

Community-Based Tourism Management during the Coronavirus Pandemic along the Andaman Coast of Thailand

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Abstract: The spread of the coronavirus pandemic from the end of 2019 until the present has drastically changed the trends in the tourism service industry around the world, also in community-based tourism in Thailand. This qualitative research article aimed to explain community-based tourism management during the coronavirus pandemic and includes multiple case studies in five communities of five provinces (Phangnga, Phuket, Krabi, Trang, and Satun provinces) along the Andaman coast of Thailand, which creates an understanding of the characteristics of community-based tourism management for application in specific situations. The data were collected from January to March 2022 via online in-depth interviews and online focus group discussions, with ten key informants and community-based tourism entrepreneurs (two representatives from each). Then, the data were verified using triangulation and analyzed by using content analysis. The results revealed that the community-based tourism management in the Andaman coastal area of Thailand was based on the communities' cultural and natural resources. The tourism operation during the coronavirus 2019 pandemic was focused on building confidence and safety for tourists, namely: 1) characteristics of vaccinated tourists entering the communities and preferred quality tourists; 2) communities' readiness for receiving tourists — service staff was regularly checked for coronavirus, renovations were done, and tourism activities were designed to be appropriate in a pandemic situation; 3) public relations and communication of the communities' good image were pursued; 4) community development sought to achieve the standard of the Thailand Safety and Health Administration; 5) a surveillance system was established to monitor community situations. However, recommendations based on this research are that the government should support community-based tourism operations through tax measures, financial projects allocated to the communities, and technology to promote tourism on various platforms. Results from this research can be applied to community-based tourism entrepreneurs, especially in other areas of Thailand.

Keywords: community-based tourism, coronavirus 2019 pandemic, Andaman coastal area, Thailand.

泰国安达曼海岸冠状病毒大流行期间基于社区的旅游管理

摘要：從2019年底到現在，冠狀病毒大流行的蔓延極大地改變了世界各地旅遊服務業的趨勢，泰國的社區旅遊也是如此。這篇定性研究文章旨在解釋冠狀病毒大流行期間以社區為基礎的旅遊管理，並包括泰國安達曼海岸沿線五個省（攀牙、普吉、甲米、董里和沙敦省）的五個社區的多個案例研究，創建了一個了解基於社區的旅遊管理的特點，以便在特定情況下應用。這些數據是在2022年1月至2022年3月期間通過在線深度訪談和在線焦點小組討論收集的，有10名關鍵信息提供者和社區旅遊企業家（每人兩名代表）。然後，使用三角測量驗證數據並使用內容分析進行分析。結果表明，泰國安達曼沿海地區的社區旅遊管理是以社區的文化和自然資源為基礎的。2019年冠狀病毒大流行期間的旅遊運營重點是為遊客建立信心和安全，即：1) 接種疫苗的遊客進入社區和首選優質遊客的特點；2) 社區接待遊客的準備——定期檢查服務人員的冠狀病毒，進行了裝修，並設計了適合大流行情況的旅遊活動；

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3) 追求社區良好形象的公關和傳播；4) 社區發展力求達到泰國安全與健康管理局的標準；5) 建立監測系統，監測社區情況。然而，基於這項研究的建議是，政府應通過稅收措施、分配給社區的金融項目以及在各種平台上促進旅遊業的技術來支持以社區為基礎的旅遊運營。這項研究的結果可以應用於以社區為基礎的旅遊企業家，特別是在泰國的其他地區。

