

AIDS Brief

for sectoral planners
and managers

Tourism Sector



The HIV/AIDS epidemic is a global crisis that demands urgent attention and committed, sustained action by alliances of individuals, organisations and sectors. The *AIDS Brief* series has been developed to support the conceptualisation and implementation of key sectoral responses. The tourism sector is associated with casual sex, frequently unprotected, and drug and alcohol use - all factors linked to an increased risk of HIV transmission. Formulating an effective response for the tourism sector presents a number of challenges and calls for creativity and commitment to working in partnership in an effort to minimise the situations where the risk of HIV transmission exists.

"The psychology of tourist behaviour is poorly understood, but what researchers are discovering is worrying: many tourists associate foreign travel with freedom - from traditional social obligations and the norms which shape sexual conventions at home." (Abbott, 1992)

BACKGROUND

Definition of the Tourism Sector

The World Tourism Organisation defines tourism as *"the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business, and other purposes"*. Tourism expenditures are defined as *"the total consumption expenditure made by a visitor or on behalf of a visitor for and during his/her trip and stay at destination"*. Tourism expenditures include package travel, package holidays, and package tours; accommodation; food and drinks; transport; recreation, culture, and sporting activities; shopping; etc.

Facts about the Tourism Sector

Tourism is one of the largest and fastest growing industries in many countries, providing badly needed jobs, income, tax revenues and foreign currency. In 1998, there were 635 million

tourist arrivals globally, a number which has been growing by 4.5% per year since 1989. The fastest growing tourist destination is Africa, with tourist arrivals increasing by 6.4% in 1998.

The money spent by tourists has grown even

faster, amounting to nearly half a trillion dollars by 1998 (excluding international transportation). Tourism accounts for 35% of global service exports. In the US alone, tourism expenditures rose from \$8 billion in 1989 to \$35 billion in 1997.

AIDS AND THE TOURISM SECTOR

Tourism is likely to be significantly affected by HIV/AIDS, due to the mobility of the workforce, the nature of the industry, the presence of "sex tourists" and the heavy reliance of many countries on tourism revenues. Some have speculated that the fear of AIDS among tourists could discourage tourists from visiting certain countries. Others have even suggested that tourism *should* be discouraged, arguing that the industry further contributes to the spread of HIV/AIDS.

There is little research available regarding the relationship between AIDS and tourism and most conclusions are based on speculation and anecdotal evidence. The studies that have been done in different parts of the world have led to a number of common conclusions (Bröring, 1996). These include:

- Sexual activity of unaccompanied travellers with fellow tourists and the local population is particularly frequent on holiday.
- Condom use in sexual contacts with fellow tourists and the local population is far from



consistent.

- Many young people make new friends on holiday and build up relationships that include sexual contacts, which are to a considerable degree unsafe.
- Alcohol consumption has an important impact on the sexual behaviour of tourists.

Tourists

Tourists make travel decisions based on a number of factors, including:

- the traveller's income
- the perceived desirability of the tourist destination (which is affected by the natural beauty of the destination, hospitality of the people, etc.)
- the cost of travel (which is affected in part by the existing exchange rate)
- the perceived safety of the destination.

It is conceivable that an increased prevalence of HIV/AIDS could affect the perceived safety of the country as a tourist destination (and could potentially also increase the cost of travel as tourism workers fall ill from AIDS).

"For many people, being on holiday and abroad is an occasion to indulge in sexual activity and possibly drug use which they are less likely to practise at home."
(Panos Dossier, 1990)

What is known is that tourists sometimes take risks that they otherwise would not take while at home. Tourists tend to drink more, use drugs more and are generally more adventurous when on holiday. These adventures occasionally include taking sexual risks, both by those who travel specifically to engage in sex with the local population (so-called "sex tourists") and for those who do not have this intention but eventually do engage in risky sexual behaviour.

Foreign tourists who engage in unprotected sex with nationals and fellow tourists represent a risk. The risk extends not only to the tourist, but also to any sexual partners they may have in their home countries. Risk is also incurred by the sex partner in the tourist destination and all of the sexual contacts that the local person may have. So, when tourists engage in unprotected sex with sex workers, hotel workers, and with others in the local population, a bridge may be created for HIV to cross back and forth between the tourist's home country and the tourist destination. Yet few HIV/AIDS interventions have been specifically targeted at tourists or those who work with tourists, largely because of fears that tourists will respond to such campaigns by perceiving the tourist destination as a place that is dangerous or unhealthy.

