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Sexual health education for young tourists

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HIGHLIGHTS

- Recommendations for sexual health education for young tourists are proposed.
- Comprehensive harm reduction and health promotion approaches are advised.
- Uniqueness of tourist experiences should be leveraged in health education messages.
- Targeting, framing, and tailoring can improve sexual health education for tourists.
- Findings bridge across tourism and public health literature and practice.

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ABSTRACT

There is a pressing need for developing effective sexual health education for a high-risk group of young tourists. The purpose of this study was to explore the necessity of sexual health education for young tourists and to identify the characteristics of potentially successful sexual health messages. The data were obtained from three mixed-gender focus groups and 13 individual interviews ($N = 32$) and analyzed using constructivist grounded theory. The findings highlight the necessity for innovative sexual health education methods supporting young adults' decision-making in tourism. Participants' recommendations for sexual health education for tourists included informing decisions about safer sex instead of condemning sex; developing tourism-focused, age-specific, and gender-sensitive messages; varying messages' emphases on risks vs. benefits; and individualizing the messages based on risk perceptions and motivations. These recommendations can be explained and applied using context-specific, harm reduction, and health promotion approaches as well as the methods of targeting, framing, and tailoring.

1. Introduction

Health concerns associated with sexual risk taking in tourism have become a focus of travel medicine research (Bauer, 2009; Cabada et al., 2007). Nevertheless, current sexual health education strategies for tourists seem unsatisfactory and are also severely under-researched and poorly understood (Berdychevsky, 2017; Matteelli & Capone, 2016; Matteelli & Carosi, 2001). It is problematic because some tourist experiences offer opportunities for increased sexual mixing that can be a cause of morbidity (Matteelli et al., 2013; McNulty, Egan, Wand, & Donovan, 2010; Rogstad, 2004). Indeed, research suggests that tourism is associated with the geographical expansion of sexually transmitted infections (STIs) (Brown et al., 2014; Hamlyn, Peer, & Easterbrook, 2007; Marrazzo, 2008; Qvarnström & Oscarsson, 2014), while the odds of contracting such infections during travel are three-fold compared to everyday life (Vivancos, Abubakar, & Hunter, 2010). Young adults are at particularly high risk of STIs and other detrimental sexual health outcomes (Hughes, Downing, Bellis, Dillon, & Copeland, 2009; Richens, 2006; Ward & Plourde, 2006), as substantial numbers of them have (often unprotected) sex with new partners in tourism (Davies, Karagiannis, Headon, Wiig, & Duffy, 2011; Hamlyn et al., 2007; Lewis & de Wildt, 2016; Senn, de Valliere, Berdoz, & Genton, 2011).

A low profile of sexual health education for tourists might be explained by the erroneous perceptions of such prevention efforts as unnecessary, impractical, or unfeasible (Matteelli & Capone, 2016). However, there is a pressing need for including an emphasis on sexual behavior in travel health education (Bauer, 2009; Cabada et al., 2007; Tanton et al., 2016). Likewise, travel clinics should pay more attention to travelers' sexual health and provide advice about safer sex in travel health consultations

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(Matteelli & Capone, 2016; Rice et al., 2012; Richens, 2006). Further research is essential for identifying young tourists' attitudes and preferences regarding tourism-focused sexual health education to cater to them more effectively (Qvarnström & Oscarsson, 2014). New efforts should be put forth with regard to developing efficient primary interventions to improve tourists understanding of the risks and to address the public health issue of sexual risk taking in tourism (Lewis & de Wildt, 2016; Matteelli & Carosi, 2001; Senn et al., 2011; Ward & Plourde, 2006).

Sexual risk taking among young tourists was explained in tourism literature by perceived anonymity, subdued influence of sexual double standards, time compression effect into a moment of "here and now," fun-seeking vacation mentality, liminality/liminoid and detachment from everyday norms, and situational disinhibition effect (Andriotis, 2010; Apostolopoulos, Sönmez, & Yu, 2002; Berdychevsky, 2015; Berdychevsky, Gibson, & Poria, 2015; Berdychevsky, Poria, & Uriely, 2013; Eiser & Ford, 1995; Ragsdale, Difranceisco, & Pinkerton, 2006; Ryan & Hall, 2001; Ryan & Kinder, 1996; Ryan & Martin, 2001; Thomas, 2005). The social atmosphere and various liberating characteristics of tourist experiences that make people feel out-of-place, out-of-time and out-of-mind encourage different forms of sexual risk taking and transgressions, particularly among young tourists, that might take people outside their comfort zones and be detrimental to their health and wellbeing (Berdychevsky & Gibson, 2015a; Berdychevsky, 2015; Briggs & Tutenges, 2014; Diken & Laustsen, 2004; Pritchard & Morgan, 2006; Ryan, 2003; Selänniemi, 2003).

