



"...not some young tourist"

The male overseas acquired HIV social research study

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Executive Summary

Background

As with the trend in the rest of Australia, the majority of HIV diagnoses in Western Australia (WA) over the past 20 years have been amongst men who have sex with men in Australia. However, a differing trend seen more recently in WA has been the number of HIV diagnoses among heterosexual and homosexual men who acquired HIV while overseas compared to other states. The number of Western Australians acquiring HIV overseas has increased from 41 people in 2002-2004 to 91 people in 2005-2007. The upward trend of overseas acquired notifications continued in 2008-2009 (Combs and Giele 2009; DoH (WA) 2009). While the epidemiological data clearly showed an increase in overseas acquired HIV, there was little information on why the increase was occurring.

The *Male Overseas Acquired HIV Social Research Study* investigated the social, cultural, behavioural and cognitive factors which may have contributed to the overseas-acquisition of HIV by male WA residents. The study used a qualitative approach to collecting and analysing data from in depth interviews with men who had acquired HIV while travelling or working overseas.

The study was a joint project of the WA Centre for Health Promotion Research, National Centre in HIV Social Research, National Centre in HIV Epidemiology and Clinical Research and the Australian Research Centre in Sex, Health and Society and funded by the Western Australian Department of Health, Sexual Health and Blood Borne Virus Program.

Men were recruited through the WA AIDS Council, Royal Perth Hospital, Fremantle Hospital, Northern Territory AIDS and Hepatitis Council and Clinic 34, Darwin. Fourteen men participated in the study during 2008 and 2009.

Summary of Results

Identity as travellers or expatriates rather than tourists

The men saw themselves as experienced travellers or expatriates working and living abroad. There was a consistent pattern in the narratives of distancing their description of themselves from other Australians or Westerners in the country who they believed were naïve tourists, who they considered were often impulsive, culturally insensitive, and created a bad name for the more experienced travellers. For some travellers, there was an aspirational element towards the lives of men who were expatriates.

Expatriate and traveller networks

The social networks of most of the men interviewed were predominantly made up of other Westerners, and the majority of these were Australian. Most men described an experience of rapid immersion into the local Australian expatriate culture, and generally found this easy and welcoming. These became dominant social structures and sites of influence, and were regularly linked to bars and venues associated with Australians.

Most of the men described knowing an Australian or having a referral to an Australian who was already based in the host country before they had travelled there. This person either became the gateway to a broader social network and/or, for a brief time, a mentor to the local culture and social norms.

Experiences of gaining or providing guidance, advice or mentoring among expatriates was often present in the men's narratives, which created a dynamic of support and camaraderie between expatriates and longer term travellers. Men regularly described key people within their networks whom activities and events centred around. Often these were Australian bar or venue owners. Advice would cover a broad range of topics, including where and how to find sexual partners and how to avoid emotional or financial problems with these partners. Only occasionally did men indicate receiving advice about sexual risk and condom use. None of the men identified as sexual tourists and some would counter some of the sexual health advice if it implied that they were only in the country for sex.

Sex, romance, love and money – the Girlfriend / Boyfriend experience

Most of the nine heterosexual men in the study highlighted the different level of attention they received from women in their host country, particularly those who had been in South East Asia, compared to Australia. These descriptions were characterised by anecdotes of engaging conversation, pampering and feelings of closeness in a very short period of time. Men's perspectives ranged from romanticised and trusting through to pragmatic and cautious.

The men described a diversity of sexual experiences and partners, as well as a diversity of how the meaning of these experiences and relationships was constructed. Those men who had accessed the services of sex workers, or believed they knew how sex work services operated in Australia, highlighted what they believed to be differences between Australia and the country in which they were based.

Most of the men felt they had an implicit understanding of the economic reality of some of their partners or potential partners. Generally they wanted to see themselves as 'doing the right thing' and supporting their partner if this was needed but not "going overboard". In this context the negotiation was more about trust and emotion management than about risk management, and the place and meaning of condoms within this interaction could change.

For most of the heterosexual men the context of sex work, as it operated in the Asian countries they had visited, allowed them to cognitively distance themselves from the transactional aspect of sex work. Many of the heterosexual men referred to the 'girlfriend experience', describing contexts of engaging the services and company of a woman for a period of time, ranging from a few days, to weeks, to multiple return trips. Part of the 'girlfriend experience' was the transition in their perception of their partner from someone working in a bar to a companion and friend. None of the men saw themselves as naïve to the context and situation – but some were more willing to cognitively distance it from what they saw as more Western constructs of sex work or place it in what they felt was the cultural context. While sex work contexts were part of the diversity of the experiences, they were not necessarily the majority of the risk episodes resulting in HIV transmission within this sample.

Beliefs about sex workers and non-sex workers in different cultures

The men presented often complex and contradictory perceptions about sex work in host countries. For some men, sex work in Australia was conceptualised as labour. However due to this being perceived as a different experience, they were less inclined to see sex work services within a different culture in the same way. The combined effect of heterosexual men generally wanting to distance themselves from the stereotypical image of Australian tourists or sex tourists; the limited opportunity they believed existed to meet women outside of bar contexts; the degree of attention and warmth they experienced when meeting women in bars; and the normalised behaviour among their peers of being with the same women for a period of weeks rather than be seen as a 'butterfly',

may provide a constant reinforcement of the ‘girlfriend experience’ of building a closer rapport, emotion and intimacy.

Some, but not all of the expatriate-owned bars described by the men, included sex work services or companionship. Most of the men who accessed bar based sex work recognised that the reputation of the venue was an aspect of their decision to use venues, and this reputation was based on the reports from other expatriates. Generally, there were three things which determined if a bar was ‘good’ – a welcoming and familiar environment, a belief that the staff were treated well and a belief that the women were tested for HIV/STIs regularly.

This highlighted a number of assumptions and inaccurate beliefs that could contribute to a reduced personal commitment to condom use. For example some men believed that if sex workers were tested for HIV and STIs regularly and they had met in a bar considered to have a good reputation, then there was less need to use a condom, particularly after a period of days or weeks. For some men this belief could be positioned simultaneously against a belief that if they acquired an infection it was more likely to be from sex with a sex worker than other sexual partners. The minority of heterosexual men had considered transmission of HIV from clients to sex workers; however some men were explicit in their concern about the health of the women and their capacity to maintain their income. These men tended to believe that therefore sex workers would be vigilant in using condoms with most of their clients, even if not with them.

The gay men’s narratives indicated that they were more able to meet a range of sexual partners, and there was less description of a reinforced ‘boyfriend experience’. The gay men were less definitive in their beliefs about those whom they believed to be engaging with sex work and those who they believed were not. Generally they had fewer assumptions about HIV status compared to the heterosexual men. For the gay men who had multiple partners, the differentiation was more about the nature and context of the relationship.

Attitudes to and experiences with condom use

There were three themes which were consistent across both heterosexual and gay participants:

- Difficulties associated with accessing good quality or appropriately sized condoms in their host country, with many describing regular condom breakage due to poor fit or condoms of poor quality material.
- The familiarity and compatibility that had developed between many of the men and their sexual partners, led many participants to feel more relaxed and less concerned about sexual risk. The non-use of condoms often served to establish a sense of relationship and being in a relationship was a key factor in no longer using condoms.
- The experience of being relaxed, feeling the passion of the moment, and/or having drugs and alcohol was seen to contribute to a 'changed head space' where the men were inclined to take more risk or to distance themselves mentally from their usual condom use and concern for STIs.

Other themes included:

- The peer norms within the narratives about sexual health and condom use among the Australian or Western heterosexual men were inconsistent, but tended towards not using condoms. The influence to not use condoms was characterised by a mix of peer norms, personal circumstances and intentions or behaviour of their sexual partners.
- A minority of the heterosexual men's narratives referred to sexual partners with whom they explicitly saw no reason to use a condom, due to their partner's age or infertility and the context in which they had met.
- While many of the heterosexual men knew at one level that people with HIV or STIs can look and be healthy, they nonetheless made decisions about unprotected sex based on such perceptions, often linked to hygiene and interpreting physical cleanliness with physical health and being disease free. The men felt these assumptions were reinforced by the assumptions made by the local women as well.
- While heterosexual participants indicated they were willing and able to initiate condom use in most settings it seems that it was more often the women who actually initiated the condoms. However Australian gay men were more likely to initiate condom use. In some settings men (gay and heterosexual) described their partners being offended about being asked to use condoms. In these circumstances it was the minority of heterosexual men who described insisting on using condoms.
- Most of the gay men had very high levels of knowledge and experience with condoms. The descriptions of sexual experiences when condoms were not used in their host country were described as moments of passion where condoms had either run out, had broken or where they had forgotten to bring them to the situation. While the descriptions may be similar episodes of unprotected sex in Australia in regard to desire and pleasure contexts, these narratives were also characterised by difficulties the men experienced in translating safe sex cultural norms and assumptions in Australia to different cultural contexts where condom use was less common.

Experiences with and seeking testing for HIV and STI

Most men understood that HIV rates might be higher in the country in which they were travelling but the epidemic was generally seen as distant to their own lives with a number of assumptions about who would have the infection. The gay men were more likely to have had a previous HIV test and more likely to know someone who was living with HIV, though generally not in their host country.

Some of the heterosexual men were not tested for HIV until some years after their likely transmission of HIV, and either their own or their partner's illness triggered an HIV test. For others their own seroconversion illness soon after the infection triggered an HIV test. Others were tested as part of work-related testing when they returned to Australia. The minority of men, heterosexual or gay, were tested for HIV while in their host country.

Barriers to being tested in their host country included:

- for gay men, having to explain sexuality or sexual behaviour to a doctor in a foreign country where homosexuality may be illegal or culturally discriminated against;
- no knowledge of where was an appropriate place to be tested;
- lack of confidence in local health services;
- low testing rates among locals due to cost or stigma and so little awareness of who to ask;
- low testing rates or discussion about testing among traveller and expatriate networks.

None of the men described any encouragement from peers, locals, sexual partners or STI testing services to have an HIV test at any stage while outside of Australia.

Typology of Experience and Perspective

Four types of experiences emerged from the data analysis. These were based on the men's perceptions and intentions prior to and during their time in their host country. While there are similarities across the groups, each provides an insight into the diversity of the perspectives and the relationship to meaning and assessment of risk in their lives.

Going native...but not a local:

These men reported finding a place they felt more connection with at a social, cultural and experiential level than Australia. There was a sense of becoming local but not a local - there was still an underlying sense of difference. For these men, there was an aspiration to become more aligned and connected to the host country, and these men had the strongest views about respecting the local culture as they understood it. Often forming a relationship with a local partner was an important part of feeling connected, and was characterised by managing trust in relationship terms rather than risk in sexual health terms.

Escaping and finding a new self or life:

These men reported stronger feelings about being far from home and their previous life than their positive feelings about their host country. For most the travel was seen to have clear end point, rather than a long term lifestyle change. For others, it was linked to a process of 'starting over'. For these men, the focus was on managing a new life or change in life rather than managing risk.

A fantasy realised:

These men considered their host country to be like a fantasy land, an outlet from their life in Australia or at work. Experiences they would normally consider indulgent were normalised around them. For these men, the fantasy was not exclusively in the sexual contexts, but was also

as much about the adventure of the country, the lack of safety limitations they experienced in Australia. These men found themselves in an environment where risk was normalised, and being risk averse was the antithesis of what they were experiencing. It was more about managing a fantasy than managing risk.

Living a life less ordinary:

For these men it was a sense of living life as an adventure and of actively seeking experiences. These men considered themselves confident, resilient and had experienced many countries and occupations. Their travel was generally work-related and had little long-term connection with their host country. These men were not pursuing an escape or a short term fantasy – but were living an ongoing lifestyle of travel and adventure. For these men risk was a relative concept. They saw themselves living and working within risky contexts and situations, and risk was something to be managed, accepted and for some pursued, but certainly not avoided.

The perspectives were either about change in themselves or in their environment, or a distancing of themselves from a previous life or a type of life. Overall, it should be noted that to take on the lifestyle or experiences these most of these men pursued were not characteristics of risk-averse people. For some of the men, embracing risk was articulated in response to a significant period of time being risk averse, while for others there was little indication that they had ever been particularly risk adverse.

Summary of Recommendations

This research contributes to but does not provide all answers, and has highlighted significant challenges to HIV prevention programs. In the following table the recommendations for policy, research and program have been summarised into the following areas:

- targeting expatriates and travellers most at risk;
- engaging with expatriate and traveller networks;
- differences in the context of heterosexual and gay community;
- HIV testing;
- the role of sex worker organisations in further research, policy and program development;
- other cultural groups, populations and contexts affected by HIV and mobility; and
- ethical challenges.

