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Relationship Between Tourism Impacts and Residents' Quality of Life: A Study in Kashmir Valley

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ABSTRACT

The relationship between tourism impacts and local residents' quality of life are explicable. Once a community becomes a destination, the lives of residents in the community are affected by tourism and the support of the entire population in the tourism community is essential for the development, planning, successful operation and sustainability of tourism (Jurowski, 1994). Therefore, the quality of life (QOL) of the residents in a community should be a major concern for community leaders. If the development of tourism results in a lesser quality of life, residents may be reluctant to support tourism in their community and therefore, government planners and community developers should consider residents' standpoints when they develop travel, and tourism programs, and help residents realize their higher order needs related to social esteem, actualization, knowledge, and aesthetics. In view of the strategic and growing importance of impacts of tourism upon residents' quality of life, an attempt has been made in the present paper to measure the residents' quality of life in Kashmir Valley and assess the relationship between tourism impacts and QOL. Based on data gathered from residents, with the help of a self-developed and statistically-tested research instrument, from three hundred and eighty four (384) respondents, the study concludes that that the residents'are relatively satisfied with their overall quality of life. However, they were relatively dissatisfied with the health and safety well-being domain. As a result, concerns over the potential impacts of health and safety well-being domain have created a significant demand for comprehensive planning and a need for systematic research on how to improve health and safety well-being of residents' in order to enhance their overall quality of life.

Keywords: Tourism Impacts, Quality of life, Material well-being, Emotional well-being, Health and Safety well-being and Kashmir Valley.

INTRODUCTION:

Tourism, although, is considered a valuable economic development opportunity for many countries, yet the expansion of tourism worldwide has also led to emerging concern about its negative impacts upon residents' quality of life in host environments (Berrittella, et. al., 2006; and Choi and Sirakaya, 2006). In other words, tourism has brought both positive and negative effects into the residents' quality of life (Liu and Var, 1986; Long, et. al., 1990; Fleming and Toepper, 1990; Ross, 1992; Prentice, 1993; Lankford, et. al., 1994 and McCool and Martin, 1994). For example, tourism has brought an increase of income and employment opportunities, as well as enhancing residents' quality of life in tourism destinations. It has also provided additional taxes, and embellishment of tourism resources and public physical facilities. In other words, in spite of these various kinds of economic boons, tourism development has also created some negative effects and costs such as crowding, noise, crime, pollution, and environmental destruction (Macintosh and Goeldner, 1995; Liu, and Var, 1986;Liu, et. al., 1987; Caneday and Zeiger, 1991; Johnson and Snepenger, 1994; Akis, et. al., 1996) effecting residents' quality of life. As a result, there is increasing agreement on the need to promote sustainable tourism

development with the aim of minimizing residents' dissonance due to tourists' arrivals to their communities. In other words the development of tourism may end by having socio-cultural and economic distortions, as well as effecting the residents overall quality of life, which ultimately will be reflected in the relationship between tourists and local people. Therefore, it is imperative on the part of authorities to resort to a better long term strategic planning for tourism development with a clearer understanding of how community residents perceive and react to the complex phenomena of tourism (Pearce, 1996).

Further, the quality of life (QOL) of the residents in a community should be a major concern for community leaders. In other words, as soon as tourism grows and expands, it brings changes in the overall quality of life of residents in their respective regions. This change can be positive as well as negative. Therefore, for successful tourism planning to occur, it is vital to undertake an integrated planning approach embracing the social, cultural, economic and physical aspects within a destination affecting the residents overall quality of life.

OBJECTIVES OF THE STUDY:

In view of the growing importance of impact of tourism upon residents' quality of life (QOL), an attempt has been made in the present study to measure quality of life of residents' in Kashmir Valley and assess the relationship between tourism impacts and QOL. Such an analysis will provide the authorities a quantitative estimate of the quality of life being perceived by the residents' and also to suggest, on the basis of study results, ways and means for enhancing the residents' quality of life.

