People and Health

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Safer sex in tourist resorts

A survey in Torbay, England, indicated substantial sexual interaction of an unsafe kind between young residents and tourists. A pilot programme is described which sought to promote safer sexual behaviour: the attention of both tourists and local people who frequented nightclubs was engaged by peer groups who conveyed educational messages.

Epidemiologically, the transmission of HIV depends on the pool of carriers and on polypartnerism (sexual intercourse or syringe- and needle-sharing with multiple partners). For many young people, tourism means breaking with everyday restraints and gaining opportunities for both social and sexual interaction. Tourism may thus bring about an increase in both the size of the pool of HIV carriers and the rate of polypartnerism, exacerbating the spread of HIV and other sexually transmitted pathogens.

The southwest of England is a major tourist area, and Torbay, with its reputation as a young people’s resort and centre of nightlife, receives about three million visitors a year. The majority of young visitors to Torbay are British, although the proportion coming from abroad is increasing.

Dangerous behaviour

In order to assess the risks of transmission of HIV and other sexually transmitted pathogens, two surveys were undertaken on the socioeconomic life-styles of young people in Torbay and South Devon. A survey of 386 workers aged 16–24 in the tourist industry was conducted in the summer of 1989 (1), and one of 400 residents of the same age group was undertaken in the autumn of the same year (2). Both surveys involved a two-part data collection instrument; face-to-face interviews were held in order to obtain sociodemographic and attitudinal information, whereas a questionnaire dealing with the more sensitive matters of sexual and drug-using behaviour was completed by each participant and handed over in a sealed envelope.
Both surveys revealed fairly reasonable levels of knowledge about HIV and AIDS but poor knowledge of other sexually transmitted diseases. A majority of both residents and tourism workers would have welcomed more information on these subjects. Premarital sexual intercourse was condoned by 99% of both groups and practised as from a fairly early age: 40% of non-virgins claimed to have engaged in sexual intercourse before the age of 16; 60% of 16-year-olds were non-virgins, as were virtually all interviewees in their early twenties. While the majority of residents had either not engaged in intercourse in the last year (24%) or had done so with only one partner (43%), substantial numbers had had sexual intercourse with four or more partners (9%). Only 7% of migrant tourism workers had not engaged in intercourse in the last year, 38% having done so with one partner and 25% with four or more partners. Only 40% of respondents had used a condom during their last intercourse. Furthermore, those who had engaged in intercourse with four or more partners reported the lowest level of condom use (25%). These circumstances represented a considerable potential for the spread of sexually transmitted disease. Respondents who practised casual sex spent much more time than other young people in public houses, nightclubs and discotheques and at parties. Furthermore, this group had the highest levels of alcohol consumption and illegal drug use.

There were substantial levels of sexual interaction with tourists, especially on the part of males. While only 13% of non-virgin female residents had engaged in intercourse with tourists, 40% of non-virgin male residents had done so; the corresponding figure was 74% for male migrant tourism workers, nearly half of whom had engaged in intercourse with four or more tourists. Nevertheless, it was decided not to target activities directly on these workers, so as to avoid negative labelling or stigmatization. The aim was to work towards a strategy for promoting safer sex which would reach residents, migrant tourism workers and tourists alike.

Pilot prevention programme

A pilot prevention programme was developed to assess tourism-orientated strategies for raising the awareness of young people about the risk of infection from unprotected sex and the need to practise safer sex consistently. Since the surveys indicated strong links between leisure life-styles that involved frequent visits to public houses and nightclubs, and sexual life-styles characterized by frequent changes of partner and low levels of condom use, it was decided to concentrate on reaching young people in Torbay’s nightclubs and public houses during the summer. Party nights, based on good humoured fun, were to be organized, and health messages intended to encourage the sharing of responsibility for safer sex between partners were to be issued in selected nightlife venues.

The planning and development of the pilot programme required liaison and discussion with particular groups and organizations, the design and collation of materials, a mass media campaign and the training of peer
informants. Meetings were held with borough and district councils, the Licensed Victuallers’ Association, nightlife venue proprietors, statutory and non-statutory AIDS- and drug-related bodies, foreign language schools and the tourism association. The aim was to inform, receive feedback, and obtain collaboration. Informing certain organizations about the rationale for an HIV/AIDS project in a resort is vital in allaying fears that such a campaign may produce a harmful image. The point was made that the project indicated that Torbay cared about the health of both tourists and locals. Positive responses were obtained from all the groups contacted and this helped to bring about the smooth implementation of the project.