Recommendation Area	Policy Recommendations	Research Recommendations	Program Recommendations
Targeting expatriates and travellers most at risk	<p>Focus travel campaign priorities to experienced and most at-risk travellers and expatriates rather than all travellers generally, based on a ‘most at risk population’ policy approach.</p> <p>Ensure policy and program initiatives remain consistent with the good practice principles and values of effective sex worker, MSM and PLHIV health promotion programs and approaches, and support the reduction of stigma and discrimination.</p>	<p>Recruit members of the target group to discuss possible interventions and approaches for their peers.</p> <p>Test travel-based campaign resources with frequent travellers and expatriates rather than travellers generally.</p> <p>Liaise with key relevant community organisations and other stakeholders to ensure strategies complement in-country initiatives, particularly in regard to sex work, MSM and PLHIV programs.</p>	<p>Strategies explicitly targeting travellers who consider themselves experienced should be developed to complement other traveller health strategies, including the role that experienced travellers can play in influencing other travellers.</p> <p>Include travel contexts within general sexual health promotion campaign materials.</p> <p>Develop resources for travel medicine and other testing sites highlighting that experienced travellers may be at increased risk and how also how experienced travellers can play an important role in influencing other travellers.</p> <p>Use the above strategies as a first stage of engagement with experienced and frequent travellers.</p>

Recommendation Area	Policy Recommendations	Research Recommendations	Program Recommendations
<p>Engaging with Expatriate and Traveller Networks</p>		<p>The strength of these findings has led to the WA Department of Health commissioning a pilot study to look at the social networks which exist amongst Australian expatriates in South East Asia (particularly Thailand). The study aims to guide potential interventions, particularly at the peer, network and social influence level that have been successful in other communities affected by HIV. The progress and findings of this study should be carefully monitored.</p>	<p>Investigate opportunities to engage with opinion leaders from traveller and expatriate networks within Australia, with the aim of influencing social norms and attitudes that peer networks may be reinforcing such as:</p> <ul style="list-style-type: none"> • access to HIV testing; • what sex work means within different contexts; • barriers that locals face in accessing HIV testing; • own capacity to transmit HIV and STI. <p>These strategies may include:</p> <ul style="list-style-type: none"> • peer-based media stories with a focus on longer term travellers • investigation of online networks of travellers and expatriates • partnership with possible venues, settings or networks. <p>Based on the above research and program development work, investigate the utility of a combined research and intervention study using a community development and social networks study approach.</p>
<p>Differences in the context between heterosexual environments and gay community environments</p>	<p>Support advocacy endeavours to increase access and quality of HIV testing in key regional countries.</p> <p>Support advocacy endeavours to increase programs targeting MSM in key regional countries.</p>	<p>While there were many common areas, there were also some important differences in the social norms and beliefs between the heterosexual men and the gay men. This study only recruited a small number of gay men to the sample and would need to be supplemented by more targeted and focused research about gay culture and networks in various countries in the region.</p>	<p>Maintain and where possible increase the incorporation of travel contexts within programs targeting gay men.</p> <p>Development of explicit strategies targeting Australian gay men who are planning to travel abroad, or who have recently travelled abroad, particularly to higher HIV prevalence countries.</p> <p>Investigate the potential for collaboration with in country programs working with MSM.</p>

Recommendation Area	Policy Recommendations	Research Recommendations	Program Recommendations
HIV testing	Invest in the time it may take some time to develop appropriate collaboration within countries. Review HIV testing guidelines, travel medicine services and travel health insurance policies and develop recommendations for health promoting policies	Investigate testing options in different countries to be promoted through peer-based networks and resources	Establish well targeted HIV testing campaigns that normalise HIV testing among travellers and expatriates returning from countries with higher HIV prevalence. Promote understanding of the impact of HIV stigma on the testing patterns of locals and expatriates.
Role of sex worker organisations in key countries in the region in further research, policy, and program development	The active partnership with sex worker community health and advocacy organisations needs to be part of an ongoing approach to further work in research, policy and program development to ensure effective and non-stigmatising responses.		
Other cultural groups, populations and contexts effected by HIV and mobility		Further research needs to include the experiences and perspectives of: <ul style="list-style-type: none"> • people from high prevalence countries returning to those countries on visits; and • sexual partners of people travelling from or returning from high prevalence countries. 	
Ethical challenges			With the active partnership of relevant community organisations, ethical challenges of responses need to be carefully explored in the development of any short and long term initiatives.

Community Response (Straight Arrows)



Straight Arrows, established in 1995 is a not for profit organisation governed by and for heterosexual people living with HIV and is Victoria's leading agency for heterosexuality and HIV.

We offer peer support, information, advocacy, health promotion and referrals for HIV positive heterosexual men, women, their partners and families.

As the leading heterosexual peer based PLHIV organization in Victoria we welcome the *Male Overseas Acquired HIV Social Research Study*. This in-depth study into the social, cultural, behavioral and cognitive factors that may have contributed to the overseas acquisition of HIV takes a much needed look into the world of the Australian overseas traveler.

This phenomenon is not restricted to the Western Australian community but is prevalent throughout Australia as a number of Straight Arrows members can attest and who clearly acquired HIV whilst overseas.

Vincent and I both acquired HIV while residing and working in Bangkok in Thailand. In fact 40% of Straight Arrows present Board members acquired HIV while overseas.

As an Australian heterosexual male who lived continuously for 12 years in Thailand, having acquired HIV there, received antiretroviral treatment there, and experienced the self imposed exile that follows being diagnosed there this study gives a true and accurate insight into the traveler and expatriate communities existing overseas.

The conclusive data presented within this report clearly points to an increased need for an awareness campaign targeted towards the traveler communities as identified in the study.

As well as the need for the implementation of targeted awareness campaigns within Australia, Straight Arrows would like to see the Australian embassies participate within any in country actions that may be employed in the future. The embassy provides a safe and secluded environment at which the Australian expat community could be encouraged to participate in STI and HIV prevention campaigns targeted towards the traveler groups they service. Functions for Australian citizens with business interests within host countries are regularly held at the Australian embassy and the embassy would be an ideal location to facilitate the launch of Health Promotion Campaigns.

The embassy could also directly offer contact details to citizens for clinics and hospitals recommended for STI and HIV testing. It could also offer a safe and secure location for people to have access to STI and HIV information flyers and booklets including contact information for organisations that can assist people on their return to Australia.

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Unfortunately, we know of Australian travelers within South East Asian countries being pregnant and HIV positive but not being aware that the Australian embassy could offer them assistance.

In 2004 the Australian embassy in Bangkok saved my life by assisting me in returning to Australia for treatment. The embassy staff was thoroughly committed to the task of getting my back to Australia as quickly as possible. They were always kind, courteous and professional throughout their endeavors and their quick response to my situation resulted in the saving of my life (Wayne).

As a leading PLHIV organization representing the heterosexual community within Australia Straight Arrows welcomes the opportunity to respond to this report. We also hope that we will again have the opportunity to express our thoughts in future reports of this nature.

Vincent Christian (President)

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Formed in 1989, Scarlet Alliance is the national peak body of sex workers and sex worker organisations, projects and groups in Australia. Through its aims and objectives, Scarlet Alliance works to achieve social, legal, political, cultural and economic justice for past and present sex workers.

As Australia's leading authority on sex work issues, we appreciate the opportunity to comment on the findings of the *Male Overseas Acquired HIV Social Research Study*.

While not questioning the methodology or outcomes of this research, we do have some concerns around how this information may be perceived and interpreted.

Sex workers are subject to debilitating stigma and discrimination, often as a direct result of the countless myths and stereotypes surrounding their occupation. One of the more prolific is the image of sex workers as 'vectors of disease'. Even in countries like Australia, where sex workers have consistently shown lower rates of HIV and STIs than the wider community, the myth that sexual activity with a sex worker presents an increased health risk still persists.

This stigma should be kept in mind when considering any research based on self-reported sexual activity with sex workers. Where a person has had sex with both sex workers and non-sex workers in the given time period, there is a tendency to automatically ascribe any ensuing STI/BBV transmission to the sex worker, under the assumption that sexual activity with a non-sex worker is inherently lower risk. On diagnosis of HIV, medical professionals also may not investigate the possibility of transmission from a non-sex working partner once the patient has admitted to engaging a sex worker in a high prevalence country. Contact tracing might not occur in this situation, so the assertion that the infection was transmitted in a sex industry setting goes unchallenged and unproven.

Another possible area for misinterpretation is the comparisons this paper inadvertently makes between the sex industry cultures of Australia and South East Asia, arising from comments made by clients who have visited sex workers in both countries. Claims that Australian sex workers are 'cold and clinical' compared to the 'girlfriend experience' offered by SE Asian sex workers does a disservice to sex workers in both countries and demonstrates that sex industry stereotyping exists even within groups closely associated with sex workers, such as their clients.

The suggestion that sex workers in SE Asia are less ‘professional’, less concerned about their own sexual health, more easily persuaded into performing unsafe sex acts and more likely to form “relationships” with clients that extend beyond paid sex, says more about clients’ own misunderstandings of the local culture than it does about sex workers. While this type of situation may occur in some individual circumstances, we believe the overall perception held by these clients is built largely on the myths and stereotypes that exist around sex workers in SE Asia - misconceptions that also extend to SE Asian sex workers working in Australia.

Put very simply, clients visiting overseas sex workers are on holiday. Rather than negotiating short, clearly-defined services from Australian sex workers, they are engaging in longer-term ‘holiday romances’ with paid ‘girlfriends’ in a relaxed vacation environment, which offers a much greater potential for boundaries to be crossed, professional lines to become blurred and miscommunication and misunderstandings to occur.

Lastly, we are quite concerned that some clients interviewed have attempted to pass the responsibility of transmission onto the sex workers in question. We would like to take this opportunity to remind readers of this paper that sexual health is a shared responsibility and that, if it *was* the case that a sex worker did not insist on condom use, the responsibility then falls on the client to protect themselves from the possibility of transmission, as it does with *every* sexually active person.

We thank you again for providing us with the opportunity to give feedback on this paper and hope that our comments will facilitate a better understanding of the complexities of sex industry research.

Sincerely,
The Scarlet Alliance Executive Committee

Community Response (WA AIDS Council)

The Western Australian AIDS Council (Inc) was established in 1985 to provide a community-based response to the HIV/AIDS epidemic in WA. It continues to provide a range of services aimed at preventing the acquisition of HIV and services for people living with HIV.

For the past five years, HIV epidemiology in WA has shown a marked trend towards the acquisition of HIV in settings other than Australia. Understanding the circumstances of how men acquired HIV in overseas locations will assist and inform the Council in its formulation of strategies and interventions targeting expatriates, travellers and tourists. The Council welcomes the rich information contained in this study and is very appreciative of the men who took the time to participate in this study.

In formulating strategies and interventions, it is imperative that any people living with HIV or people at risk of having HIV, either in Australia or overseas are not demonised or stigmatised. This is particularly true of women, who may or may not be working in the broader sexual services industry and are at risk of being cast as 'the problem'. It is clear that the factors which led to HIV acquisition are many and varied and they all need to be taken into account when developing strategies.

It is also important to understand that men who live and or work in another country are part of a different cultural context and that health messages must be delivered in a sensitive and non-offensive manner. The study suggests that there may be community based opportunities or ones which use formal and informal groups and settings for information dissemination, skill building and community capacity building. This is worthy of further exploration including the possibility of joint partnerships between Australian and overseas organisations.

This research shows that in some circumstances it was possible, if not likely, that men may have put others at risk of acquisition of HIV because of the infrequency of HIV testing. This means that interventions must include the concept of shared responsibility, where Australian men are encouraged to consider the health and well-being of their sexual partners, not just themselves. This may also include strategies for increased testing regime for travellers and treatment of STIs, either overseas or in Australia.

It would appear that sexual health messages which men are exposed to in Australia have an impact on their perception of HIV risk. Indeed the men's perception of risk was directly related to the perception of risk in Australia. For instance the gay men in the study had a heightened awareness of HIV risk compared to the straight men. It is possible that there are opportunities to improve men's knowledge of HIV risk whilst they are in Australia.

The WA AIDS Council is pleased to be involved in ongoing efforts to reduce the acquisition of HIV in overseas settings. This study will lead us to developing more targeted responses. More importantly, we are keen for these efforts to have a positive impact in overseas settings where local communities benefit from prevention programs.