LITERATURE REVIEW:

Quality of Life:

Quality of life refers to "the individual's experience or perception of how well he or she lives" (Naess, 1999) and is usually taken narrowly to mean a person's sense of well-being, his or her satisfaction or dissatisfaction with life, or happiness or unhappiness. The idea of Quality of Life came from the "social indicators movement" of the 1960's, when Bauer (1966) commented on the lack of a system for charting social change, and coined the term, social indicators to refer to "statistics, statistical series, and all other forms of evidence that enable us to assess where we stand and are going with respect to our values and goals and to evaluate specific programs and determine their impact". According to World Health Organization (WHO), quality of life has been defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (Skevington, et. al., 2004). Researchers like Derek, et. al., (2009) also described quality of life "an evaluation of the general well-being of individuals and societies with the key well-being indicator of life satisfaction". Delibasic, et. al., (2008)also described QOLas "a feeling of overall life satisfaction, as determined by the mentally alert individual whose life is being evaluated" or quality of life can be described as the degree of well-being felt by an individual or group of people.

QOL is also defined using either a uni-dimensional perspective or a multi-dimensional perspective. A uni-dimensional perspective uses a single-item survey question to define QOL. Researchers such as, Andrews and Withey (1976) for instance, defined QOL using a single question such as, "how do you feel about your life as a whole?" and from a multi-dimensional perspective, overall QOL is functionally related to satisfaction within a number of an individual's life domains (Lee and Sirgy, 1995). While there are examples of uni-dimensional definitions of the concept of quality of life, the majority of quality of life definitions stresses upon the multi-dimensional nature of the concept, typically manifested in the specification of a number of quality of life domains that can be found in health-related studies (Schalock, 1996; Cummins, 1997; Felce, 1997).Thus, at a broader level, quality of life is an umbrella concept that refers to all aspects ofa person's life, including physical health, psychological well-being, social well-being, financial well-being, family relationships, friendships, work, and the like (Dolnicar, et. al., 2012).

QOL can be assessed at different levels i.e. at the individual level, family level, community level, and the country level (Sirgy, 2001). Individual-level measurement of QOL focuses on individual residents residing in a given community (e.g., "how satisfied are you with your community?"). Family-level measurement focuses on the family as the unit of analysis (e.g., a survey directed to households designed to gauge quality of sanitation in the home). Community-level measurements tend to focus on the community at large. For example, QOL of life of a community can be assessed by a set of educational indicators (percentage of residents in the community who have completed high school), economic indicators (median household income), health indicators (number of doctors per 1000 inhabitants), and lastly country-level measurement of QOL focuses on the country at large (e.g., GDP is a QOL measure of economic well-being of a country at large). Additionally measuring QOL

overall or within a specific life domain (at any level of analysis) can be done through subjective indicators or objective indicators (Samli, 1995). Objective indicators are "hard" measures devoid of subjective assessments such as standard of living, physical health status, and personal income, among others. Indices derived from areas such as ecology, human rights, welfare, and education also have been sampled frequently as social indicators. Subjective indicators, on the other hand, are mostly based on psychological responses, such as life satisfaction, job satisfaction, and personal happiness, or they focus on satisfaction i.e. satisfaction with family, work, social, community, overall life, etc. (Diener and Suh, 1997 and Andereck and Jurowski, 2006).Despite the impression that subjective indicators seem to be lower in scientific credibility, the major advantage is that they capture experiences that are important to the individual. By measuring the experience of well-being on a common dimension, such as degree of satisfaction, subjective indicators can more easily be compared across domains than can objective measures, which usually involve different units of measurement. Diener and Fujita (1995) provided a comprehensive review of methodological pitfalls and solutions in the use of subjective measures of QOL and have recommended the use of multi-method measurement of satisfaction, on-line sampling, varying the order of questions, systematically manipulating the anonymity of respondents, and assessing respondents' mood states.