One study in Torbay, England (Ford, 1991) found that half of all tourists had made at least one new boy/girl friend during their vacation and about one quarter of respondents had engaged in sexual activity with a person whom they had only just met while on holiday. Of the respondents, more than a third indicated that they were more likely to engage in casual sex relationships during holiday than when at home. Nearly half of those who had engaged in sex while on holiday were having sex with locals, with the remainder having sexual relationships with other tourists.

The study also revealed that even among tourists who were reportedly in a steady relationship, sexual activity during holidays was relatively common. For example, of those already in a steady relationship, one-third engaged in sex with a new partner during their holiday. Somewhat surprisingly, the highest levels of risky sexual behaviour occurred among men who were engaged to be married but who were not travelling with their fiancées. Two-thirds of these men had sex with a new partner and almost one half had sex with more than one partner while on holiday.

Less than half of all sexual activity while on vacation was found to involve the use of a condom. Another study of British tourists found that men were more likely to have sexual intercourse while on holiday, but that women on vacation were less likely to report using

condoms when they had sex (Ford, 1990). The research found that three-quarters of female tourists who had sex with local partners did not use a condom, while the comparable rates for male tourists was only 42%.

Alcohol and drug use during holidays was found to be closely associated with high risk sexual behaviour. In one study of tourists, condom use among men was found to decrease from 62% among men who drank only small amounts of alcohol, to 12% among those who drank the most.

Another study in Canada involved interviews with tourists at an immunisation clinic prior to their departure on holiday (Transcript, 1992). This study found that one in five tourists believed that their risk of becoming infected with HIV was likely to be increased by their travel.

This study also found that few tourists consider taking precautions prior to travel. Those most likely to take precautions were unmarried individuals, those with a high perceived risk of HIV infection, highly educated individuals, and those who were intending to travel for an extended period of time.

A study in the Dominican Republic found that about 40% of tourists perceive their personal risk to be higher when on vacation than when in their home country (Forsythe, 1998). The study also found that distributing information about HIV/AIDS to tourists would almost certainly encourage safer sexual practices. A larger proportion of tourists indicated that they would view such a campaign as a positive step to address a preventable illness. Those who perceived themselves to be most at risk of becoming infected while on holiday were the group most supportive of HIV/AIDS prevention campaigns. Only a small proportion of predominantly older tourists indicated that a visible HIV/AIDS campaign would discourage them from returning to the Dominican Republic.

Tourism Workers

People working in the tourism industry, such as hotel workers, entertainers and waiters/waitresses, often find themselves having frequent contact with both tourists and with others in the local population. It is therefore likely that these workers and their families will be disproportionately affected by HIV/AIDS. This may especially be a problem for migrant tourism workers, who are required to be away from home for extended periods of time while they work in the industry.

One study in Devon and Cornwall in the United Kingdom found that both male and female tourism workers in general have greater numbers of sexual partners (especially with tourists) and have more casual sexual relationships than the resident population (Ford, 1990). This survey of tourism workers also found that the number

of abortions requested by tourism workers tended to increase significantly 2 to 3 months after the height of the tourist season, indicating both high levels of sexual activity between tourists and tourism workers and the apparent lack of condom use within these relationships. Much higher rates of alcohol and illegal drug abuse were prevalent among tourism workers relative to the general resident population.

Hotel employees have been found to be at high-risk of becoming infected with HIV, as evidenced by their own perception of personal risk. In the Dominican Republic, the risk appears to be especially high among male entertainment workers who frequently engage in sex with female tourists. These relationships occasionally involve payment for sex and are not always protected by condoms. They also represent a risk in terms of other Dominicans, as many of the entertainment workers have other Dominican sex partners.