Patricia Langdon
Executive Director
Western Australian AIDS Council



1.0 Background

As with the trend in the rest of Australia, the majority of HIV diagnoses in Western Australia (WA) over the past 20 years have been amongst men who have sex with men in Australia. However, a differing trend seen more recently in WA has been the number of HIV diagnoses among heterosexual and homosexual men who acquired HIV while overseas compared to other states. The number of Western Australians acquiring HIV overseas has increased from 41 people in 2002-2004 to 91 people in 2005-2007. The upward trend of overseas acquired notifications continued in 2008-2009 (Combs and Giele 2009; DoH (WA) 2009).

Asia, and more specifically Thailand and Indonesia, were the most commonly reported countries of acquisition (Combs and Giele 2009). During this period, there has been a significant increase in the number of Western Australians travelling overseas, underpinned by a rapidly expanding local economy due to a resource industry boom (ABS 2007). Travel data also show that those from WA are more likely to travel to Indonesia and Thailand than those from other Australian states, with travel to Thailand more than doubling since 2003 (Combs and Giele 2008; ABS 2007).

From January 2000 to June 2007, for those reporting overseas HIV acquisition, there had been a total of 159 newly diagnosed HIV infections reported in WA, and of these 123 (77%) were male. Of the 123 male overseas-acquired HIV notifications in WA in this period, at the time of diagnosis:

- 29 (23%) were in the 30-39 year age group, 32 (26%) were in the 40-49 year age group, and 30 (24%) were in the 50-59 year age group;
- the most common country of birth was Australia (36%; n=45) followed by the UK (15%; n=19);
- the most common place of HIV acquisition was Thailand (32%; n=40) followed by Indonesia (11%; n=14); and
- the majority (64%; n=79) acquired their infection via heterosexual contact while 23% was through male to male sexual contact

While the epidemiological data clearly showed an increase in overseas acquired HIV, there was little information on why the increase was occurring. Although many studies highlighted the links between travel and sex (Hughes and Bellis, 2006; Memish and Osoba 2006; Mercer et al 2007) most UK, USA and European quantitative research examined sexual risk behaviour whilst travelling including: number of sexual partners, frequency and consistency of condom use, testing and travel advice for sexually transmissible infections (STIs) and blood-borne viruses (BBVs) (Benotsch et al 2006; Egan 2001; Hamlyn et al 2007). There was limited research to examine the social, cultural, behavioural and cognitive factors which may contribute to the increased rates of infection among men who travel abroad for work or leisure.

2.0 Research Aim and Methods

Aim

The *Male Overseas Acquired HIV Social Research Study* aimed to investigate the social, cultural, behavioural and cognitive factors which may have contributed to the overseas-acquisition of HIV by male WA residents to inform the development and implementation of government and community health promotion policy and programs.

Methods

The study used a qualitative approach to collecting and analysing data from in depth interviews with men who had acquired HIV while travelling or working overseas.

Reference group

A reference group was established to guide and advise the development of the research and its protocols, and ensure relevant clinical, community and people living with HIV (PLHIV) involvement. Representation included staff from the research team, relevant clinics of Royal Perth Hospital and Fremantle Hospital, the WA AIDS Council (WAAC), the Sexual Health and Blood-borne Virus Program of the WA Department of Health, as well as a representative from the research group of men who had acquired HIV while travelling overseas.

Ethics for the research was granted by the Curtin University of Technology Human Research Ethics Committee, and approval for clinic and agency staff to promote the study was provided by Royal Perth Hospital, Fremantle Hospital and WAAC.

Recruitment of participants

The criteria for recruitment and enrolment in the study were that the participants were male, had acquired HIV in or after the year 2000, and were resident in Australia prior to acquiring HIV. This study was not targeting PLHIV who had acquired HIV prior to living in Australia.

Recruitment was primarily through programs and services accessed by PLHIV, in particular WAAC, Royal Perth Hospital and Fremantle Hospital.

A range of referral and promotional resources were developed for staff at the above services for distribution to men who met the recruitment criteria. The promotional material invited men who were interested in participating in the study or in learning more about the study to contact Dr Graham Brown at the WA Centre for Health Promotion Research. Letters with promotional material were also sent to general practitioners (GPs) who had diagnosed men with HIV who had been travelling overseas.

These resources included a DL sized promotional card, accompanying letter and business card enclosed in an unlabeled envelope. An email based on the promotion material was also provided to services to forward to clients, with a link to a web site for more detailed information. The promotional material outlined the scope of the study, the confidentiality of any participation, and how to contact the project to get more information or to express their interest in participating. Client details were not provided to the research project team by the participating services or GPs.

Participants had to volunteer to contact the research project. The services only increased awareness of the study among their client group and did not enrol any participants in the study, and were not advised about who may or may not have expressed interest to participate in the study.

Due to recruitment taking longer than originally planned, and to similarities in the epidemic of overseas acquired HIV, participants from the Northern Territory were also recruited. The Northern Territory AIDS and Hepatitis Council and Clinic 34 in Darwin permitted their staff to promote the study to relevant clients in Darwin to be interviewed. During a visit to Darwin, one face-to-face interview was conducted by the interviewer. Another Darwin based participant was interviewed on the phone. The research protocols used in WA were maintained for the Darwin recruitment.

Data Collection

Men who contacted the research project to express interest were given additional briefing about the study, including the confidential and voluntary nature of the study. They were then asked if they were prepared to take part in the study. If they agreed to participate, an interview was arranged at a place and time chosen by the participants. Where possible, interviews were conducted face-to-face, but telephone or online interviews could be negotiated, if required. Immediately prior to the interview, participants were again briefed about the study. The interviewer highlighted that participation was voluntary and that the participant could withdraw at any time during or after the interview. Informed consent was then sought. The consent form was signed or confirmed digitally for telephone or online interviews. Participants were offered a shopping voucher in appreciation of their participation and this was provided at the commencement of the interview. Recruitment commenced in April 2008 and ceased in January 2010.

The semi-structured interview schedule was developed by the research team and tested for content validity with relevant members of the Reference Group. Questions in the semi-structured interview schedule included, but were not limited to, the following areas:

- reason for being overseas;
- which country/ies they were visiting, working and/or living in;
- circumstances at home/in WA at the time they were overseas;
- meaning of being overseas within their particular context;
- meaning of the particular setting / context overseas and how this compared to Australian settings;
- believed mode of transmission of HIV;
- relationship contexts in the host country and in Australia;
- whether they previously knew that the person from whom they acquired HIV was HIV-positive;
- knowledge about HIV at the time of their infection and the source/s of this information;
- perception of the risk of HIV acquisition given their personal circumstances and behaviours while they were overseas;
- whether they identified particular behaviours or events that they thought had led to their HIV acquisition;
- constructs of masculinity and risk in the context of travel;
- other knowledge, attitude, beliefs, values, context and setting based constructs related to their experiences overseas; and,
- other relevant information that contributed to understanding how they became infected with HIV while overseas.

The interview schedule was adapted, as necessary, in response to the themes emerging from the ongoing data analysis throughout the data collection. The interviews were recorded on a digital voice

recorder, and ranged in length from 60 to 120 minutes. Interviews were transcribed verbatim and then de-identified.

Data Analysis

Symbolic Interaction (Blumer 1969) provided the theoretical perspective and analytical framework. Symbolic Interaction examines how humans interact symbolically with their environment, other people and with their self identity, and in doing so make decisions about risk, themselves and their actions (Charon, 2001). The development of a self occurs during this interaction, and the development of a new self identity can occur during this interaction. This theory directed the investigators to examine meaning in different settings, the role of the generalised other and reference groups in shaping meaning, and the way individuals presented themselves in different contexts. This included investigating how travellers interpreted and gave meaning to symbols and actions in relation to their interaction with environment and settings, cultural contexts, and other travellers and locals (Crotty 1998). The analysis used an adapted form of grounded theory, originally conceived by Glaser and Strauss (1967) and further developed by Corbin and Strauss (2008). In essence, grounded theory draws understanding and the development of theory about the area under investigation from the data collected, building the theory through a process of constant comparison of themes and concepts as the data is collected and analysed (Corbin and Strauss 2008). Interview transcripts were entered into NVivo 8 which allowed for coding and cross referencing the interviews, and the generation of categories, nodes and concepts for analysis and comparison.

Limitations

There are a number of limitations that should be considered when interpreting the findings:

- The study was a qualitative study to gain insight into the range of experiences and contexts that may assist in guiding health promotion programs and policy. The sample was a purposeful sample of men aimed at recruiting men from a range of experiences and characteristics, and was not to determine the proportion of men who had particular characteristics, experiences or lifestyles, for which a larger representative sample would be required.
- The study did not include any travellers who had immigrated to Australia as adults and were returning to their country of birth, or any short term visa holders residing in Australia.
- The perspectives and experiences provided are as the men interpret and recall them. The data is intended to gain an understanding of the meaning of contexts and situations from the participant's point of view. Interviews were not conducted with the men's partners or with the different groups that the men spoke about. These included locals within the host countries, sex workers, or other tourists, travellers or expatriates who have not acquired HIV, who may have different understandings and experiences.
- The sample includes men who felt comfortable to describe their experiences to the researcher, and may or may not be representative of the experiences of men who did not participate in the study.
- Further interviews with men who have acquired HIV while travelling or working overseas may generate additional or contradictory themes in the future.

3.0 Overview of Sample

Fourteen men volunteered and participated in the study. Generally, the age, sexuality and travel experience distribution of the men was consistent with the epidemiology. The following table provides an overview of the research sample.

Location of interview	Perth – face to face	11
	Online – international	1
	Darwin – face to face	1
	Darwin – Telephone	1
	Total	14
Sexuality Identity	Heterosexual	9
	Gay	5
	Total	14
Reason overseas	Work related	7
	Holiday / Leisure	7
	Total	14
Age	20 – 29	1
	30 – 39	3
	40 – 49	4
	50 – 59	3
	60 or over	3
	Total	14
Country of birth	Australia	10
	Europe	3
	Asia	1
	Total	14
Citizenship	Australian	14
Year diagnosed	2003 - 2006	7
	2007 - 2009	7
	Total	14
Year believed HIV transmission occurred	2000 - 2004	7
	2005-2009	7
	Total	14
Region HIV transmission was believed to have occurred	Asia	11
	Africa	2
	North America	1
	Total	14
Self identified relationship status when travelling	In a relationship	1
	Single – previously married	5
	Single	8
	Total	14
Times travelled overseas	2 – 5 times	3
	6 – 10 times	2
	11 or more times	9
	Total	14
Times travelled to country where HIV infection was believed to have occurred	1	3
	2-5	3
	6-10	5
	11 or more	3
	Total	14

4.0 Results and Themes

4.1 Introduction

This chapter provides an overview of the key themes drawn from the data analysis. These include an overview of general identity and socialisation of the men, through experiences with relationships, sex workers, condoms, HIV testing, HIV status disclosure and an overview of a typology of men drawing together their perspectives about risk in their lives.

NOTE: The names of the men have been changed to maintain confidentiality. The age group, region where the participant believes HIV transmission occurred and sexual identity are indicated in brackets at the end of each quote. Some of the terms used by the men in their descriptions of their experiences may be considered derogatory to various groups or may be inaccurate. These terms have been unaltered within the quotes to maintain the integrity of the data but are not used within the discussion. While some of the men used terms such as girl or boy, these were used in a colloquial sense. None of the men who participated in the study described sexual experiences with partners under the age of 18.

4.2 Identity as travellers or expatriates rather than tourists

All of the men had travelled many times previously or had been in their host country for some years prior to when they believed they acquired HIV. None of the men saw themselves as tourists, rather as travellers or as foreigners living in the country. The minority of the men used the term 'expat'. Most of the men actively described efforts to distance their sense of self from what they perceived as tourist behaviour. Further, they attributed positive experiences to not limiting themselves to activities, behaviours and attitudes they associated with short term tourists.

Ted described his experience when travelling with a friend looking for a bar that was not associated with sex work. After a few adventurous 'false starts', and in an effort to not travel as 'tourists', he and his friend took a side street, believing they had moved away from the tourist area and feeling close to the local community.