Many researchers (Abrams, 1973; Esterlin, 1973; Campbel, et. al., 1976;Andrew and Withey,1976; Flanagan, 1978; Bubolz, et. al.,1980; Krupinski, 1980; Cummins, et. al.,1994; Cummins, 1996) have identified several dimensions of quality of life (QOL). However, material, emotional and health and safety well-being domain have been cited by most researchers (Andrew and Withey, 1976; Flanagan, 1978; Maddox and Douglass, 1978; Krupinski, 1980; Cummins, 1996; 1997; Sirgy, 1998; 2002). A brief description of each specific domain is reviewed below:

Material Well-Being Domain:

Material well-being domain is related to financial, economic, and consumer well-being (Cummins, 1996 and Sirgy, 2002). Cummins (1996) stated that material well-being is viewed as one's economic situation, living situation, income, standard of living, housing, and socio-economic status. In other words, satisfaction according to him in the material well-being domain mostly comes from one's economic situation, income, living situation, standard of living, housing, socio-economic status, financial situation and personal possessions. This view posits that quality of life is partly determined by satisfaction with standard of living. Satisfaction with one's standard of living, in turn, is mostly determined by evaluations of one's actual standard of living compared to a set goal. Positive self-evaluations in the material life domain result in satisfaction with standard of living. Further, Belk (1988) in line with Cummins (1996) also stated that "Materialism reflects the importance a consumer attaches to worldly possessions as they assume a central place in a person's life and are believed to provide the greatest sources of satisfaction and dissatisfaction in life". Similarly, Flanagan (1978) also regarded the material well-being domains as important Quality of Life domain.

Emotional Well-Being Domain:

Cummins (1997) opines that the satisfaction associated with the emotional well-being domain occurs when people achieve satisfaction with education, neighborhood, service/facilities, social life and social relations. Also the satisfaction of emotional well-being domain mostly comes from leisure activities, religion, recreation, and hobbies. Researchers such as Flanagan (1978) and Krupinski (1980) in their study found emotional well-being domain as important/very important domain and found that the satisfaction of emotional well-being mostly comes from spiritual and leisure activities. Wager (1995) also examined the determinants and consequences of perceived emotional QOL and found that a person's emotional satisfaction has a big effect on their perceived QOL.

Health and Safety Well-Being Domain:

The satisfaction of health and safety well-being domain consists of health well-being and safety well-being. In other words, health and safety well-being satisfaction mostly comes from the health care system, environment impacts, the threat of the social crime or social security system, etc. Maddox and Douglass (1978) hold the view that the healthier an elderly person feels, the more likely he or she is to be satisfied with life in general. However, researchers such as, Walker, et. al., (1990) have shown that the number of health symptoms is significantly related to overall QOL and marital happiness.

Sample Design:

Keeping in the view the paucity of time, the present study was confined to three zones of Kashmir Valley viz;North, Central and South. These three zones were further divided into various districts and two districts

from each zone were selected for the present study. District Baramulla and Bandipura were selected from North Kashmir, District Srinagar and Budgam from Central Kashmir and District Anantnag and Pulwama from South Kashmir. The selected districts have significant relationship with the sampled residents' in terms of important tourist spots, maximum tourist arrivals, business operations, tourist facilitation centers etc (official records of JKTDC). The questionnaires were distributed among the residents, at different places as well as tourist attractions like: Mughal Gardens, Pahalgam, Gulmarg, Sonamarg, Daksum, Aribal etc. so as to ensure that the sample would be representative of the population and to search a range of views from the residents living in various parts of Kashmir Valley. Also, residents in these districts were likely to have more interaction with the tourists and may have more distinct perception than people from other districts. The size of the sample was limited to three hundred and eighty four (384) respondents selected from six (6) districts of Kashmir Valley. Proportionate stratified random sampling method was, however, followed for the present study. All-important demographic characteristics like age, gender, level of education, annual household income, length of residency, zone and tourist contact, was taken into consideration while seeking the response from the residents regarding their perception of perceived tourism impacts. All these aspects have an important bearing on the user's evaluation of perceived tourism impacts. The effort was made to give a balanced representation to above demographic characteristics to make the sample representative. The present study constitutes a sample where majority of the respondents (40%) fall in the age group of26-50 years followed by the age group of 18-25 years (38%) and above 51 years (22%). In terms of gender, the sample comprises (35%) males. The data further shows that higher secondary level were heavy participants (56%) followed by graduates (28%) and post-graduates (16%). Respondents with annual household income of up to 2, 00, 000 lakhs were highest in number (44%) followed by the respondents having annual household income 2, 00, 001- 5, 00, 000 lakhs (35%) whereas respondents having annual household income of above 5, 00, 001 were least in number (21%). Further, respondents whose length of residency was above 21 years were in majority (46%) followed by respondents whose length of residency was 11-20 years (37%) and up to 10 years (17%). Similarly, respondents with high tourist contact were highest (55%) in number.