The Tourism Industry

In numerous countries there have been concerns expressed that the AIDS epidemic might be discouraging tourists from visiting certain destinations perceived to have a high HIV prevalence. For example, newspaper articles about the impact of AIDS on Kenya's tourism industry (New African, 1987; Daily Nation, 1987) have been widely cited. In 1987, for example, the British military, fearful of their troops becoming infected with HIV, prohibited their soldiers from travelling to the tourist destinations of Mombasa and Malindi or from entering Nairobi after 6 p.m. (Sabatier, 1988). The international press picked up on the story and reported that the ban by the British military had led to widespread fears and cancellations by tourists, and that one travel agency had lost US\$3 million in British travel contracts following the ban. The Kenyan Minister of Tourism, however, denied that there had been any widespread impact on tourism. Despite these initial concerns, there turned out to be no proof that fears about HIV/AIDS have had any long-term impact on the tourism industry in Kenya.

An informal study in Thailand concluded that the actual or the perceived prevalence of HIV does not affect the travel plans of tourists. Furthermore, the survey results indicated that tourists were supportive of the idea of receiving more information about the epidemic so that they could adequately protect themselves. Overall, a review of the existing literature reveals that there has been no definitive evidence that AIDS has had any lasting impact on the tourism industry anywhere in the world, despite the relatively high prevalence of HIV in such tourist destinations as Kenya and Thailand.

IMPACT CHECKLIST

The following checklist identifies some of the factors that may make the sector's workforce particularly susceptible to HIV or that make the sector financially vulnerable to the loss of a significant number of infected employees.

Susceptibility to Infection:

- ✓ The tourism industry hires a large number of young, single employees.
- ✓ Employees are frequently mobile and away from their families for prolonged periods of time.
- ✓ The prevalence of HIV may already be high within the general community.
- ✓ There is significant access to commercial sex, both by employees and tourists.

- ✓ There are frequent opportunities for sexual interaction between tourists and employees.
- ✓ There is heavy use of alcohol or drugs by tourists or employees.
- ✓ There may be few locations to obtain affordable and accessible condoms.
- ✓ Employees may lack access to treatment for other sexually transmitted diseases.
- ✓ Employees may be uninformed about the means of HIV transmission and ways of protecting themselves.
- ✓ There may be no or limited access to HIV counselling and testing services.

Vulnerability to Impact:

- ✓ Employees are highly skilled and difficult to replace.
- ✓ Employers usually offer significant death or disability benefits to employees and their families.
- ✓ The profitability of the industry is highly variable.
- ✓ Employers spend significant resources training new employees.
- ✓ The industry relies heavily on its image in order to maintain its high quality.
- ✓ The industry is highly labour-intensive.

SECTORAL RESPONSE

It is important to gain an understanding of the possible relationship between tourism and HIV/AIDS in order to encourage an appropriate response. This includes developing an understanding of the risks that tourists take while travelling and those that CSWs and people in the tourism industry take when they meet with tourists. In addition, it is necessary to assess how tourists might react to visible HIV/AIDS prevention messages in relation to their perception of personal risk.

It is critical to encourage greater awareness by both men and women who travel for sexual adventure regarding their own personal risk of contracting and/or spreading HIV/AIDS. Rapid research should be conducted which would assess the risks of these tourists and would identify the most effective ways of reaching this target population. Educational materials could be designed which explain the risks associated with unprotected sex.

"Advertising which exploits the four 'Ss' of tourism - sea, sun, sand and sex - through the use of erotic pictures and saucy slogans (It's better in the Bahamas!) has created images for the Caribbean and Pacific islands as havens for sexual enjoyment. The alleged permissiveness and promiscuity of the inhabitants of these islands has even become a selling point." (Mathieson, 1982)

In countries where sex tourism is common, the Ministries of Tourism and Health should work with the industry to identify tour operators that cater specifically to sex tourists. The government should then enter into a dialogue with the industry to minimise advertisements that might encourage sex tourism. Internet sites that encourage sex tourism should be discouraged from advertising their tours.



"Experts argue that until clients of sex workers are targeted with AIDS prevention, sex tourism will continue to spread the virus." (Abbott, 1992).

It is also necessary to include those tourists who would not define themselves as sex tourists, but who do engage in sex with the local population while on holiday. For these tourists, it is necessary to measure their knowledge regarding mechanisms of infection and prevention. Although tourists are reporting some knowledge of HIV/AIDS, it is not known what the specific level of knowledge is. It would be useful to distinguish between those who require simple reminders about avoiding sexual risks and those who need more intensive HIV/AIDS prevention efforts.

What seems clear is that tourists must and wish to have prevention interventions. Understanding the characteristics of those taking risks should help to design effective prevention programmes. In general what is needed is that tourists and those who work with tourists are informed about AIDS.