And we saw the main street there, so we're walking down the main street and we saw lots of tourists and I said to J, 'Hey J, there's all tourists here. Do we want to go where the tourists are'? He goes 'Nah, not really'. I said 'Let's go down here, see where it goes'. So we did a left hand turn and started walking down this street. And I suppose we'd gone down about 3 or 400 metres or something like that and people started to look at us. You know white men. Don't normally see people like that. And then we saw this little deli type thing if you like to call it that which had a little veranda upstairs So we sat down at the table and the owner spoke English. And he came over and said hi. And he said 'Come for a beer mate?' Yeah, yeah. Let's have a beer. Bought a couple of beers. 'Where you from?' So we started to talking to him. You know and sat there. You know bought me a drink, you know. And his wife come over and she couldn't speak any English, so she was asking questions and he was interpreting. And obviously back again the next thing the neighbour comes up. Well within about 20 minutes there was about a dozen people around the table.....you don't get that by staying out with the tourists (Ted, 60+, Asia, Heterosexual)

The majority of the men in the study spoke about undergoing a transition from being a tourist to being a traveller or expatriate, and the changes in their self perception and in the way they saw their peers. Some men spoke of changes they experienced within themselves as they became more familiar and connected to their host country, often this sense of connection would build over a number of trips. Tom provides a good example of the shift from tourist to regular traveller and, for Tom, within three years he had moved to Thailand:

I went twice a year for 3 years. Early April and November. Between work, for 3 years. The gentlemen I had working for me, they actually told me I'd changed. I was unhappy being back [in Australia]. They'd virtually sensed my humour had changed and they told me 'Boss go to Thailand'. That's what I spoke about for the last 12 months I was here. ...Well, I just changed, I wanted to go back again. (Tom, 50+, Asia, Heterosexual).

For Ronald, who was working in a fly in fly out context¹, using Thailand as a base, the experience grew over a number of visits as he began to become more settled and familiar in his host country.

When you first go there it's so different and amazing and everything, well I was anyway. I was full on into the party side of it, cashed up and you know, looking for a good time basically. But when that wore off a bit, yeah I wasn't there so much for that. It was more the people and just the place and just the whole attitude of the place is nice. (Ronald, 30+, Asia, Heterosexual).

Generally the men saw themselves as being experienced within the host country within six to twelve months or within a few trips. Most men were critical of people who believed they had experienced a country with only one trip. However, some were explicit in highlighting that although they felt they understood the country more than a tourist, they were not as experienced as an expatriate living in the country for many years. Calvin provides a good example of this middle ground between a naïve tourist and an experienced expatriate that many of the men saw themselves inhabiting.

Like I said, I've lived in 6 different countries and that's what most frustrating is to talk with people who just go into a country like you can do these days, you jump on a plane and you go to a different country in 10 hours and you make assumptions on that first sight that you see. I've got friends there, the last time I talked about it to him, he lives in Phuket he's been there 6 years, he said I'm starting to understand how Thai people think, after 6 years, so you know, it's not on two week holiday there, where you spend your days round the swimming pool, like I've seen some people do, and just go out of their hotel at night to have a meal, and come back to the hotel, and they say they've been to Thailand (Calvin, 40+, Asia, Heterosexual).

While some men were more experienced than others, for most men there was an aspirational aspect to their perceptions. They wanted to see themselves as respectful to the local people and culture, though the understandings and engagement with local culture varied considerably across the sample. Some men also expressed aspirations to be more like the expatriates they had met, and with whom they regularly engaged, frequently deferring to their judgement and advice. There was a consistent pattern of distancing their description of themselves from other Australians or Westerners in the country who they believed were naïve tourists who were impulsive, culturally insensitive, and

¹ 'Fly in – fly out' refers to a work schedule, often used in mining and resource industry, where employees are flown in to the rural, remote or off shore work location for a period of two to four weeks work and then flown out of the location for a similar period of off work. Employees do not necessarily fly to their home location but often have the option of flying someone else of similar distance for their relaxation. For WA this may mean Thailand or Indonesia instead of returning to Perth.

created a bad name for the more experienced travellers. This perspective was consistent across all the men regardless of age or sexuality, and the following quotes are good examples.

You can kind of tell just by the way they act in the society so yeah you get annoyed at other foreigners (Brad, 20+, Asia, Gay).

But one day this Australian woman came up with two kids. And she started bartering with S's friend to get these 3 massages. Her and the two kids. Well I felt absolutely bloody ashamed. Because she got it down to \$2.00 for the 3 of them. \$2.00 – if she dropped \$2.00 on the floor, she probably wouldn't even bend down to pick it up, you know. And I thought you..... You know so that – that sort of stuff really annoyed me when I saw that because you can be generous. You can be generous. (Ted, 60+, Asia, Heterosexual)

The men regularly described how their own and their traveller or expatriate peers' actions, facilitated engagement with the local culture, and that the way they treated the local people was different from tourists. Many of the men reserved their strongest disappointment for Australian tourists who they not only distanced from themselves but from their broader friendship networks of Australian travellers or expatriates.

Most of the regulars that I knew pretty much lived there. Yeah. I met other foreigners that were tourists, rather than travellers. And so that was a completely different world.Tourists view the sites, travellers eat the food and learn some of the basics of the language. They're actually experiencing it rather than looking at it.....I consider it, the idea of going to a country and not being able to say hello, please, thank you and count to ten, I think that's the height of ethnocentric arrogant insensitivity. That's just rude. (Christian, 40+, Asia, gay)

I loved to get out and talk to the locals. Be part of the community, especially if I was travelling alone. I mean I was not some young tourist who just wanted to get drunk and party. (Ted, 60+, Asia, Heterosexual)

Many of the men expressed a sense of pride in not being a tourist. The more they knew of the local language, had local friends and the more connected they felt to the community (be it the expatriate community or the local community), the more separate they felt from tourists. However, despite wanting to see themselves as non-tourists and engaged with the locals, only two of the men interviewed were fluent in the local language. These two men tended to view some of their expatriate friends as less experienced and aware and saw their own capacity to engage in the local community (as opposed to mainly just the Western community) as well as their capacity to barter or negotiate. as significant.

I knew just my boss, before I got there oh and one of the guys that came and worked over I knew from before but I made, because I speak the language and no one else in the company does, well no one else, the white people, I made friends, like I knew half the nightclub owners and the restaurant owners and I've got a lot of friends there now (Anthony, 40+, Africa, Gay)

It's like people say, how come you know so much about Indonesia Gerald? Not only HIV or just in general, I said I studied the Koran for two years, if I can understand the Koran I can understand what the people are doing and I need to know what the people are doing because I'm (profession) working in the wilderness and I'm in the villages and I know, gotta know my danger areas you know. Which there isn't really any, so it doesn't matter, but at least if you can say some Islamic phrases, you'll get more fried rice you know. Or you know if you can say

a good Islamic phrase, you might get a root for half price (laughs) (Gerald, 50+, Asia, Heterosexual).

4.3 Expatriate and traveller networks

General

While many of the men aspired to be culturally connected to the local community in their host country, for most men the majority of their friends were other Australian or Western expatriates or other regular foreign travellers who spent time within expatriate networks. These networks served as dominant social structures and sites of influence, and for some men like Brad, created a sense of separateness from their world back in Australia:

So you know you're kind of in your own little community anyway and you just kind of ignore what's happening in the rest of the world.....Like foreigners who are just kind of there, who are working there (Brad, 20+, Asia, Gay).

Most men, regardless of host country, described how Western travellers and expatriates would tend to socialise within their own nationalities and a strong sense of camaraderie, even exclusion, would develop:

Yeah you see it in the restaurants you go to and there the French will hang out with each other, Moroccans, Australians, it's a bit racist but yeah that's how it works. They all hang out together (Anthony, 40+, Africa, Gay).

The minority of men interviewed, and generally those working in education, described multiple nationalities within the peer networks. However, the mix of nationalities was still generally western. For example Brad, who was working with a group of fellow Westerners, described a very close friendship group which developed:

But I used to go out a lot cause it's just what you do in Tokyo. You can go out any night of the week. So it was really social. Lots of other foreign people and you just kind of go out and drink.... There was a group of us which all started together and well by the end of it there was just 2 other girls and me left and they, 1 of them is still there. 1 left just after me so we had Japanaversaries and stuff....Your anniversary when you first come to Japan..... We all pretty much started and did orientation and training together but they were at different schools so. We were all pretty close... (Brad, 20+, Asia, Gay).

Most men described an experience of rapid immersion in the local Australian expatriate culture, and generally found this easy and welcoming. This was regularly linked to bars and venues associated with Australians. Ronald's description of quickly locating a bar where he felt a level of familiarity and peer connection with other Australians working in a similar field:

I mean I went from one to the other really, when I first went there. I was new and didn't have much experience and you know, other guys did.... Well if you were in the industry, you were pretty much friends already sort of thing. So it's quite easy to strike up a conversation with another guy in the industry or whatever (Ronald, 30+, Asia, Heterosexual).

These social networks also became cliques of close friends and there were some descriptions of minor resistance to new people joining the group, on the basis of that they were inexperienced and

had not yet settled in. Brad, who was less linked to Australian specific bar contexts and more to general Western expatriate networks, provides a good example:

After about 2 years you stop wanting to meet new people. You kind of just get in your own little niche cause you know lots of people. The turn over's so high. You're meeting new people and then the next month you're saying goodbye to them. It just gets too hard so you stick with your own friends and people who have been there quite long and you just kind of meet them through people who have been there a long time and yeah. That's kind of how, lots of people get like that so the new people kind of stick together until they kind of, have experienced all the cultural differences... then we've all done that and we get tired of hearing about it. ... They've done it, they don't want to hear about it again and again and again so yeah..... Well I think we were very selective but most people about after a year they kind of. You kind of know about after a year if they're going or if they're staying (Brad, 20+, Asia, Gay.)

Acceptance into one of these social groups or network served as evidence that they had progressed from naïve to experienced and connected travellers. The active separation of experienced and inexperienced travellers reinforced the men's sense of themselves as different from tourists. For the men who were regular travellers but not expatriates, there tended to be an aspiration to have the experiences of those who lived in the country and to share in the life they were creating around them. For Charles, this was evidenced in the way he described the key role of expatriates in the party culture he participated in while in Thailand.

I've been to Thailand half a dozen times. I know the guys that own the clubs so I get wholesale rates on drugs and get invited to the best after parties... Most of them were bastard blessed expats. I mean there's, you know, you've got whoever your boy is at the time, but we'd always go to, you know, he'd be the one that'd organise the parties, and there'd be the more ex pats there are at parties, the better the party is (Christian, 40+, Asia, Gay).

Guiding, Advising and Mentoring

Accounts of gaining or providing guidance, advice or mentoring were frequently present in the men's narratives. There was a consistent narrative of guiding, mentoring or giving or receiving among Westerners and in particular fellow Australians. This context of advice, guidance and mentorship was understood to create a dynamic of support and camaraderie between expatriates and longer term travellers. Most of the men described knowing an Australian or being given a contact or referral to an Australian who was already based in the host country before they had travelled there. In general they were only one or two contacts and they were male. Typically they became the gateway to a broader social network and/or, for a brief time, they became a mentor to the local culture and social norms. Gerald described seeing this pattern on a regular basis across a number of countries and cities:

Well they go there because they've heard from someone in Australia, oh if you go to Jakarta, run into L or E and they'll tell you how to do everything and where to go and what to do (Gerald, 50+, Asia, Heterosexual).

Don described how he found himself taking on this role as he became a more established traveller to whom other people looked to for advice. For a number of the men, being asked for advice was presented as evidence that they were experienced and had a solid grasp on the culture and contexts within the country:

Recently I suppose I found I've been meeting up with people through other people you know I've got a friend that's going to Bali you're going to be over there, do you mind if they give you a call. No, fine. So then I end up taking them to certain tourists' places or take them to places that tourists don't go to. You know make sure that they're comfortable and put them in touch with the right people so they're not going to get ripped off. Give them a sort of little quick guidelines on what to do and what not to do (Don, 40+, Asia, Heterosexual).

Tom provides a good example of someone who considered himself to have been mentored as he transitioned from traveller to an expatriate, and once he had purchased a bar of his own would endeavour to play a similar role for others:

A good friend of mine who had a marriage breakdown many years ago ... I had a phone call from him saying 'come to Thailand, it's paradise'. He said I'm married; I got a lovely little daughter. Book for a month, stay at my place, I'll show you the ropes and then you're on your own..... He taught me right from wrong right from the word go.....showed me, what to do, how to go about it, what's this, who's this...There's lady men, the men that have changed to ladies and all this, and how do you pick em..... I listened to an expert who's been there and done it you see... Who's been through the experiences, like anything, if someone's done something, and he's trying to tell ya don't do that cause I got caught, if you don't listen then you're silly..... I tried to do that for guys who first come across when I was in the bar, save them wasting time cause they get left behind. I tell the guys, I'm only telling ya what happened to me. I was taught by a master. (Tom, 50+, Asia, Heterosexual)

Tom referred to the friend who had mentored him when he first arrived as a 'master', an expert who had set him up on a good path and limited the chance of Tom being taken advantage of. Tom felt he was obliged to then support and advise others, seeing himself now as perhaps 'graduated'.