Research Instrument:

Review of literature on quality of life (QOL) measurement dimensions, have mostly cited three dimensions viz., material, emotional and health and safety well-being domains. Material well-being domain was measured with the help of scale developed byAndrew and Withey (1976); Cicerchia (1996) and Kim (2002). Emotional well-being wasmeasured using the scale of Andrew and Withey (1976); Neal,et. al., (1995; 1996); Cicerchia (1996); Cummins (1997); Norman, et. al.,(1997); Sirgy (2001) and Kim (2002) and health and safety well-being was measured with the help of scale developed by Cummins (1996; 1997) and Kim (2002). After discussing the scale items with stakeholders, additional items were added which led to the development of initial 20 items to measure QOL of sampled residents. However, the measurement scale available to measure the construct proposed was refined and modified and therefore, reliability and validity of the measurement scale that was developed for the present study was assessed first.

The questionnaire was divided into two parts. The first part was designed to measure the quality of life of residents' and the second part of the questionnaire contained questions relating to socio-demographic data about the respondents. The researchers introduced the tool of measurement in such a way that it briefly illustrated the topic of the study and procedures of response. The measurement grades were placed according to the 5-point Likert scale. The scale was ordered regressively as highly dissatisfied (1) to highly satisfied (5). The study was conducted in various districts of Kashmir valley for six months during the year of 2017. A proportionate stratified random sampling method was employed in which five hundred (500) questionnaires were distributed to the residents who agreed to participate in the survey. The residents completed the questionnaires in presence of the researchers.

The Statistical Package for the Social Science, SPSS-20 and AMOS-20, was used to analyze the data. To explore the dimensionality of the twenty (20) item scale, the study used R-Mode Principle Component-Analysis (PCA) with a Varimax Rotation and Eigen Value equal to or more than 1, which extracted three factors with explained variance of 57.872 percent in the data. The results are presented in the Table 1.1. Most of the factor loading were greater than 0.50, implying a reasonably high correlation between extracted factors and the individual items. The communalities of thirteen (13) items ranged from 0.500 to 0.877 indicating that a large amount of variance has been extracted by the factor solution. These three factors are labeled as F1- 'Material well-being', F2- 'Emotional well-being' and F3- 'Health and Safety well-being'. The first factor material well-being followed by emotional well-being and health and Safety well-being explains most of the variance (24.952

percent, 17.479 percent and 15.441 percent respectively). Thus material well-being followed by emotional and health and safety well –being are the three important determinants of perceived quality of life.

Table 1.1: Summary of Results from Scale Purification: Dimensions, Factor Loadings, Communalities, Eigen Value and Explained Variance

Factor/ Dimension	Variables	Elements	Factor loading	Communalities	Eigen Value	Explained variance
F1 Material well-being	V1	Satisfaction with the overall cost of basic necessities such as food, housing, and clothing in your community	.700	.626	3.764	24.952
	V2	Satisfaction with the cost of living in your community	.654	.517		
	V3	Satisfaction with the standard of living in your community	.793	.658		
	V4	Satisfaction with the financial/economic condition	.663	.558		
	V5	Satisfaction with the socio-economic status	.591	.546		
F2/Emotional well being	V6	Satisfaction with the preservation of culture in your community	.726	.692	1.170	17.479
	V7	Satisfaction with the religious services you get in your community	.635	.573		
	V8	Satisfaction with the way you spend your free/leisure time and activities	.587	.500		
F3/ Health and Safety well-being	V9	Satisfaction with the environmental cleanliness of your living place	.649	.543	1.102	15.441
	V10	Satisfaction with access to health services	.550	.505		
	V11	Satisfaction with your health	.628	.592		
	V12	Satisfaction with your physical environment (quality of air, water)	.642	.583		
	V13	Satisfaction with your safety and security	.929	.877		
				TOTAL	**6.036**	**57.872**