关键词：社区旅游，2019年冠狀病毒大流行，泰國安達曼沿海地區。

1. Introduction

Tourism has been a consistently growing branch of industry at the beginning of the 21st century [1]. This industry has a significant positive impact by stimulating the economy globally, including consumption, trading, investments, and domestic and international employment [2], [3]. However, obvious trends in health care and safety changes, as well as environmental and natural resource changes have strongly impacted the world's tourism industry, resulting in transformative tourism. Its platform and management can thus lead to tourist well-being [4]. Due to the heavy coronavirus 2019 pandemic during 2019–2020, movements of and travel by people, whether for tourism or for business, were considered factors contributing to the pandemic [5]. Besides, the expansion of businesses, infrastructure, and other facilities has affected the limited environment and natural resources [6]. Therefore, this dramatic situation provided a chance to review the tourism industry and to reset the system of tourism development for a better future [7]. The new direction of tourism could be dominantly community-based tourism (CBT), and it is expected to gain popularity [8]. This is because the community-based tourism framework focuses on the rights and benefits of communities and their people [9], and it could help reduce poverty over communities efficiently [10], provide employment in tourism [11], and generate equality of incomes and resources [12]. The community-based tourism is considered a way to develop communities in terms of resource management by applying local culture and society to stimulate community spirit in clear distinction from mass tourism [13]. As a result, a larger number of tourists in mass tourism areas can be distributed to local and regional areas, where there are still a smaller number of tourists. According to the Andaman tourism cluster in five provinces of Thailand, a development plan for the community-based tourism contains model communities for other communities in the future, so incomes can be expanded from mass tourism areas to local community areas [14].

The Andaman coast in southern peninsular Thailand is deemed among the leading marine tourism targets globally with several tourist attractions, beautiful and

unique natural resources, especially marine resources, beaches, and islands. The community-based tourism along the Andaman coast has been expanded since more tourists tend to want to learn and experience another tourism, sensing pure nature, attending environmentally friendly activities, and staying at unique accommodations [15].

Although this community-based tourism has become more popular, the COVID-19 pandemic has had economic impacts on household incomes and income distribution, as well as social impacts on changing lifestyles. Due to the restrictions associated with this infectious disease, more people have become stressed and nervous [16]. Regarding such community-based tourism, 'Travel in a New Normal' in the COVID-19 era has made it challenging to develop the processes and outcomes in community-based tourism [17].

As a consequence, this article explains the situations and components of community-based tourism during the COVID-19 pandemic in the Andaman coast of southern peninsular Thailand.

2. Research Methodology

This qualitative research contains multiple case studies of investigations and analyzed situations. Due to the limitations imposed by COVID-19, especially social distancing measures, data were collected through online in-depth interviews and online focus group discussions between January and March, in 2022. This research was certified by the Public Policy Institute, Prince of Songkla University, Thailand for ethics in social and human research, with reference no. EC 001/65 on the 5th of January 2022.

2.1. Study Area

The scope of study adopted was the following five prototype communities operating community-based tourism in five provinces—Phangnga, Phuket, Krabi, Trang, and Satun provinces—of the Andaman Tourism Cluster, Southern Thailand, with the certification of the Community-Based Tourism Standard by Designated Area for Sustainable Tourism Administration (Public Organization) (see Figure 1).

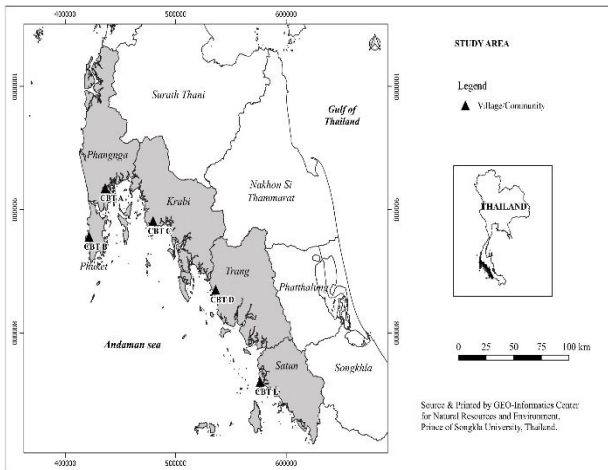


Fig. 1 Study areas (produced purposely for only this research article)

1. CBT A: Baan Sam Chong Nuea Community in Kalai sub-district, Takua Thung district, Phangnga province
2. CBT B: Baan Hua Kuan Community in Kamala sub-district, Kathu district, Phuket province
3. CBT C: Baan Na Tean in Mueang district, Krabi

province

4. CBT D: Bo Hin Farmstay Community in Bo Hin sub-district, Sika district, Trang province
5. CBT E: Baan Bo Chet Luk in Pak Nam sub-district, La Nga district, Satun province

2.2. Key Informants

The key informants in the research were a group of leaders who are community-based tourism entrepreneurs selected by purposive sampling with the following characteristics. (1) They are owners of businesses, tour agents, or tour planners related to community-based tourism. (2) They are community leaders or policymakers who are essential to operating community-based tourism. (3) They have been entrepreneurs living in the tourist area provided with community-based tourism since the beginning of the program. (4) They were willing to attend the research program. The details of these 10 key informants are summarized in Table 1.