Recent studies show that sexual risk taking in tourism is a complex phenomenon, including personal psychological, sociocultural, and situational aspects. For instance, perceived dimensions of risk associated with sexual behavior in tourism include physical, sexual health, mental, emotional, social, and cultural factors (Berdychevsky & Gibson, 2015a, 2015c), while the motivations for sexual risk taking in tourism include anonymity offered by some tourist experiences, "safe" experimentation, thrill seeking, sense of empowerment, fun, and reduced inhibitions (Berdychevsky & Gibson, 2015b; Berdychevsky, 2015). Furthermore, different clusters of sexual risk takers can be identified based on their perceptions of and motivations for sexual risk taking in tourism and profiled on their psychological, behavioral, and demographic characteristics (Berdychevsky, 2017).

Thus, the purpose of this study was threefold: (a) to explore whether young people perceive sexual health education for tourists as necessary, (b) to investigate the reasons for viewing such education as important or unimportant, and (c) to identify the characteristics of potentially successful sexual health promotion messages for young tourists. Considering the diversity of sexual risk takers, the specificity of tourist experiences vis-à-vis everyday life, and the severity of potential consequences of sexual risk taking in tourism, it is essential to explore the necessity and the potentially-effective features of sexual health promotion messages for tourists. To this end, it is crucial to investigate the feasibility of behavior change/elimination vs. harm reduction and/or health promotion approaches (Association of Faculties of Medicine of Canada [AFMC], 2013; Collins et al., 2012; Peake Andrasik & Lostutter, 2012). Likewise, the options of message framing should be examined, distinguishing between loss-framed messages and gain-framed messages (Gallagher & Updegraff, 2012; Gerend & Shepherd, 2016). Lastly, it is important to consider whether generic, personalized, targeted, or tailored forms of health communication are most appropriate (Kreuter, Farrell, Olevitch, & Brennan, 2000; Kreuter, Strecher, & Glassman, 1999; Rakowski, 1999). Identifying the proper mix is essential for boosting the effectiveness of sexual health education for tourists.

2. Methodology

This study was approved by the Institutional Review Board. The information for this study was obtained from three mixed-gender focus groups with 6–7 participants each (lasting 2.5–3 h each; a total of 10 men and 9 women) and in-depth individual interviews with 13 women (lasting 1.5–2.5 h each). As will be discussed in the Findings section, men's perceptions of sexual risk taking in tourism in the focus groups were relatively consistent and often focused on the STIs while women's perspectives were more heterogeneous and involved multiple risk factors. Hence, additional individual interviews were conducted with women to gain more clarity and saturation. The author facilitated focus groups and conducted interviews in her University office and at home.

Participants ranged in age from 19 to 30 years. Among 32 participants, three were married, eight were in a relationship, and the rest were single. None of the participants had children at the time of the data collection. Sixteen participants self-identified as White-Caucasian, six as African American, five as Latin American, three as Asian American, and two as multiracial. Eighteen participants completed high school, 10 had a bachelor's degree, and four participants were enrolled in graduate school.

The inclusion criterion was the participant's perception of having had a personal experience with sexual risk taking in tourism. The repertoire of such experiences was broad, including casual sex, unprotected sex, sex under the influence of substances, or any other sexual activity that made the participants feel uncomfortable after the act. Participants were recruited via flyers posted in the community and on the University campus, and using a combination of availability and snowball sampling strategies. The interview guide included questions about perceptions of and motivations for sexual risk taking in tourism as well as the awareness of, the necessity for, and the characteristics of effective sexual health education for tourists.

The data collection sessions were audio recorded and transcribed verbatim. The data were de-identified, pseudonymized, and analyzed using constructivist grounded theory. In constructivist grounded theory, data analysis and interpretations are social constructions contextualized in time, place, and cultural values, meaning that the analysis is always conditional, partial, ambiguous, and contingent (Charmaz, 2006). Data analysis progressed through the steps of initial, focused, and theoretical coding, and was supported by the elements of situational analysis (Charmaz, 2006; Clarke, 2005). The analysis was computer assisted, using qualitative data analysis software ATLAS.ti7. First, 216 initial codes were identified and saturated with quotes to map the data. Second, initial codes were organized around the key themes emerging from the data and the relationships between the codes were established to provide a more focused and coherent view of the data. This process was facilitated by the maps of semantic relationships from the situational analysis. Finally, the data and interpretations were analyzed in light of the relevant approaches to sexual health education. The trustworthiness of the analysis was enhanced following the canons of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

3. Findings

The findings point to the importance of developing adequate sexual health education for tourists. Out of 32 participants, 23 believed that such education is necessary, five were unsure, and four were skeptical. Participants who were unsure or skeptical about sexual health education for tourists were not opposed to the idea itself, but they were mainly concerned about feasibility and