For Anthony, it was an aspect of his paid job to show fly in fly out workers around and to know the good locations and venues within the community he was based. Anthony took pride in his reputation as someone who had good links with the local community:

I also was the one if any of them wanted to have a night out on the town, I'd happen to be in town at the same time, I'd take them out and show them you know one of them said, one of the guys who worked for the drilling, mining company he was, it was New Year's Eve and he was flying out and had finished with the company, I took him out properly and he said if he'd actually had me as his tour guide or whatever, more he would have actually stayed with the company longer and worked there longer because had more of a grip on what was happening....We just didn't go to the one strip bar, I took him to, you know showed him all different nightclubs, we got to hang out, not just with hookers and strippers, we hung out with locals you know. Yeah because otherwise all they do is hang out with strippers (Anthony, 40+, Africa, Gay).

Advice the men received and provided was generally about how not to be a 'dumb tourist' and to respect the culture (Rick, 60+, North America, Heterosexual), how not to get 'ripped off' or 'taken for a ride' by locals (Byron, 60+, Africa, Heterosexual), how to meet a 'nice girl' (Tom, 50+, Asia, Heterosexual) and so on.

Men regularly described key people within their networks whom activities and events centred around. Often these were Australian bar or venue owners. At other times they were other members of a well connected social network who had events and gatherings or local businesses and were recognised by other expatriates as sources of good advice and 'inside knowledge'. Christian

described his experiences in the Bangkok nightclub scene and how a usual night would progress and the key role played by one of the expatriates in his network. Within the description, Christian again makes comparisons between an in-crowd and an out-crowd, distancing himself from those events or people not 'in the know':

After the club closed everyone would come up to X to find out where the after party was.... But it was never at his place. They were very, very rarely, but whoever was hosting it would make sure that X knew. Cause they'd want X to be along, or to bring his drug dealing friends along.I only went to events or after parties, or parties, or anything, cause the clubs close at two, so everyone it was always the after party, you don't go out until 11 and then you're there for two hours. And wait for the drugs to kick in and then you'd go to the after party for the fun. So I imagine that I mean the couple of times that I did go to events that X wasn't involved with, or wouldn't have turned up at, no, they didn't seem as well organised, or coherent. There were ones that occasionally I'd meet people, or even tourists, actually I do remember meeting a tourist or two and seeing if they'd want to come along and realise that they're just, you know, they really had to have the right attitude to drugs, otherwise they weren't interested in going along to the party (Christian, 40+, Asia, Gay).

Ronald described how stories about relationships with women in Thailand would be shared within the networks he belonged to. It was common across the interviews for stories about relationships to be positioned as advice and guidance:

There's lots of stories you used to hear about, you know, guys getting ripped off by their girlfriend or whatever. They'd get a place and fill it up with furniture and go back to work and then come back and she's disappeared or whatever.

Where would you hear those sort of stories?

Just around the, like the hotel, the [local western hotel] maybe, or at work also. Just when you're sitting around, quiet time at work, swapping war stories I suppose..... vast majority of any information like that I ever got was from workmates and guys that I'd have a beer with in Thailand. Either at work, during a quiet period, or sitting around the bar somewhere in Thailand.....Guys that worked for different companies or guys that worked for the same company on different boats. Or occasionally someone from the same boat as me. (Ronald, 30+, Asia, Heterosexual)

In many cases other travellers, expatriates and friends played a significant role in how participants perceived the host country. For example Anthony, described the strong influence of his manager, who was also a friend and with whom he had a close working relationship on his perception of the host country. Even when Anthony felt confident within the country and was providing advice to others, he continued to see his manager / friend as more experienced:

One thing you learn in Africa though is when you stay there you think after few months, I found this, my boss said, he lived there for 15 years, he goes you think you've got it after a couple of months, he goes and what you will learn is they've got a million ways of ripping you off and the longer you stay there the more you realise you don't and I found that, like I thought I had my handle on it but I hadn't (Anthony, 40+, Africa, Gay).

The advice would include explicit information/guidance regarding sex work within various host countries, particularly which venues to patronise. This would be based on assessments of the quality of the venue and the staff working there. Gerald considered himself to be a provider of advice for new travellers and expatriates to keep them 'out of trouble', and which sex industry venues to utilise was just one aspect of the advice:

I would tell people, ex-pats what to do, what not to do, this is how you live in this country, you don't buy this, you don't buy that, you don't go here, you don't go there, you know.....If someone new would come along, you get that bus ticket to there and you buy that train to there and don't fall asleep on the train 'cause they're going to drug you and steal all your gear and again if you're rootin' prostitutes, well you know you go to the bars where the girls are fairly clean and the whole system's sort of a little bit of management there you know (Gerald, 50+, Asia, Heterosexual).

Gerald, like a number of the men, described how the advice and networks would extend while he was not in the country, and the regular sharing of information on venues and events:

Do guys share those stories a lot around what are the better places, better environments that kind of thing?

Oh yeah look if there's a new place, if there's a new place tomorrow in Jakarta, I could get an SMS on me phone here tomorrow. The boys'll say don't go to MB, we found a new one, it's fuckin' legend. Because they're building new ones all the time. (Gerald, 50+, Asia, Heterosexual).

Only occasionally did men indicate that advice about sexual risk and condom use was offered or received. For some of the men underpinning the advice about which venues to access was the assumption that good venues always used condoms – however this was not consistent. While not common there were some examples where explicit advice about condom use was offered, as described by Benjamin:

Like I met a sensible 45 year old guy that was there was a sex tourist sort of thing and he would know everything. Which bars to go to and which one was bad – make sure you don't fall in love because it is all about the money – remember that – it is all about the money. But you are given all this – 'and make sure you wear a condom'. This was actually in the Philippines when I was there doing what I was doing. It was taken in – it was all sensible stuff and that.....All the clichés and that.....He was an Aussie guy who popped up in one of the Aussie bars there and looked like a wise old head who had been there a lot of times. He could see that I was new and that the way I acted. ... He had his words of advice prepared. And it was good to take it on board and probably stuff... I was going on about the Filipino girls and 'oh man I met this really good one' and he could see that I was over there for more than sex potentially, you know. So he was keen to shoot that down in flames just so that I didn't get expectations. Or if I was getting expectations just to be aware a lot of girls are just purely after the money and thatYou don't know their culture and they don't know your culture (Benjamin, 30+, Asia, Heterosexual).

However Benjamin described how in his own mind he would counter some of the advice, especially if the advice that was presented implied he was only in the country for sex. Benjamin described how the discussions would be quite extended with friendly arguments over a number of drinks as he felt the advice was possibly too cynical:

But there is a lot of girls doing it, genuine nice girls enforced into it and looking for a nice guy to get them out of the country. Or genuinely looking for a guy the same as a lot of guys coming over here are not purely after the sex they are looking for a girl that is a bit different to the blokey chicks that you get back home and that. And we would argue about stuff. Back and forth (Benjamin, 30+, Asia, Heterosexual).

While most of the men tended to describe the camaraderie amongst their peers in glowing terms, this was not universal. A minority of participants suggested that these networks and friendships had limitations and that support did not extend far when put to the test. For example, Gerald felt the network of friends had failed to support a group member when he needed specific support in a relationship situation. This man was reported to have later committed suicide. GI felt that the focus on alcohol and drug use in the social scene had contributed to the negative outcome of the situation:

There was a bloke in C, West Java about three years ago, committed suicide, Aussie guy you know, and he come up and he'd been up you know when he come up he hung off of the ex-pats and ex-pats turned him into an alcoholic and a drug user and I think he was trying to get away from that you know. And then he fell in love... had a baby that wasn't his, had a second baby that wasn't his, fuckin' freaked out and hung himself you know. Well he didn't get much good support from his expat mates did he? ... I turned up and I said, oh fuck W died, what happened? ... I said you couldn't see W was going to hang himself... you should have told him to walk out of that [relationship] years ago you know (Gerald, 50+, Asia, Heterosexual).

It is worth noting that while the men generally considered themselves to be confident and resilient, and that their networks of friends strong, only two of the participants indicated they had disclosed their HIV status to any of their expatriate friends.

Australian and expatriate bars as a focus for peer socialisation

Many of the men described how the socialisation with other travellers and expatriates focused around Australian owned bars, and a rapport with the bar owners and patrons developed:

Well there's a hotel in Phuket called the [local western hotel] and that's owned by a guy that used to work in the seismic industry, so you'd always see guys there that you'd worked with or knew But there's always people I knew up there and that, sort of centred around that hotel. (Ronald, 30+, Asia, Heterosexual)

Initially, Tom spoke about this from a patron's perspective, but then from the bar owner's perspective. Tom also spoke about the mutual respect Australian bar owners had for each other, and the tightness and rapport within the network:

I was in the south of Phuket where there's 300 bars.....There's a hell of a lot of Europeans and Western World people live there doing the same thing. So you get to know a lot of people in the bar scene. Friends come to my bar, I take friends to your bar, you scratch my back I'll scratch yours kind of thing. That's how we operate, that's how you survive through the low season... You meet some beautiful people, that's just the lifestyle mate.There's mutual respect, if there's someone not pulling their weight they get left out, and um, the other guys'll just keep generating round in a circle and keep your head above water, make sure you're still there (Tom, 50+, Asia, Heterosexual).

The men provided a number of descriptions which indicated a level of social structure and hierarchy within the expatriate and the Australian bar owner networks. However, even within some of the Australian or expatriate bars, there were separate groups and networks. Gerald provides an example of an interaction between himself and his friends – who he saw as staying in the country long-term and fly in fly out oil rig workers and what he saw as typical behaviour:

I was in Bali only three weeks to go...and we went into the expat rig worker's bar you know and they're just like looking at you going, who the fuck are you, you know. And they're just

being dickheads and annoying the waitresses and being obnoxious and rude and got their prostitute long time girlfriends hanging off 'em you know and you just go, fuck you guys are weird. We're all from Australia, we've come in to say hello, okay your dick's not big enough you know or your hair's too long or something. Yeah rig pig workers you know (Gerald, 50+, Asia, Heterosexual)

The men also described how once they had found their favourite local bar in which they tended to socialise, they would also receive advice about the women within the bars to whom they should direct their attention. One common assumption was that those women who were believed to have fewer partners were more likely to make better companions as they were less in demand:

With us, the experience in the bars, I'll tell guys, don't go with her, she's no good, she's beautiful. Yeah but she's got 10 guys, all she wants is money. I tell guys leave the sexy ones, talk to them, buy them a drink, but don't take them out. Look around the bar and look for the second class girl and casually dressed, sitting in the corner, no gold hanging off her, and show her that little smile, and wave her over... ..and she'll come across and say I'm T, would you like a drink, and just slowly slowly attack that one.. And you'll find they're 100% better overall than the skimpy ones. Cause the nice looking ones, everyone wants the nicest looking girl in Thailand, everyone wants the best looking girl in the bar. So she's the go every time. Get the second class, that's what my master told me (Tom, 50+ Asia, Heterosexual).

Summary

The majority of participants saw themselves as travellers or expatriates. They articulated a strong desire to distance themselves from the identity of tourist whom they saw as naïve, disrespectful of the local culture and only interested in sex. While all participants engaged in sex when in the host country, sex was explicitly rejected as their central motivation for travel or engaging in the nightlife of the host country. Entry into the local culture was facilitated by social networks of other foreign travellers and expatriates, particularly other Australians. These networks, including key people within them, were highly influential and provided guidance on how to manage the local scene, including where to meet sex partners and good bars and clubs. While these networks were important sources of advice, particularly to those new to scene, there was limited discussion of safe sex and HIV in these contexts. Membership of these networks also reinforced a sense of not being a tourist. While the majority of men saw themselves as seeking experiences beyond 'mere' tourism, only some moved beyond relatively superficial engagement with the local culture. The expatriate and traveller networks were one way in which they created a sense of belonging and distance from the naïve traveller or tourist and acted as a sort of limbo space between being 'other' and being 'local'.

4.4 Sex, romance, love and money – the girlfriend/ boyfriend experience

More than half the men in the study (eight men) described their intentions and experiences in what could be described as romanticised, trusting or in ‘saviour’ terms. These men were explicitly open to, had pursued or experienced what they saw as relationships while in their host country. For some the relationship extended beyond their travel. While these accounts do not indicate that they were naïve to the social and cultural contexts, there was a tendency to view their partners, or desired partners, as different to other women or men in the environment and trustworthy in ways that other locals or specifically potential sex partners were not. Some of the men also described how they assisted, even rescued, their sexual partners from what they saw as poverty or negative sex work lifestyles. These men tended to reconcile situations in which they may have been taken advantage of as being the result or caused by these circumstances.