Table 1 Respondents' demographic background and CBT line of work (n = 10) (The authors' elaboration)

No	Respondents	Name of CBT	Major Community's Religions	CBT was the major activity	Age	Gender	CBT Line of Work	Year Established	Date of interviews
1	A	CBT A: Baan Sam Chong Nuea	Muslim	✗	57	F	Owner/policy contributor	2005	17/02/2022
2	B				55	M	Owner	2005	20/02/2022
3	C	CBT B: Baan Hua Kuan	Muslim	✓	54	F	Owner/policy contributor	2015	17/02/2022
4	D				44	M	Owner	2015	18/02/2022
5	E	CBT C: Baan Na Tean	Muslim	✗	47	M	Owner/policy contributor	2004	17/02/2022
6	F				45	F	Owner	2004	19/02/2022
7	G	CBT D: Bo Hin Farmstay	Buddhism	✗	53	M	Owner/policy contributor	2004	17/02/2022
8	H				50	F	Owner	2004	19/02/2022
9	I	CBT E: Baan Bo Chet Luk	Muslim	✗	59	M	Owner/policy contributor	2004	17/02/2022
10	J				50	F	Owner	2004	18/02/2022

2.3. Research Tools

The instruments used in the research included the researchers, a set of questions for online in-depth interviews, and online focus group discussions via Zoom application. The main question was 'how was the community-based tourism management among Coronavirus Pandemic along the Andaman Coastal area, Thailand?' Additionally, the key informants were asked to share their opinions about the community-based tourism management during the Coronavirus pandemic along the Andaman coast. All the data were collected, and these key informants permitted voice and video recordings.

2.4. Data Collection

The steps of the data collection were as follows.

1. Online face-to-face in-depth interviews with each

community leader of five communities or related people in the community-based tourism management were conducted for not more than one hour (Two representatives per community; n = 10). Each interview logged data and recorded voice and video information.

2. The online focus group discussion with five community-based tourism entrepreneurs or tour agents was conducted once for 2–3 hours (n = 10). During the discussion, the data were written in notes, with voice and video records.

2.5. Triangulation and Data Analysis

Data triangulation was used to inspect one topic of the data collected from more than one informant, and triangulation was applied to verify the data gained from the interviews and the focus group discussions. The data were then analyzed by content analysis.

3. Results

The results of this research in five communities along the Andaman coast in Southern Thailand are described next.

3.1. Area Context

Four Muslim-majority communities participated in the study: CBT A, B, C, and E. Ninety percent of the people in these communities are Muslim. Only the people in CBT D are dominantly Buddhist. Four communities, CBT A, C, D, and E, have been operating their community-based tourism for more than 15 years. They started the project after the Indian Ocean earthquake and tsunami in 2004; while the community-based tourism was started in CBT B in 2015.

Under the theme of community-based tourism, cultural and nature-based tourism was provided in five communities. The communities provided activities in line with their original ways of life. For example, in CBT B, people’s incomes primarily depend on tourism during the high season tourism. Some of them were employees in tourism businesses; providers of room rentals; and others had their own businesses. However, tourism was considered a second job for people in CBT A, C, D, and E. Their main jobs were on agricultural farms, including rubber tree and oil palm plantations, and in traditional fishing. In CBT D, their community-based tourism was developed by another CBT role model, as the second job following agricultural jobs. The activities were designed to be natural tourism providing learning experiences regarding fisherfolk’s ways of life along the Sikao canal, in Trang province. Additionally, some materials in their community, such as coconut shells, Batik fabrics, long-tailed boat models, and organic rice, were promoted as community products.

3.2. Community-Based Tourism Management during the Coronavirus 2019 Pandemic

The community-based tourism management during the Coronavirus 2019 pandemic was focused on creating confidence and safety for tourists traveling in communities by the following five components: (1) characteristics of vaccinated tourists entering the communities and preferred quality tourists, (2) communities’ readiness to receive tourists, (3) public relations and communication of the communities’ good image, (4) the community development to enter the standards of the Thailand Safety and Health

Administration (SHA), and (5) a surveillance system and monitoring of the community situation (see Table 2).