Each of six nightclubs agreed to host a party night at which competitions were to be organized and free condoms and “safer sex” materials were to be distributed. The borough and district councils displayed notices on safer sex and sexual health services throughout the resort.

It was important that the promotional materials, events and competitions should appeal to the sense of humour of people aged 16–24, to whom the campaign was primarily addressed. Posters, tee shirts, leaflets, stickers and balloons used in the project had a common logo (four wise monkeys). Sponsorship for the competition prizes was provided by local and national organizations.

Regional television, regional and national radio, and regional and local newspapers publicized the project. The television companies produced reports based on interviews with holidaymakers and footage of the party nights. A free local newspaper was used to deliver 10 000 leaflets, and two local radio stations announced the dates and venues of the party nights.

The explicit character of some of the materials caused some controversy, which actually proved beneficial in providing extra publicity for the campaign.

The health authority trained 23 volunteers among its employees who were roughly the same age as the nightclub clientele to act as peer informants on the party nights. They were supplied with information packs and tee shirts. Legal advice was obtained regarding indemnity cover for the peer informants, who were to enter the nightclubs on health authority business.

Publicity about the events began to be disseminated a week before the first was held. The six events took place during a three-week period in August 1990, and detailed reports were compiled on each. The public responded very favourably, and during the campaign additional nightclub managers contacted the health authority to ask if they could participate. Unfortunately, this was beyond the capacity of the programme.

The party nights were televised throughout the region, and videos were analysed by health authority staff. Questionnaires were completed by the peer informants. Small numbers of people from the audiences were interviewed and the opinions and assessments of the managers and proprietors of the nightclubs were sought.

Some young people questioned the need for such a campaign on the ground that AIDS had become a less prominent issue than formerly. This demonstrated the continuing importance of sustaining public awareness of the danger.

The disc jockeys in the nightclubs played a key role in the events by running quizzes and other competitions. They were given adequate advance notice of the events and were fully familiar with their purpose and
with the promotion materials. The precise format of each event partly depended upon the disc jockey, who, of course, had considerable experience of relating to the clientele. Five of the disc jockeys felt at ease when talking about AIDS and related matters, but one did not and consequently his event was less successful than the others. Some of the events got off to a particularly good start because the door staff gave out information leaflets as people arrived. Early in the evening, before the nightclubs became very busy, people began to do the crosswords and wordsearch competitions and to fill gaps in their knowledge by reading the leaflets.

The typical young tourist in Torbay spends the early part of the evening in a public house and then goes to a nightclub. In the public houses the peer informants had to make a conscious effort to start conversations; this could be achieved by giving out information sheets or offering to sell tee shirts carrying the “safer sex” logo. By contrast, in nightclubs it was almost impossible to start conversations with strangers on such delicate subjects as AIDS because of the high noise level. Here it was necessary to put up balloons, stickers and so on, to make leaflets available, and to let the disc jockeys run the events.

The peer informants not only felt the events to be worthwhile but also enjoyed them. Several members of the public who attended the events asked the health authority whether they could help with “safer sex” promotional activities. All the leaflets and free condoms on offer in the nightclubs were taken by the clientele, and during the pilot programme the family planning clinic in Torquay ran out of condoms for the first time.

The project proved that “safer sex” promotional events in tourism venues were both feasible and, if handled correctly, readily accepted by proprietors and public alike.

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There is a pressing need for tourism-related “safer sex” promotional strategies in holiday resorts. National mass media messages that address young people in their home areas are unlikely to influence their behaviour when they are elsewhere on holiday. It is important to engage the attention of young people on holiday through approaches that are imaginative and appeal to their sense of humour, and to involve them in both the design and implementation of strategies. Handled with humour and tact, “safer sex” promotions are well received by the young.

It is difficult to assess the extent to which changes in behaviour were induced by the events, but it seems likely that quizzes and competitions can serve to educate people about HIV and other sexually transmitted pathogens in a fairly unobtrusive way.

Clearly, the holiday experience should be enjoyed. At the same time the health risks should be borne in mind.

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References