The remaining six men described their experiences in more pragmatic terms, with little reported interest in relationships and more of a focus on issues of being ‘careful and sensible’ with money and emotions. While these men described situations of close and intimate experiences, there were also explicit descriptions of issues of distrust, protection, being careful to not become too emotionally involved and being careful about money. While some of these men had experienced situations where they felt they had been ‘ripped off’ financially by a sexual partner, or ‘taken for a ride’ emotionally (particularly among the heterosexual men), this was equally likely to be driven by stories from other travellers or expatriate peers.

Eight men described participation in relatively explicit sex work contexts, most within what they described as bar environments rather than what they believed to be brothel environments. While highlighting the non-quantitative nature of the sample, it should be noted that the study included equal numbers of experiences of pragmatic and romantic perspectives within sex work contexts.

Table 2: Descriptions of sex work contexts		
	Sex work contexts reported	No sex work contexts reported
Categorised as Pragmatic / cautious / distancing	4 men	2 men
Categorised as Romanticised / trusting / rescuing	4 men	4 men

For most of the men, the circumstances and context of the relationships were felt to be more intense and rapid in their development than what they had experienced in Australia. This reinforced the sense of being far from home and feeling involved and connected to the country and separate from the short-term tourists.

Most of the nine heterosexual men in the study highlighted the different level of attention they received from women in their host country, particularly those who had been in South East Asia. These descriptions were characterised by anecdotes of engaging conversation, pampering and

feelings of closeness in a very short period of time. This was regularly compared to previous partners they had in Australia or other Western countries:

They're small things, you know like, she'd cut her nails like this, and then she'd casually take my hand and cut my nails, I never had that from my [ex]wife, she never did things like that. So all these things goes to your heart. And you feel really attracted to these sort of people. And you take care of them too, because they take care of you, you take care of them more than you might do with a Western woman (Calvin, 40+, Asia, Heterosexual).

Calvin, as with a few of the men, described a higher level of 'interdependence' in his relationships with women in Thailand, compared to his relationships in Australia or with other western women. Other men, such as Tom, also described how quickly they felt an intimacy with women they had met within the bar environments:

You go to a bar and talk to a girl and within the hour you feel like you've known her for ten years, how they can talk so openly and quickly together and then you feel like, I've known her for a long time, and then you can talk about anything you want to talk about, try and relate (Tom, 50+, Asia, Heterosexual).

The five gay men's experiences had some similarities, with some men describing increased attention compared to Australia. However, this was not the majority as was the case with the heterosexual men.

The men described a diversity of sexual experiences and partners and differences in how they constructed the meanings of these experiences and relationships. Of the eight men who described sexual relations with sex workers (six heterosexual and two gay), only four men, all heterosexual, believed they acquired HIV through sex with a sex worker or partners working in a bar-based sex work context. Another two men described sexual partners who were travelling in the host country but who were from another high prevalence country. This highlights the complexity of the experiences within the sample. While sex work contexts are part of the diversity of the experiences, they were not necessarily the majority of the risk episodes resulting in HIV transmission within the sample. Further, what may have started as a sex work situation, was not always understood as sex work, because of feelings of intimacy and connection, particularly if the relationship continued beyond one or a few evenings.

However, one important theme that requires further exploration within the sex work context was the experience referred to as the 'girlfriend' or 'boyfriend' experience.

Girlfriend/boyfriend experience

Eight of the fourteen men in the sample (six heterosexual and two gay) described sexual partners whom they met within bar-based sex work contexts, all within Asia. The men highlighted the difference between the bar environments in their host country in Asia and environments in Australia. However, only a few reported using sex work services in Australia. Many of the heterosexual men referred to the term 'girlfriend experience', describing contexts of engaging the services and company of a woman for a period of time, ranging from a few days or weeks to multiple return trips.

They call it 'girlfriend experience'. And it really is like that. (Benjamin, 30+, Asia, Heterosexual)

Those men who had accessed the services of sex workers, or believe they knew how sex work operated in Australia, highlighted the differences between Australia and the country in which they were based.

Benjamin's experience was consistent with those of the other men, but he described it most clearly. Benjamin felt the bar environments he accessed in Asia had more in common with meeting and picking up a women in an Australian nightclub and the attitudes and assumptions that go with that, than being similar to his experiences with sex workers in Australia. For most of the men, it allowed them to cognitively distance themselves from the transactional aspect of sex work:

When you have the girlfriend experience... you don't feel like you are soliciting a prostitute, but technically you are. You are being a sex tourist in doing what you are doing and she is a prostitute in doing what she is doing. But you feel like you are walking into a bar, chatting up a chick, you are buying her drinks and that and your/her mates are around – everyone feels good, everyone is dancing and having a good time..... It is like going to a nightclub [in Australia] and pick up a girl and you get along with her fairly well and condoms will go out the window. But if you are seeing a sex worker the first thing you do is wear a condom Whereas over there it is like that nightclub experience... so you have that sort of mindset. It's like a falling in love mind set. It's something that might go somewhere... You let your defences down with alcohol and the mix. The fact that you are on holiday. You don't want to know that everything is too tough... no matter how sensible or smart you are. Where as when you're visiting a working girl here [Australia] it is very clinical and you pay the money. They all come out and they all sit there There is no romance in it whatsoever. I have an urge – you have an urge for my money. Let's go and bonk for half an hour and any extras you pay extra and things like that. Whereas over there all that is cloaked in a more of a romantic sort of thing. It makes you feel you are not doing what you are doing..... you don't feel like you are with a working girl. (Benjamin, 30+, Asia, Heterosexual)

None of the men saw themselves as naïve to the context and situation – but some were more willing to distance it from what they saw as more Western constructs of sex work or place it in what they felt was the cultural context. Calvin provides an example of how he explained the context to a friend.

I was going around with a Canadian woman there in Phuket, and she was like eyes open, she said, "are they all prostitutes." I said no, don't call them prostitute, that's a nasty word, I said these girls, they work in a bar, like they work in a bar in Canada like anywhere else. Now if they want to go with someone that's up to them, but there they are never forced to go with anyone. They work in a bar and I've went to a few bars where I've seen some girls never went with anyone. They just work there. You buy them a few drinks and they're quite happy to have a chat to you, but that's where it stops. Some will, but only if they want to, if they find the man attractive enough for them or not, or if they need the money enough, so it's a different scene all together. (Calvin, 40+, Asia, Heterosexual)

Part of the 'girlfriend experience' was their perception of the transition of their partner from someone working in a bar to a companion. This was consistent for male or female partners. However, it was more frequently described by the heterosexual men.

The descriptions were characterised by spending time with someone they could talk to, have meals with, go shopping, negotiate accommodation, go on tours and so on. Someone they enjoyed being with over an extended period of time. There was an emphasis in the descriptions about how the relationships changed from sexual to companion:

Yeah guys think they've got, it's easier, they go alright there's a chick, we're normally older, like you say we're 45, 50, we've been there before, we know the system. You can go get a chick and bang in Phuket and you get one out of a bar and you go, yeah she's alright. Normally we pick the older ones you know, look okay 4,000,000 a month, or 4,000 baht a month or whatever the you know, and she'll go yeah that's fine, she moves out of the bar so you don't have to pay your bar fine and she lives with you. She gets you your food, she washes, and does whatever and then that whole sexual side of it doesn't turn into a morning, afternoon, night radical orgy. It's to have someone around that can help you buy things, get to some different spots, some other spots and you have company (Gerald, 50+, Asia, Heterosexual)

They are good fun and that. They are good in bed and stuff and they are attentive and that [but] you want to do other stuff. You want to play golf and have a good time and eat out at restaurants and have good food there. And if you are with a girl who knows the ropes it makes it a lot easier. Find one that has a good sense of humour and that have a good laugh and that. Yeah it's good for a week or two. But it works out well – you take her out for dinner and at the same time you are not getting ripped off with what you are spending if you were on your own and doing things under your own steam, you probably would be. So it just makes – it anesthetizes you (Benjamin, 30+, Asia, Heterosexual).

The comment by Benjamin that the experience “anesthetizes you” was consistent with the descriptions of many of the men when they tried to describe the distancing from a sex work transaction which they associated with safe sex and being ‘on guard’. to an experience of companionship. This was consistent for both the heterosexual and gay men who had partners who were sex workers. In particular, the men in Thailand would describe how, over a very short amount of time, the nature of the relationship changed and a friendship formed. As described later this had implications for the use of condoms and HIV testing, particularly among the heterosexual men. Men described experiences of moving or travelling to a separate location away from what they saw as the bar district to quieter areas such as resorts or meeting their partner’s extended family in their home village.

When reflecting on their experiences, some of the men who accessed sex workers displayed a level of conflict between how they saw themselves and their sexual behaviour when in their host country compared with when they were in Australia. Ronald provides a good example of how the men saw their experiences as normalised around them at the time and had not previously seen themselves as someone who would be involved with multiple partners and/or sex workers:

Oh I'm a much different person now than what I was. I think I've got a few more morals or something now. But it never used to bother me back then.... I see it as basically you're up there taking advantage of fairly young girls, like younger than you, 18-20 year old girls that are desperate for money, come from somewhere that's really poor. So chances are they're not into it, they just want the money. And it's not quite, it's not right, you know?... ...I wouldn't do that here. I wouldn't do that here. It was alright to do it over there but it's not here. So that tells me that it's wrong, you know?..... And I mean it's pretty weird to me now, because it surprises me that I was ever into something like that, you know? (Ronald, 30+, Asia, Heterosexual)

For other men there was a clear desire to position themselves as willing participants and respectful, with the possibility that the relationship would develop further. As described earlier, some of these men, such as Benjamin, had described previous experiences of loneliness or relationships which had broken down:

...Because if you are not in love with someone – you need something to make up for that. Or you need something to keep you stimulatedAnd when you first meet, they make you feel like you are Brad Pitt and they can be all over you. By the same token too you lap it up and if you are a half way decent person yourself you will treat them with respect and if it does go down the right path then they are not going to become a bitch once you get married. And you are not going to be ashamed in anything you have done in lapping up their attention because you have been genuine yourself (Benjamin, 30+, Asia, Heterosexual).

Economic reality and the ‘moral rescue’

Most of the men felt they had an implicit understanding of the economic reality of some of their partners or potential partners, reconciling what they perceived as the focus on money and economic circumstances was part of the cultural context. It was within this context that the men generally felt an obligation to assist where they could. Benjamin provided a good overview of the sort of reconciliation that many of the men had reached:

They look at it like a potentially a budding romance. Because they are so hard up there and they want to hook up with a foreigner and if it works out as a love thing then all well and good. But primarily it is the money and they are all supporting family and stuff like that and they’ve got six kids and the husband has run off. There is a sad story behind every one of them. But if I am being up front and honest and say look I am not going to marry you – it’s just a bit of fun. But there is money and that and I am doing the right thing with you in terms of what I am saying to you. I am not going to say we will get married and lead you down the garden path and shit like that... ..And whether she is after your money, that’s not obvious all the time..... But they twist it around and make you feel stingy for not giving them money. But like I say it is a different culture. The guy is expected to fork out and buy dowries and that and it’s clinical and that and they will hook up someone in the same status and that. Whether they are in love or not is secondary. It’s weird (Benjamin, 30+, Asia, Heterosexual)

Both heterosexual and gay men described how the relationship was an ongoing negotiation heavily influenced by differing economic, cultural and power dynamics and assumptions. Over a short period of time the men felt they were agreeing to explicit or assumed ground rules, finding out more about their partner and vice versa. The men generally wanted to see themselves as ‘doing the right thing’, supporting their partner if necessary but not ‘going overboard’. However, the men were also cautious and there were descriptions about being careful and not being ‘taken advantage of’. In this context the negotiation was more about trust and managing emotions than about sexual risk management, within which place and meaning of condoms could change. Men described clear patterns of how a relationship would develop based on their own experiences or the shared experiences of others. The men, such as Tom below, generally implied that you had to be in the country for some time to understand the context of the relationships. Advice was generally focused on financial and emotional risks:

If the girls knows you’re single, or you say yeah I was married, I had a wife and kids but I’m divorced now for 5 years, she’ll think well I got a chance here so I’ll try and persevere with him and if he’s a nice guy and I can treat him nice and he’ll treat me nice, there’s something there at the end of this holiday and the next holiday then I’ve got a chance, and bang, that’s how they think... .. It’s a dog eat dog country and you’ve gotta live there if you wanna pick a nice lady eventually. You gotta stay there for quite a period They might have three, but a guy that’s regular and comes back to see her and treats her nice and everything she’ll then push the other two aside and start talking about commitments. Some guys with a lot of

money will go and spoil them, they buy them gold, bahts of gold..... When they go home and there's bahts of gold hanging round their neck, their mum thinks it's an ATM, just keep pressing the button and the money'll spit out..... And there's other guys that'll do it the right way, and the girls'll appreciate it better. Say I'm not a millionaire, but I can do this and do that, and a girl with a lot of thought who wants to go home eventually with this guy will appreciate it. Some girls just use a guy up, chew him and spit him out. (Tom, 50+, Asia, Heterosexual)

Some of the men saw themselves as pragmatic in their self identified cynicism and critical of men who they believed were willingly 'blind' or naïve to the reality of the relationships they into which they were entering. The criticism was generally focused towards men who they saw as naïve, rather than critical of the actions of the women (and men) working in bars or other contexts:

And then silly people give them heaps of money and get angry when they go rootin' someone else. You can't lose your girlfriends in Phuket you know, you can only lose your turn (Gerald, 50+, Asia, Heterosexual).