3.2.1. Characteristics of Vaccinated Tourists Entering Communities and Preferred Quality Tourists

In these five communities, restrictions on receiving tourists in the communities were highlighted. In each community, tourists were asked to present their personal information and vaccine certificates (at least two doses). When tourists had been vaccinated over six months ago, they were asked to show Antigen Test Kit results (ATK) in three communities. However, the Antigen Test Kits were prepared for tourists in one community. These kits were billed in the fees for the stay (see Table 2).

More additional measures in some communities were performed. For example, tourists from the same province or in the country were requested to check their body temperature and check into the Mho Chana and Thai Chana Applications, according to the Ministry of Health’s procedure. In the case of a Sandbox project, some tourists needed to show COVID-19 tests and submit to quarantine before entering the communities. It could be seen that the tourist quality was emphasized in these communities. Plus, it was found that there were two communities highlighting both the quality and quantity of their tourists, according to the following interview.

“In our community, we receive all coming tourists but are still under our procedure. In the past, when tourists were together in one group, we welcomed them and gave them information in a meeting room. Now, during the COVID-19 pandemic, after tourists did the first procedure, we provided them at an outdoor area” (Respondent E).

In the other two communities, the tourist quality was also in focus. They could take part in the community people’s activities, but the number of tourists entering the communities depended on the carrying capacity of the communities, as referred to in the following interview excerpt.

“We adjusted to a new tourism form, and we try receiving only quality tourists who can join our people’s activities. Therefore, we do not receive many tourists. We think we can determine the number of tourists entering the community in each round. We did receive many tourists, but now we are selecting potential tourists who can pay for their trips here” (Respondent C).

Table 2 Community-based tourism operations during the coronavirus 2019 pandemic (The authors’ elaboration)

Topics	CBT A	CBT B	CBT C	CBT D	CBT E
1. Characteristics of vaccinated tourists entering communities, and preferred quality tourists					
▪ Vaccine certificates (at least two doses)	✓	✓	✓	✓	✓
▪ ATK results in cases of vaccinations more than 6 months ago	×	✓	✓	✓	×
▪ ATK provided for tourists	×	×	×	✓	×
▪ Local tourists’ temperature check, as well as Mho Chana and Thai Chana scanning applications	×	×	✓	×	×

Continuation of Table 2					
▪ Reports from tour guides before ‘Sandbox’ tourists enter the communities	×	✓	×	×	×
2. Communities’ readiness for receiving tourists					
2.1 Service staff’s regular coronavirus 2019 tests					
▪ ATK tests for service staff every 15 days	×	×	×	✓	×
2.2 Area renovation and tourism activities appropriate in a pandemic situation					
▪ Events held in nearby communities in such areas as coastal and rice farm areas	×	×	×	✓	×
▪ Air ventilation system in the activity areas	✓	×	✓	✓	×
▪ Limited number of tourists: 50% of tourists on boats	×	×	✓	✓	✓
▪ Having new tourists join activities with tourists staying in the communities	×	✓	×	×	×
▪ Receiving specific tourists	×	✓	×	×	×
▪ Learning activities	×	×	✓	✓	×
3. Public relations and communication of the communities’ good image					
▪ Understanding of communication to convey increased prices due to increased costs of materials, tools, and area sizes	×	×	×	✓	×
▪ Additional Improvements in public relations signs	✓	×	×	×	×
▪ Promotion and public relations on TV and online social media	×	×	×	×	✓
4. Community development to enter the Standard of Thailand Safety and Health Administration (SHA)					
▪ Adaptation to a New Normal way of life	×	×	×	✓	×
▪ Continuously following news by community leaders	×	×	×	✓	×
▪ Communities certified by the Amazing Thailand Safety & Health Administration (SHA)	✓	✓	✓	✓	✓
▪ Communities trained according to the Amazing Thailand Safety & Health Administration (SHA) by the Provincial Tourism and Sports Office or other governmental offices	×	×	×	✓	×
▪ Readiness of local administration and governmental offices	×	×	×	×	×
▪ Readiness of the communities, private businesses, hotels, and entrepreneurs	✓	✓	✓	✓	✓
5. A surveillance system and monitoring of the community situation					
▪ Measurements of COVID-19 pandemic prevention	×	✓	×	×	×

3.2.2. Communities’ Readiness for Receiving Tourists

The results showed that there were two management patterns for readiness for receiving tourists (see Table 2).