In order to prove the internal reliability of the research instruments used,the researcher performed Cronbach's Alpha Test of Reliability on each variable, which was extracted from principal component analysis by following Caramine and Zeller (1979)approach. This approach calls for relationship of an item score across the item specified, item to total correlation and overall Cronbach's alpha score. This aspect was measured by the correlation matrix depicted in the below mentioned Tables 1.2-1.4 complemented by the application of Cronbach's alpha score depicted alongside of the correlation matrix Table

Table 1.2: Material well-being

Item label	MAT1	MAT2	MAT3	MAT4	MAT5	Cronbach's alpha
MAT1	1					.703
MAT2	.344	1				
MAT3	.370	.327	1			
MAT4	.358	.275	.271	1		
MAT5	.361	.255	.322	.366	1	

Note: MAT1-MAT5= Material well-being

Table 1.3: Emotional well-being

Item label	EMO1	EMO2	EMO3	Cronbach's alpha
EMO1	1			.704
EMO2	.426	1		
EMO3	.413	.489	1	

Note: EMO1-EMO3= Emotional well-being

Table 1.3: Health and Safety well-being

Item label	HS1	HS2	HS3	HS4	HS5	Cronbach's alpha
HS1	1					.727
HS2	.448	1				
HS3	.427	.428	1			
HS4	.322	.203	.450	1		
HS5	.208	.195	.347	.450	1	

Note: HS1-HS5= Health and Safety well-being

The construct validity was tested by applying Bartlett's Test of Sphericity and The Kaiser–Mayer–Olkin Measure of sampling adequacy to analyze the strength of association among variables. The Kaiser–Mayer–Olkin measure of sampling adequacy (KMO) was first computed to determine the suitability of using factor analysis. The result of the Bartlett's Test of Sphercity is 0.000, which meets the criteria of value lower than 0.05 in order for the factor analysis to be considered appropriate. Furthermore KMO measure for sample adequacy for quality of life scores is 0.818 which exceeds satisfactory value of 0.6 (Tabachnik and Fidell, 2001) and revealed a Chi-Square at 935.703, ($P \leq 0.000$) which verified that correlation matrix was not an identity matrix, thus validating the suitability of factor analysis (Table 1.5).

Table 1.5: KMO and Bartlett's test

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin measure of sampling adequacy	**0.818**
Bartlett's Test of Sphercity (Approx. Chi- Square)	**935.703**
p-value	**0.000***

*Significant at 1% level.

DATA ANALYSIS:

Over-all Quality of Life:

To measure the overall quality of life, mean scores averaged on all dimensions were calculated separately. The data in Table 1.6 presents information regarding the overall quality of life scores. The Table clearly shows that the sampled respondents'overall quality of life is relatively satisfactory (3.64) as overall mean score is above 2.5. It is also evident from the analysis that the respondents have reported relatively higher satisfaction scores (3.58) on emotional well-being domain followed by material well-being domain (3.48) whereas as relatively lower satisfaction scores (2.98) were reported by the respondents on health and safety well-being domain. In other words, higher satisfaction score on emotional well-being domain suggests that as residents' perception of the socio-cultural impact of tourism increases, they are more likely to be satisfied with their lives based on emotional well-being such as satisfaction of leisure life and spiritual life. In addition, higher satisfaction score on material well-being domain implies that they are more likely to be satisfied with their lives based on material possessions. However, relatively lower satisfaction score on health and safety well-being domain suggests low level of satisfaction on health and safety well-being. The result reported here are consistent with previous research findings of Crotts and Holland (1993); Cummins (1997); Kim (2002); Chazapi and Sdrali (2006) and Kala (2008).

