Poor

Key: 1.25–1.99 = Very poor: 2.00–2.74 = Poor: 2.75–3.49 = Fair: 3.50–4.24 = Satisfactory: 4.25–5.00 = Very satisfactory

Source: Field data, 2016

4.2 Correlation Analyses

The strength of the tourism and community development in terms of health in Arusha Region, Tanzania was determined using Pearson product moment correlation. As shown in Table 4.3, there was a positive correlation between tourism (wildlife) and community development in terms of health which was statistically significant ($r = .116$, $p < 0.01$) and a positive correlation between physical features and community development in terms of health which was statically significant ($r = 0.123$, $p < 0.01$). There was a positive correlation between tourism and community development in terms of cultural tourism which was statistically significant ($r = .134$, $p < 0.01$). The research findings also indicate that there is a negative relationship between historical site and community development in terms of health which is statistically significant ($r = -.024$, $p < 0.05$). This implies that historical sites have negative contribution to community development in terms of health.

Table 4.3 Correlations between Tourism and Community Development in Terms of Health

	1	2	3	4	5
1 Health	1				
2 Wildlife	.116**	1			
3 Physical features	.123*	.243**	1		
4 Cultural tourism	.134*	.312*	.246*	1	
5 Historical sites	-.024*	.318**	.124	.012*	1

** $p < 0.01$ level (2-tailed), * $p < 0.05$ level (2-tailed), Source: Primary Data

Source: Primary Data

To test for multicollinearity, the correlation between the independent variables was considered. According to Cooper and Schindler (2003) multicollinearity problem occurs if the correlation coefficient between any two independent variables is greater than $r = 0.8$. As is evident from the results in Table 4.15, although the correlation coefficients are significant at one percent level, the problem of multicollinearity does not exist since none of these coefficients is greater than $r = 0.8$.

4.2 Hypotheses Testing

4.2.1 Regression Analysis and Hypotheses Testing

The study sought to establish the significant of the relationship between tourism (wildlife, physical features, cultural tourism and Historical sites) and local community development in terms of health in Arusha Region, Tanzania. In order to do that, the study formulated the following null hypothesis;

H02: There is no relationship between tourism and local community development in terms of health in Arusha Region, Tanzania.

The aggregate mean score of community development in terms of health measures (dependent variable) were regressed on the aggregate mean score of tourism (wildlife, physical features, cultural tourism and Historical

sites) and the relevant research findings are presented in Table.4.4.

The regression results reveal statistically significant positive linear relationship between tourism and community development in terms of health ($\beta = 0.101$, p-value = 0.023). The hypothesis criteria was that the null hypothesis H02 should be rejected if $\beta \neq 0$ and p-value ≤ 0.05 otherwise fail to reject H0 if the p-value > 0.05 . From the above regression results, $\beta \neq 0$ and p-value < 0.05 , the study therefore rejected the null hypothesis and states that there was a relationship between tourism and community development in terms of health in Arusha Region, Tanzania. The regression results also shows that tourism had moderate explanatory power on community development in terms of health in Arusha Region, Tanzania in that it accounted for 1.0 percent of its variability (R square = 0.010).

Table 4.4 Regression results of Tourism and Community Development in terms of Health
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.101(a)	.010	.008	.83820

a Predictors: (Constant), Tourism

ANOVA(b)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.632	1	3.632	5.170	.023(a)
	Residual	352.699	502	.703		
	Total	356.331	503			

a Predictors: (Constant), Tourism

b Dependent Variable: Community development in terms of health

Coefficients(a)

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	2.678	.110		24.447	.000
	Tourism	.086	.038	.101	2.274	.023

b Dependent Variable: Community development in terms of health

Source: Primary Data, 2016

The resulting regression equation that would help predict the level of community development in terms of health for a given level of tourism was formulated as follows:

$$CDH = 2.678 + 0.101T$$

Where: 2.678 is the y-intercept; constant

CDH is the community development in terms of health

2.678= an estimate of the expected increase in community development in terms of health corresponding to an increase in tourism

T is tourism

The standardized beta coefficient 0.101 represents the expected improvement in community development in terms of health for a unit improvement in return on tourism. This means that, holding other factors constant, a one unit improvement in the tourism would raise the level of community development in terms of health by a factor of approximately 0.101.

5.1 Summary of the Findings

The study's second objective was to establish the significant of the relationship between relationship between tourism (wildlife, physical features, cultural tourism and Historical sites) and community development in terms of health in Arusha Region, Tanzania. The study results reveal statistically significant positive linear relationship between tourism and community development in terms of health ($\beta = 0.101$, p-value = 0.023). The regression results also shows that tourism had moderate explanatory power on community development in terms of health in Arusha Region, Tanzania in that it accounted for 1.0 percent of its variability (R square = 0.010). This study results is in line with those of another study done by Irmgard (1999) on the impact of tourism in developing countries on the health of the local host communities in Chile.

5.2 Conclusion

The regression results also shows that tourism had low explanatory power on local community development in terms of health in Arusha Region, Tanzania in that it accounted for 1.0 percent of its variability ($R^2 = 0.010$). The study therefore concludes that there was a statistically significant relationship between tourism (wildlife, physical features, cultural tourism and historical sites) and local community development in terms of health in Arusha Region, Tanzania.

Recommendation

Based on the above conclusion of the findings of the study, the following recommendations are made. Furthermore, it is undeniable truth that the money generated from tourism sector goes to the central government while leaving the local government authorities who are closer to the locals with nothing. At the same time, the locals who would love to enjoy their natural richness such as land, forest, wildlife and other natural wealth, are also left with nothing. This makes the application of fiscal decentralization policy to be questionable. Hence, it is important for the relevant authorities and policy makers to revise the effectiveness of fiscal decentralization policy in tourism sector so that the locals living around national parks or game reserves can benefit from the taxes that are the products of tourism. Generally, the revenues generated by the government from the tourism sector should be demarcated annually to the Arusha Region budget for local community development within the tourism attraction areas. This is the only way to bring services closer to the locals who deserve to get benefit from this sector.

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