The first one is service staff’s regular coronavirus 2019 tests. It was found that there was only one community having its staff do self-checks with the Antigen Test Kit every 15 days and record their test profiles. Moreover, the public relations were pursued online via the community’s website and the community’s Facebook Fan Page.

The second one is area renovation and tourism activities appropriate in a pandemic situation. The community areas were renovated, and tourist activities were set according to protective procedures adopted during the COVID-19 pandemic. The communities in the study cooperated with nearby communities having cultural or resource capital to provide activities or events by geographically zoning the tourism area in the coastal area and in a rice farming area. It was found that the areas in three communities were adjusted to ensure good air ventilation, as in the following interview excerpt.

“The tourist attractions in our community are not quite crowded and open enough for tourists. Our community-based tourism management is focused on ways of life and nature in the community” (Respondent G).

Furthermore, in one community, activities of tourism routes were changed to activities in the community. As regards marine activities, congestion on boats was reduced by setting the capacity limit to 50% of what it had been, but more tourists were welcomed to for cultural activities as in the following interview excerpt.

“We provided tourist activities in our community so that our people and community can have clear incomes, and we can consider the number of tourists. That means we changed the way to receive tourists” (Respondent C).

However, when the communities were ready, they could receive various tourists. In case of more incoming tourists, outdoor activities could be provided, and these tourists could be distributed to stay at local entrepreneurs’ places or nearby community networks.

3.2.3. Public Relations and Communication of the Communities’ Good Image

Public relations and communication of the communities’ good image during the COVID-19 pandemic were pursued to build confidence in the tourists traveling in the communities. It was found that ATK checks for staff every 15 days were promoted for the tourism communities. However, the tour prices have increased since the capital investment in tourism, including materials, tools, and space sizes went up. The public relations were thus intended to make the tourists understand and make them willing to pay.

“We slightly increased the prices to make the balance of expenses, but we tried to explain to our tourists this matter” (Respondent G).

Furthermore, the results revealed that public relations signs for a good image were improved to build confidence in the tourists. The public relations by external organizations such as TV stations, and online social media were also welcomed to promote tourism in the communities (see Table 2).

3.2.4. Community Development to Enter the Standards of the Thailand Safety and Health Administration

During the COVID-19 pandemic, many tour entrepreneurs, such as homestay entrepreneurs and some owners of tour businesses were impacted. In consequence, these entrepreneurs were very keen to adjust themselves to survive during this pandemic by entering the standards of the Thailand Safety and Health Administration (SHA) issued by the Ministry of Health to create more confidence in tourists.

“The pandemic has been more relieved, and tourists are more confident to travel in the community” (Respondent A).

The communities had their own management methods for entering the tourism standard. The results indicate that every community was developed to enter the Amazing Thailand Safety & Health Administration (SHA). However, there was only one community trained for SHA by the Provincial Tourism and Sports Office. Other communities had not been trained yet, so there would be some trainers from Provincial Tourism and Sports Office, District Offices, District Health Offices, and District Health Center in the areas to give some advice and certify the standard (see Table 2). Besides, the leaders of the communities kept up with the latest news continuously; therefore, the behavior of the communities was adjusted for the new normal. It could be seen that the private sector, hotels, and entrepreneurs in the communities adjusted themselves and were ready to manage their tourism. Nevertheless, due to the measures of local administration, and government offices, the communities could not accept visitor groups, affecting the community incomes.

“Visitor groups from government offices disappear. Only some Thai tourists who can financially support themselves have come to the community. In the past, we received many visitor groups. Because of the COVID-19 pandemic and the preventative measures, visitor groups from government offices still cannot visit the community” (Respondent E).

3.2.5. A Surveillance System and Monitoring of the Community Situations

Each community adopted observing the situation with regards the COVID-19 pandemic and designated appropriate responsibilities in their tourism management, namely, procedures to receive tourists and those for room reservations. Tourists were asked to provide some personal information, travel evidence, vaccine certificates, and COVID-19 test results before entering the communities.