Table 1.6: Over-All quality of life scoresAveraged on all dimensions

S.NO	Dimensions	Mean scores	Rank	St. Deviation
1	Material well-being domain	3.48	2	.69
2	Emotional well-being domain	3.58	1	.85

S.NO	Dimensions	Mean scores	Rank	St. Deviation
3	Health and Safety well-being domain	2.98	3	.81
	Overall Quality of Life (Averaged on all dimensions)	**3.64**		**.63**

DIMENSION-WISE ANALYSIS:

Material well-being domain:

The data on Table 1.7 brings to light that the overall material well-being domain score is relatively satisfactory (3.48) which means that the sampled residents satisfaction level with their economic situation, living situation, income, standard of living, housing, and socio-economic status is satisfactory. Element-wise analysis of the said dimension clearly reveals that amidst all elements of material well-being domain, higher satisfaction score (3.61) was reported by the residents on the overall cost of basic necessities such as food, housing and clothing in the community followed by satisfaction with the standard of living in the community (3.60). However, respondents reported relatively low mean scores on financial/economic condition (3.37) followed by economic security of their job (3.38) and pay and fringe benefits (3.42).

Table 1.7: Material well-being

S.No	Elements of Material well-being Domain	Mean Scores	Rank	St. Deviation
1	How satisfied are you with the overall cost of basic necessities such as food, housing, and clothing in your community	3.61	1	1.06
2	How satisfied are you with the standard of living in your community	3.60	2	.92
3	How satisfied are you with the economic security of your job	3.38	4	1.39
4	How satisfied are you with your financial /economic condition	3.37	5	1.00
5	How satisfied are you with the pay and fringe benefits you get	3.42	3	1.14
	Overall Material well-being (Averaged on all elements)	3.48		.69

Emotional Well-being domain:

Quality of life score on emotional well-being domain (Table 1.8) evidences relatively higher satisfaction score (3.58) meaning thereby, that the sampled residents are relatively satisfied with their leisure as well as spiritual well-being. However, element-wise analysis of the said Table (5.3) clearly reveals high satisfaction scores (3.90) on satisfaction with the preservation of culture in the community followed by mean scores on satisfaction with the religious services availed in the community (3.46). Relatively low satisfaction scores were reported on free/leisure time and activities (3.40) which in turn mean that the sampled residents' are relatively less satisfied with the way they spend their free/leisure time.

Table 1.8: Emotional well-beingScores

S.No	Elements of Emotional well-being Domain	Mean Scores	Rank	St. Deviation
1	How satisfied are you with the preservation of culture in your community	3.90	1	1.09
2	How satisfied are you with the religious services you get in your community	3.46	2	1.06
3	How satisfied are you with the way you spend your free/leisure time and activities	3.40	3	1.17
	Overall Emotional well-being (Averaged on all Elements)	3.58		.85

Health and Safety well-being domain:
From the analysis of the Table (1.9) it is clear that the satisfaction achieved with the health and safety well-being domain is relatively low (2.98). Element-wise analysis of the said Table (5.4) evidences comparatively higher satisfaction score on satisfaction with the access to health services (3.56) followed by the satisfaction with their health (3.35). Relatively low mean scores are reported on physical safety and security (1.79) followed by environmental cleanliness

Table 1.9: Health and Safety well-being

S.No	Elements of Health and Safety well-being Domain	Mean Scores	Rank	St. Deviation
1	How satisfied are you with the environmental cleanliness of your living place	3.07	4	1.19
2	How satisfied are you with your access to health services	3.56	1	2.20
3	How satisfied are you with your health	3.35	2	1.28
4	How satisfied are you with your physical environment (quality of air, water) in your community	3.11	3	1.30
5	How satisfied are you with your safety and security in your community	1.79	5	.74
	Overall Health and Safety well-being (Averaged on all elements)	2.98		.81

of living place (3.07) and quality of air and water (3.11) which clearly suggests that residents perceive tourism adversely affecting their health and safety concerns.

Correlation between Tourism Impacts and Quality of Life:
In line with the objectives of the study, i.e. to analyze the relationship between tourism impacts and quality of life, simple correlation analysis was used. An analysis of the correlation matrix of the tourism impacts and quality of life, under study, as presented in Table 1.10 reveals several statistically significant correlations. The analyses of the table reveal that the overall tourism impacts had significant and positive relationship with overall quality of life (r = 0.633). It is also evident from the correlation matrix that environmental impacts (r = 0.586) followed by economic impacts (r = 0.570) and socio-cultural impacts (r = 0.460) were found to be most strongly correlated to overall quality of life. Thus, one can easily deduce that tourism impacts dimensions have statistically significant and positive correlation with the overall quality of life; indicating that the tourism impacts contribute significantly towards enhancing the satisfaction level of residents towards their overall quality of life to a great extent or vice-versa.