In addition to promoting the dissemination of information, education and communication messages, the Ministry of Tourism and the

tourism industry itself should consider promoting some structural changes to the way it markets itself to international travellers. For example, most research indicates that single travellers are more likely to engage in high-risk sexual activities than are those travelling with their families. Pricing schemes such as higher single supplements could be promoted to discourage single travellers while encouraging families and couples.

Other approaches such as promoting all-inclusive resorts will encourage tourism while limiting contact between tourists and local sex workers (although this approach will only succeed if the hotels make an effort to discourage sexual contact between employees and tourists). As for the hotel management, there should be efforts to provide facilities for the families of hotel workers. This will minimise the amount of time that workers, especially migrant workers, must be away from their families.

Next, the Ministry of Health can take steps to implement a 100% condom use policy among CSWs, in order to mandate the use of condoms and reduce transmission between tourists and local CSWs. This approach has been shown to be effective in the Dominican Republic and Thailand, where such a policy has encouraged significant increases in the use of condoms by CSWs and their clients.

Finally, additional research should be pursued regarding the financial costs that are incurred by the tourism industry when workers become ill with HIV/AIDS. Such research can be particularly useful in countries where the tourism industry needs to be aware of the potential benefits of an HIV/AIDS prevention programme, and the potential costs of an unimpeded epidemic.

ACTION CHECKLIST

- ✓ Identify areas of risk for employees within the tourism industry. This might include determining if employees have access to condoms, STD treatment, voluntary counselling and testing and health education messages.
- ✓ Identify risks incurred by tourists while they are on vacation. Such an evaluation might focus on the tourist's access to sex workers, excessive consumption of alcohol/recreational drugs, etc.
- ✓ Assess areas of vulnerability for the tourism companies. This assessment should include an evaluation of the impact that might be incurred if the industry found that a certain percentage (i.e. 1%, 5%, 30%) of their workforce were infected with HIV. These scenarios should assist in determining if there would be any labour shortages and assess how the industry would be affected by such shortages. Companies should also assess the likely impact on finances and morale if a significant number of employees were to become infected.
- ✓ Review existing policies and practices related to employees in the industry who are already infected with HIV. This review should particularly focus on company policies regarding mandatory testing and discrimination against people living with HIV/AIDS.
- ✓ Evaluate the industry in terms of its propensity to encourage the spread of HIV/AIDS. For example, by advertising a particular destination using sexy slogans, it is often possible to encourage risk-taking behaviour. The industry should determine if their industry is being advertised in such a way, either through travel brochures, the internet, or other forms of media.
- ✓ Develop comprehensive workplace prevention programmes that can be utilised by employees without fear of discrimination. Prevention programmes should be designed so that employees can approach their employers or other organisations with their own personal concerns. For example, by encouraging confidential voluntary counselling and testing, it is possible for employees to get tested and to change their behaviour without fear of discrimination by their employers.
- ✓ Identify industry-wide policies that might reduce the risk of infection for employees and tourists. This might include trying to appeal to couples instead of single travellers (i.e., increasing single supplements at hotels), encouraging all-inclusive packages, offering housing accommodation to the families of employees and discouraging tour operators that offer sex tours.
- ✓ Encourage the participation of employees in HIV/AIDS prevention and care activities that can support their community and reduce the likelihood of new infections. By working as peer counsellors or providing care and support to people in the community, it may be possible to develop a good corporate reputation while also assuring that the future labour pool remains uninfected.

SUMMARY

A number of recommendations can be made based on a review of tourists, hotel employees and the tourism industry. The goals of such recommendations should be to limit the spread of HIV/AIDS, while not impeding the continued expansion of tourism. It is important to recognise that promoting a healthy tourism industry and HIV/AIDS prevention are

not contradictory goals, and in many ways are likely to be complementary.

By encouraging HIV/AIDS prevention among their employees, the tourism industry can contain the impact of the disease on their industry. Also, by developing non-discriminatory policies and practices that the entire industry must abide by, it is possible to

develop stronger trust between employees and employers. This trust is an important tool for assuring that prevention programmes can be carried out successfully. Finally, it is to the benefit of the entire industry to develop an image of tourism that is caring, healthy and enjoyable, rather than dangerous and of low quality.

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