Besides, the results showed that, in fact, there was only one community that had planned the management at the beginning of the COVID-19 outbreak and forecasted the following impacts because the community realized that they would have to live in this situation for a while (see Table 2).

4. Discussion

Community-based tourism should be restored as soon as the government relaxes the measures of COVID-19 prevention. However, every community needed to understand its target groups of tourists, who might also be domestic tourists [18], [19]. Therefore, local tourists living in Thailand entering communities along the Andaman coast in Southern Thailand should be considered the priority, as they are the most accessible customers, followed by emphasis on the quality of tourists. This result is relevant to the study [20] suggesting that target groups of domestic tourists for nature and cultural tourism should be included in ‘new normal community-based tourism’. In terms of community readiness for receiving tourists, each community needed to adjust to transformative tourism for tourist well-being [4]. Therefore, it was necessary to survey and investigate the need for services and products to promote small-scale industry of CBT for community restoration [18]. Moreover, the design of activities and learning topics should be considered for physical and mental health [21]. For ‘Travel in a New Normal’, a new trend in the COVID-19 era, cleanliness, safety, and building ventilation systems should be prioritized [22]. Plus, seating distances, line reservation for park entrance, people capacity limitations, quality small tourist groups, and some safety symbols—SHA, Clean Food Good Taste, and Healthy Accessibility Safety (HAS)—should be emphasized in public relations and in communicating the communities’ good image. Importantly, the communities should be certified with the Amazing Thailand Safety & Health Administration (SHA) [19]. Nevertheless, there have not been any visitor groups attending activities in the communities due to their lack of confidence and readiness; in spite of support by the government for a project ‘Thai meeting is safer’ [19]. Hence, the communities should provide a surveillance system and monitoring of the community situation to build confidence and safety for tourists and their own people. Besides, the government should also support with tax policies or financial projects, and in the use of online platforms such as Facebook, Instagram, and YouTube for attracting tourism to the communities. This could imitate Brunei Darussalam that promoted their CBT via online tourism conventions and resilience strategies [18].

5. Conclusion

This qualitative research article aimed to explain the community-based tourism management during the coronavirus 2019 pandemic in five communities of five provinces (Phangnga, Phuket, Krabi, Trang, and Satun provinces) along the Andaman coast of Thailand, which creates an understanding of the characteristics of

community-based tourism management for application to specific situations. This study, however, was conducted during the coronavirus pandemic in the context of the Andaman coast of Thailand; hence, because of the social distancing measures, data were collected through online in-depth interviews and online focus group discussions between January and March, in 2022.

It can be concluded that community-based tourism in the Andaman tourism cluster in southern Thailand has been operating for more than 15 years. It was initiated after the 2004 Indian Ocean earthquake and tsunami. All activities of the mostly community-based tourism is been still considered a second job after people's main occupations. Their community-based tourism includes existing cultural and nature tourism. Five components of the community-based tourism management during the coronavirus 2019 pandemic along the Andaman coast were (1) characteristics of vaccinated tourists entering communities and preferred quality tourists; (2) communities' readiness for receiving tourists—service staff's regular coronavirus 2019 tests and area renovation and tourism activities appropriate in a pandemic situation; (3) public relations and communication of the communities' good image; (4) community development to achieve the standard of the Thailand Safety and Health Administration (SHA); and (5) surveillance and monitoring system of the community situation.

The tourism communities in the Andaman coastal area were pushed to adapt to the changing situation of the 2019 coronavirus pandemic. These five components were based on transitional situations, which arose from the understanding of the community, such as the internal experiences of the individuals, the condition of the community, and government policies. Besides, the management of community-based tourism in the Andaman coastal area stepped into a "New Normal" of the COVID-19 era, which challenges the communities to develop the processes and outcomes of community-based tourism.

All of the above five elements could be developed as preliminary criteria for evaluating community-based tourism management in other similar and interested areas by using participatory action research studies that will establish benchmarks for the growth of CBT communities. The results of management elements may differ by area and other contexts. Moreover, the informants for this study were only community-based tourism entrepreneurs probed via qualitative methods, and the results, therefore, focused on understanding experiences and phenomena through people who have directly experienced them.

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