Other men, such as Calvin, was critical of the cynicism they saw in expatriates and felt their partners had not been the manipulative characters they had been warned about, rather they perceived themselves to have formed friendships:

I was surprised a lot of the guys were really dinkum and even the ones who I formed a sex buddy relationship with were the sweetest guys, they're not all manipulative and using, they are really lovely characters and good characters so that changed my opinion because some of the expats were really cynical old bastards and they had 'these boys were only out to use them' so they just used the boys and they were really callous. (Charles, 50+, Asia, Gay)

Whether or not the context included sex work, the men travelling in developing countries often spoke of the desire to assist and support local people, including sexual partners, with whom they became involved. However, a few of the men, such as Anthony below, described situations where the need for support overwhelmed their emotional and financial capacity:

Always from the time you meet them they are talking about coming over here or their financial situation, can you help them get a job or, yeah straight away, saving people, you realise as soon as you get there you can't save everyone, which I actually got really personal when I went back the second time because [I knew the language] I hear a lot of the hard luck stories and I get every man and their dog, I've paid for abortions over there for kids that aren't mine and actually gone with them so they don't get ripped off, I've paid for blood transfusions for people's kids, all sorts of things years ago, because I'd basically get every hard luck story on my doorstep and it's quite depressing, it's quite overwhelming and I was actually in tears one day, because it had just, I couldn't, I realised I couldn't keep up it was draining too much emotion from me (Anthony, 40+, Africa, Gay).

Many of the heterosexual men could simultaneously hold negative attitudes to sex workers in Australia and positive or 'saviour' attitudes to sex industry women in Asia. For most of the men who accessed bar based sex workers, they saw them as women or men who were looking for a way out of their circumstance and often the descriptions of the more romanticised men included reflections on the local culture and religion.

...But they don't see themselves as a working girl.....The Buddhist mentality is like 'I have to live through this in this life to make my next life better'.....So they see it as a stepping stone

until a better life. So they turn it into a positive in what they are doing and certainly don't feel bad about what they are doing in lots of ways. It is a different culture, different religion, different everything (Benjamin, 30+, Asia, Heterosexual).

Summary

While the majority (though not all) of men were in one way or another providing some form of financial benefit to their sexual partners, there was a tendency to emphasise intimacy and the social aspects of the relationship/interaction and de-emphasise the commercial or transactional nature of the relationship. There were strong narratives of romance, intimacy and rescue in the accounts of these men. Yet the majority of men were not naïve about the economic dimensions of the situation but rather understood these as an aspect of the culture and the radically different economic circumstances of their sexual partners and not exploitative or manipulative. Some men had used the services of sex workers in Australia, but many had not. Nonetheless many made distinctions between Australian sex workers and Asian sex workers.

4.5 Beliefs about sex workers and non-sex workers in different cultures

The participant's beliefs and assumptions about sex workers in Australia tended to influence aspects of their beliefs and assumptions when in their host country. For example, most men, whether they accessed sex worker services or not, assumed that if someone had an income outside of a sex work context, were educated, affluent or older then they would not be working as a sex worker.

Assumptions about HIV prevalence among people working in sex work varied considerably across the sample. Some men considered sex workers to be vigilant about safe sex and, because they tested regularly, might be less likely to have HIV. Others felt that if someone was not a sex worker then they were unlikely to have HIV or STIs. These beliefs tended to be consistent with assumptions they had about sex workers in Australia.

Similar to around half the men, Calvin would generally not use terms such as sex worker and even less so 'prostitute' as he felt they devalued the women and the relationship that was formed. However, he was clear about the context of the relationship and its financial elements, and would differentiate 'women who worked in bars' from other women:

I went with some women who worked in bars, but the longest girlfriends I had did not necessarily work in bars. The last one I had, which I suspect is the one that might have infected me, she was a teacher, she was a teacher at school..... so she was quite an educated woman. (Calvin, 40+, Asia, Heterosexual)

A number of traveller men felt that it was more difficult to meet women outside of bar contexts. They believed women working outside of the bar context were less likely to want to meet them because they would assume that they were only interested in casual sexual encounters. In addition, men described having fewer opportunities to meet women outside of the bar context:

But there is a big difference between working girls and general girls.... If you are a westerner over there – you are perceived to be over there for one thing if you haven't got a girlfriend. If you have got a local girl she's deemed to be a prostitute and you are deemed to be a sex tourist. And like I say if you are single then you are looking for it and are over there for the

one thing.....They are friendly if you are in shops and things like that. But they won't go out of their way to talk to you..... I think it's a lot more difficult to meet a girl that's not working [in a bar], you know just a girl that's working in the chemist or the bank or something.....You just get the impression that they are completely unapproachable whereas the working girls are completely approachable. (Benjamin, 30+, Asia, Heterosexual)

Most men who spent time with sex workers they had met in bars in their host country described the positive experience they had of being with the same man or woman for a period of time. However, some of the heterosexual men also described the pressure to not be seen as a 'butterfly' – someone who moved from one woman to another:

If you screw around – or if they become aware that you are going from girl to girl... you get known as being a butterflyIf you have been their customer they say 'oh you butterfly – hate you – go away'.....It's so much more intense over there with everything..... They are not possessive as such but it is like mock possessiveness I guess because you have been their client they feel financially at leastThey feel a bit put out and it makes them feel less desirable. 'If you slept with me you should stay with me, because I can't be that good if you are going off with all the other girls'. They lose face and face is very big over there. Even with stuff like that I guess. (Benjamin, 30+, Asia, Heterosexual)

For Gerald, he had been living with his partner and her children in Thailand for more than a year when his partner became ill and passed away and he subsequently discovered she had been living with HIV since prior to them meeting. He did not believe his partner was at risk of having acquired HIV, and because he had previously been tested for HIV did not pursue HIV testing in the relationship before stopping using condoms:

My wife, my girlfriend, she got infected obviously by some scumbag French guy 'cause I found an email one day, a few photos and all this And she was obviously doing high class prostitution low key..... Just topping up her wages, she was a manageress for [local] Hotel you know, so she was meeting gentlemen and business people and chucking her leg over and getting the odd \$100 or whatever here and there, helps keep your life and your kids going you know I thought she was real fair dinkum woman who works in a job and she doesn't like that prostitute scene and she was really against 'em you know, hated 'em. But actually it was her covering her own back... ...I mean my girlfriend gave me money to stay in Thailand you know, she wasn't whoring when I was with her that's for sure you know. But she had been just prior to that. It was funny, she was going to a hospital, one of these private sort of hospitals and she was taking all these pills and it was always all these little mobs of pills and it's was, oh it's for my skin, my facial complexion's looking ugly and you know, and she was a 37 year old woman by the way (Gerald, 50+, Asia, Heterosexual).

The gay men were less definitive in their beliefs about those whom they believed to be engaging with sex work and those who they believed were not. Generally, they had fewer assumptions about HIV status compared to the heterosexual men. For the gay men who had multiple partners, the differentiation was more about the nature and context of the relationship:

...middle class Thais, I did have the luck to meet one or two, were quite different. There are the poor working class boys and it's their survival strategies but middle class Thais who had their own job, good education, good job, it was just a friendship thing, it was quite different. See there was this really handsome guy I met, he had his own business and so to him it was just I'm here for the pleasure of it all and it was quite different. The older Thai men too he was Thai Chinese he had his own business and actually he was retired and he had plenty of

money. So then it was just like here.....Yeah you hook up with people for no reason other than sex..... usually in Singapore the money boys are the Malaysians who come down for the work, they're after a sugar daddy. Again they come from the village and they've got a shit life.....But the Singaporeans who have good jobs and good salaries they're a lot fussier but it's a different ethos. A lot of them are looking either for a sex buddy or casual sex or a partner, a lover (Charles, 50+, Asia, Gay).

The combined effect of the men generally wanting to distance themselves from the stereotypical image of an Australian tourists or sex tourist; the limited opportunity they experienced to meet women outside of bar contexts; the degree of attention and warmth they experienced when meeting local women or men in bars and the normalised behaviour among their peers of being with the same person for a period of weeks rather than be seen as a 'butterfly' may provide a constant reinforcement of the 'girlfriend / boyfriend experience' scenario of building a closer rapport, emotion and intimacy. However the gay men were more able to meet a range of sexual partners and there was less description of a reinforced 'boyfriend experience'.

Aussie bars and dodgy bars

As described above, most men described socialising in Australian or Western bars. Some, but not all of these bars, included sex work services or companionship. What made a bar a good bar was generally three aspects: a welcoming and familiar environment; a belief that the staff were treated well and a belief that the women were tested regularly.

There was a general consensus among the heterosexual sample, such as Benjamin and Gerald below, that the Western-owned bars tended to provide a better and more welcoming atmosphere:

Yeah because it is easier because there are a lot of dodgy ones and a lot of good ones then it's like when you have a good experience you are naturally inclined to come back there, like a favourite pub over here. Very similar to that (Benjamin, 30+, Asia, Heterosexual).

Yeah, yeah, most expat areas were earmarked and we know where to go because we hear from someone else you know..... [Venue], okay it's all ex-pats, the main reason because cold beer, steak and kidney pie or something that reminds you of your home land, you can go and eat there you know (Gerald, 50+, Asia, Heterosexual).

Most men who accessed sex workers in bars or brothels recognised that the foreigner client base in sex work was a small proportion compared to the local clientele. However, generally the impression men had was that there were specific bars that welcomed foreigners or expatriates, particularly Westerners and separate ones for locals:

Westerners in most of these areas in Indonesia definitely are only 10% to 15%. There's also a large group of Indonesians who are wealthy... we'd go into these other countries, we gotta keep in our own groups 'cause we're not allowed into the local establishments....Yeah in the local prostitution system, where the locals go, we're not welcome (Gerald, 50+, Asia, Heterosexual).

Among most of the heterosexual men there was a clear expectation that female sex workers, particularly those in Thailand, were tested regularly. However there was also a belief that some of the testing may not be accurate. Implicit within this understanding was a belief that testing was mandatory and that if a woman was found to be HIV positive she would have to leave the bar. There

was no recognition within their assumptions of voluntary testing or confidentiality in regard to sex workers:

They [sex workers] get checked every 3 months by the local hospital. They've got a little booklet with them that states that. Now of course it's also Thailand, they might get a booklet that they've bought from someone, or whatever, it's not 100% security. But also the bar itself keeps a good close eye on that 'cause they don't want to have a bad reputation..... So I think there's quite good protection going into the bars, because of the check up that most girls would have and because of the bar itself reinforcing that, because they know that word would spread very quickly, don't go to that bar because a girl is infected, they would lose all their customers. There's the obligation from the girls to go to be tested, that's reiterated, Thai reiterated, if they work in a bar they're obliged to be tested every 3 months, there's the bar themselves and there's the girls themselves. The girls in between themselves, if one is infected they will not protect her 'cause it gives a bad name to all of them, they know they will suffer themselves, they do her in. They will say this girl, don't let her work in the bar, she's infected ... So there's a lot of protection along the way, that actually is probably better, to reinforce the fact that girls somewhere else are more dangerous (Calvin, 40+, Asia, Heterosexual).

Most of the men who accessed bar-based sex work recognised that the reputation of the venue was an aspect of their decision to use venues and this reputation was based on the reports from other expatriates. The minority of heterosexual men had considered transmission of HIV from clients to sex workers, however some men were explicit in their concern about the health of the women and their capacity to maintain their income. These men tended to believe that therefore the women would be vigilant in using condoms with most of their clients. These assumptions were complemented by assumptions that some bar workers were more likely to have more frequent and more accurate HIV and STI testing.

The descriptions from the gay men in the sample, who had accessed male sex work contexts, were generally consistent with the heterosexual men's descriptions, particularly around assumptions of who was involved in sex work and who was not.