Table 1.10: Correlations Matrix between Tourism Impacts and Quality of life

Constructs		Overall QOL	Economic Impacts	Socio-cultural Impacts	Environmental Impacts	Overall tourism impacts
Overall QOL	Pearson Correlation	1				
	Sig. (2-tailed)					
Economic Impacts	Pearson Correlation	.570**	1			
	Sig. (2-tailed)	.000				
Socio-cultural Impacts	Pearson Correlation	.460**	.615**	1		
	Sig. (2-tailed)	.000	.000			
Environmental Impacts	Pearson Correlation	.586**	.703**	.489**	1	
	Sig. (2-tailed)	.000	.000	.000		
Overall Tourism impacts	Pearson Correlation	.633**	.893**	.791**	.883**	1
	Sig. (2-tailed)	.000	.000	.000	.0000	

**Correlation is significant at the 0.05 level (2-tailed)

Further, in addition to above correlation test, the three tourism impacts dimensions have also been tested for multicollinearity issues (Table 1.11) with the help of tolerance and Variation Inflation Factor (VIF). The tolerance scores range from 0.409 to 0.615, were above the suggested cut off value of 0.20 (Fox, 1991) and (Tabachinck and Fidell, 2001). Also, the VIF scores were below than the threshold value of 4 (Hair, et. al., 1995) indicating that the variables have not been affected by multicollinearity problem.

Table 1.11: Coefficients[a]

Dimensions	Collinearity Statistics	
	Tolerance	VIF
Economic impacts	.409	2.448
Socio-cultural impacts	.615	1.625
Environmental impacts	.500	1.998

To sum up, it is clear from the correlation analysis that all the tourism impacts dimensions are significantly correlated with each other. However, analysis also exhibits that absence of multi-collinearity problem with all the variables are because correlation scores are less than 0.9 between all the dimensions of tourism impacts. In other words, there is no multi-collinearity problem between the variables, thus indicating that the variables are not affected by multi-collinearity issue.

CONCLUSION AND MANAGERIAL IMPLICATIONS:

In view of the growing importance of impacts of tourism upon residents' quality of life, the present study was undertaken to measure the residents' quality of life in Kashmir Valley and analyze the relationship between tourism impacts and quality of life. In this study, a scale for measuring the quality of life was proposed through exploratory factor analyses which resulted in identifying three impacts namely, material, emotional and health and safety well-being domains.Material well-being followed by emotional and health and safety well–being are the three important determinants of perceived quality of life as they explain most of the variance (24.952 percent, 17.479 percent and 15.441 percent respectively). The findings related to overall quality of life revealed relatively satisfactory scores (3.64) yet low satisfaction scores (2.89) have been reported on health and safety well-being domain which suggests that the health authorities should try to reduce the exposure to outdoor air pollutants, reduce potential public health risks associated with drinking water, and improve the design and maintenance of the built environment to promote healthy lifestyles as well as raise the community awareness of violence prevention strategies in order to increase their satisfaction level with health and safety well-being domain.The result reported here are consistent with previous research findings of Crotts and Holland (1993); Cummins (1997); Kim(2002); Chazapi andSdrali(2006) and Kala (2008). The findings of this study also suggest that among the three quality of life domains, material well-being domain emerged as the best predictor of residents' evaluation of quality of life.From the regression analysis, it can also be concluded that the tourism impacts dimensions had statistically significant and positive correlation with the overall quality of life; indicating that the tourism impacts contribute significantly towards enhancing the satisfaction level of residents towards their overall quality of life or vice-versa. Further, the research instrument used in the present study, if implemented in the right perspective, will surely go a long way in helping the authorities to confidently undertake such initiatives that would help the local people in enhancing their family income, living situation, standard of living, housing, socio-economic status, etc., which in turn would help them to enhance their over-all satisfaction.The results of this study will also aid theauthorities to pay attention to the health care system, environment impacts, the threat of the social crime or social security system, etc., so that the residents would feel more satisfied and secured with their quality of life in general.

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