From the various places I went to in Phuket, Bangkok and Chiang Mai the boys seemed to have their own freedom, they weren't prisoners, they were expected to pay a certain amount ... if they didn't turn up for the bar they had to pay the bar the takeaway fee which was at that time 200 baht. But generally they weren't enslaved in any form it was a matter of free choice whether they were there or not. And there was one bar I went to in Phuket, it was run by a gay guy and we made friends with him and we used to chat. If the boys were taking drugs that was the only thing he couldn't stand but he said who they went with and what they did and how much they earned was up to them. (Charles, 50+, Asia, Gay)

However, the gay men tended to have a more informed and nuanced awareness of HIV testing issues, such as less confidence in the result of a HIV test due to testing window periods and stronger awareness of potential transmission of HIV or STI from them to their partner when they may be unaware of their own status.

Summary

The men presented often complex and contradictory notions about sex work in host countries. In some cases they sought to distance themselves from what might be deemed sex work and made distinctions between sex workers and non-sex workers or between Asian sex workers and Australian

sex workers. For heterosexual men, regardless of whether they were involved with women who worked in explicit sex work contexts such as bars or non-sexualised work environments such as shops, there was a tendency to emphasise that the woman was different, less likely to have STIs or HIV and less likely to exploit or manipulate them. For most of these men, HIV and STIs were a concern in another context or with another sort of woman. For example, some men avoided women who worked in bars in favour of women who had jobs in shops as they believed they were less likely to have sex with multiple men. Others chose particular bars, because they had a good reputation and they believed women were made to test regularly. In some cases they believed that women would avoid risk as their livelihood depended on them not contracting HIV or another STI.

4.6 Attitudes to and experiences with condoms

Men had diverse attitudes to and experiences with condoms. These have been grouped into three themes which were consistent across both heterosexual and gay participants: access and quality; familiarity and compatibility with their sexual partner leading to not using condoms and passionate and relaxed versus rational thinking and risk. There was also a series of themes which were specific to either the heterosexual participants or the gay participants.

Access and quality

The availability of condoms did not seem to be a significant issue in overseas settings, however accessing condoms of good quality or appropriate size was often mentioned as a difficulty, with many describing regular experiences of condom breakage. These problems were related to using local condoms, and after a few instances of difficulty most men did not continue with them. However, some men indicated that it was fairly easy to locate Australian brand condoms.

There's a problem with local condoms too, I don't want to brag about it but they didn't fit. So I was stuck with condoms that didn't fit so what do you do? The girl said to me where did you get your condom, I said the little shop there she said well you've got to ask them for Euro condom (Calvin, 40+, Asia, Heterosexual).

Well I did use condoms and quite a few of them broke. And that's why I sort of could pin point – well I thought I could pin point the girl that had given it to me ... the condom did break but it – I think it broke twice and in the end I just couldn't be bothered using one. Were they local condoms? Yeah (Don, 40+, Asia, Heterosexual).

I always had condoms, you can get them delivered as well from the doorman if I had problems with them they always delivered them for me and that sort of thing, so and they sell them on every street corner where they are selling cigarettes and stuff, but if they sold them for bigger sized penises then I wouldn't be here... (Anthony, 40+, Africa, Gay).

In some cases sex continued after a condom broke, as it was not immediately noticed. For example, this participant also attributes the continuation of sex to his 'altered state of mind':

Oh normally that wouldn't, if a condom breaks, it was the altered state of mind and also he'd been doing it for quite a while before I realised so I was like well it's happened now, you know (Anthony, 40+, Africa, Gay).

In some cases sex continued after a condom broke because they felt they were too far into the encounter or were enjoying the experience of sex without the condom. In the following example the participant describes with a self critical tone the experience of ejaculating inside of a woman as making him feel in that moment like a ‘hero’, like a man:

Three quarters of the way through a fuckin' grinding session she's bored to the shit, she goes dry as a boner, your condom's doin' fuckin' 90, it just breaks. Just before the climax, it breaks and I'm a culprit before, you just keep driving home mate and you fill 'em up and they all go, 'you come in me' and they run away and wash themselves and you go back and go, well I'm a man, I'm a hero, look what I just did, you know? (Gerald, 50+, Asia, Heterosexual).

While Gerald’s tone in the interview implied a criticism of his own attitude (and his reference to culprit related to both the actions and the attitude), he felt his perspective was a common attitude within his peer group.

None of the heterosexual men described using lubricant, and only Gerald went on to describe that this was likely to be a big part of why the condoms were breaking:

Yeah they go dry because they don't want to be there. They're only doing it, well they've got other issues. Few guys ever use lube (Gerald, 50+, Asia, Heterosexual).

The availability of condoms varied in term of countries visited, for example they were less available in the Philippines but most participants said they were readily available in Thailand. To avoid being without good quality condoms, some participants purchased condoms in Australia prior to travel.

I was prepared. I mean I always, when I went to Malaysia I knew that somewhere along the line something was going to happen even though I wasn't actively looking for it, so I was prepared anyway. I packed them (Kim, 30+, Asia, Gay).

However this was the minority, and most men who were travelling for some time and would tend to rely on locally purchased condoms.

Familiarity, compatibility and not using condoms

Most participants described experiences where a level of familiarity or compatibility and trust had developed between them and their sexual partner, resulting in them feeling more relaxed and more willing to stop using condoms. However, the length of time or the factors that created trust and connection varied. It was common for men to stop using condoms a few days or weeks into seeing the same partner:

If I'd been a tourist on that night and I'd just met B, no matter how much coke or whatever, I'd had, I would have asked him to wear a condom. Yeah. If I hadn't known him and been with him many times previously, then I would have been more prudent (Christian, 40+, Asia, Gay).

I went to Thailand because I had a girlfriend in Thailand, who I used to go across and see, you know. And most of the time we used protection. But there were a couple of times when we didn't. I suppose you know in some way it was probably a bit silly. But you know you felt you were in a relationship so to speak..... No, it's – I think it's – there was always common sense to – to use condoms at that stage of the game. But I think I felt sort of knew her long enough

that I don't know it's just – yeah, I can't give you a definitive answer. It's just one of those things that happened really (Ted, 60+, Asia, Heterosexual).

However, for some men, spending the evening in a bar with the same woman was seen as creating a connection and a situation where there was mutual trust and on this basis sometimes did not use condoms:

Everyone is different. But with me it was all about, like if you are more romantically inclined. It's more about being social. I was quite happy to sit and chat with a girl in a bar for about six hours and all of sudden it's about 2am and you are too buggered and too smashed to get it up anyway. But you probably do next morning and that. But because you have been talking to the same chick and she senses that you are into her she is devoted to you for the whole night and is focused on you and that. That is the gradual wearing down of your defence and that. Whereas if you went out and grabbed the first chick and that and do it, you are more inclined to wear one because [the situation] hasn't had that chance to wear down your defences..... Crazy really. (Benjamin, 30+, Asia, Heterosexual).

There was a consistent theme of condoms not being used due to a feeling of compatibility, connectedness or having 'defences worn down', with an implication of an initial plan or intention to use condoms, which then became inconsistent. For example, Gerald described using a condom the first time he had sex with his partner but the following morning not using one:

Then when you wake up in the morning well you go, I'll just chuck another one in for fun won't I, you don't put on a condom. That definitely happens a lot. (Gerald, 50+, Asia, Heterosexual)

In most descriptions, there was a sense that explanations about non-condom use that focussed on the notion of intimacy and connections were mutually developed:

When you were taking girls home and having sex was it always using a condom?
No see the thing is, say you see a girl for one or two weeks, the first couple of nights the condom was special, but when you got compatible with them after the first couple of nights they didn't seem to worry. (Tom, 50+, Asia, Heterosexual)

However, this is not to suggest that men were unaware of the power and economic imbalance and the ways in which this might impact on the willingness to create a sense of 'relationship'. As in many other contexts, the non-use of condoms could serve to establish a sense of relationship.

Few men described any clear negotiation or HIV testing in relation to decisions to stop condom use which seemed to be linked to a general assumption that both partners were free of STIs and HIV, that they were in a 'relationship' and that condoms were unnecessary in that context:

When you meet a new girl that you haven't been with you don't take the risk, but if you're with her for 3 or 4 nights or you go and see her a few nights later and you get familiar with her, oh do you have too, oh no ok. Just casual. Very casual and slack. And that's how easy it is to get away from a condom. (Tom, 50+, Asia, Heterosexual)

Even if the guys have gotten some good advice, would you say in most cases if a guy is seeing a girl for two weeks condom use?

It would be gone, yeah. Then you find he'll come back, he'll ring and say I'm coming back for a holiday, she'll meet him at the airport, have a limousine come and meet him at the airport, he'll say book me in the same hotel and they carry on regardless. After 3 or 4 trips he'll say

would you like to come to Australia for a holiday and before you know it your compatible and it just starts from there. It's very, very easy; it's too easy actually, to cut the condom off. Too easy actually. (Tom, 50+, Asia, Heterosexual)

Benjamin, like many of the men, would talk about how the women he was seeing deferred decisions to him in many contexts:

It was a lot more easy going a lot more— what's the word —less self esteem over there. They feel like they're lesser than the other Asian nations and that less than the westerners I think in some ways. It's like they don't want to rock the boat. They don't want to stir anything up. They let you make all the decisions. If you want to go shopping. If you want to go out for dinner. And if you are having sex and it comes to condoms or whatever – it's like you are making all the decisions and 'I am along for the ride'. I have my opinions and I know what is right but I am not going to voice them and that. They want you to do everything. Be proactive the whole time. So where do you want to go – the big saying over there is 'up to you'. Where do you want to shopping, 'up to you'. And it gets frustrating. They don't want to make decisions because they are afraid it is going to upset you (Benjamin, 30+, Asia, Heterosexual).

Byron, whose interview was conducted primarily through emails, was well informed about HIV in Africa where he had been working. Although in an area of high HIV prevalence, Byron considered that as he was seeing a professional woman of a similar age who worked in the same firm, it was a different context:

Some of the men I have interviewed said they had started using condoms at the beginning of a relationship but as the relationship developed the condoms seemed less necessary. I would have fallen into this category...Not sure how long... I guess a month into the relationship for one reason or another. It is not that I don't want answer, I simply don't know.....regarding testing - I have not discussed infection with women as part of my courtship ritual. Don't believe that many men would. (Byron, 60+, Africa, Heterosexual).

Passionate and relaxed versus rational thinking and risk

A number of participants linked the non-use of condoms to being relaxed, feeling the passion of the moment, and/or having drugs and alcohol. Consistent with other research into sexual behaviour, the men proposed that these contributed to a 'changed head space' where they were inclined to take more risk or to distance themselves mentally from their usual condom use and concern for STIs:

The fact that at times you're just a human being, and then at times you just forget about taking precautions, when you've had a good night, you've enjoyed yourself, you've had a couple of drinks, who cares about condoms?

Was part of that not having a strong reason to use condoms?

There's not a strong reason and you're just drawn into a, sort of environment where you're happy, so you just don't. Your brain doesn't bring you back into reality and the thing you should.... You're not like driving a car where you've got to watch this watch that, you're relaxed you're happy, it's a progression. You flirt with the woman, it just goes on and on, you just don't think about it, or you don't want to stop the progression of the flirt that leads to sex, you know, with something like this, if it even comes into your mind, you say, oh, stuff the condom (Calvin, 40+, Asia, Heterosexual).

Passion of the moment. I think I'd run out of condoms and I was with this very beautiful boy, he was very, very beautiful, and I picked him up at a go go place but all the same and he was just laying there and so I just jumped right in and I hadn't brought condoms with me and it was foolish I think. And another time, it's funny back in Perth here with a Thai guy too who I'd met travelling, it was the passion of the moment again. Well he screwed me this time, he whipped me around and screwed me, it was the passion of the moment. Another one was an older man, Thai man, but a very gentle sweet guy and he pulled the condoms out of my hand and threw them away and again it was the passion of the moment. That was foolish, I should have said to him sorry mate (Charles, 50+, Asia, Gay).

Benjamin was fairly indifferent about condom use while he was travelling and seeing sex workers. For Benjamin, the decision to use condoms was left to the woman to initiate, with a self recognised poor risk calculation to justify:

If she wasn't going to go there, then I wasn't going to go there. But like – you do get swept up in it a bit become blasé about not wearing a condom. Throw alcohol into the mix as well and then you do it once and then it becomes - ah I'm only in the Philippines for a week and I've bonked 10 girls – one in ten has got it – 90% chance each time I'm not going to get it because 90% haven't got it – maybe 99% because these are all good girls.....I was thinking I was bullet proof (Benjamin, 30+, Asia, Heterosexual).

Heterosexual men

Some themes were only present within the interviews with the heterosexual men.

No need for condoms

Two of the heterosexual men described circumstances where they felt it did not warrant using condoms. Generally this related to a belief that their partner was not working in a sexualised occupation or environment and was unable to conceive children due to age or medical reasons. This meant that condoms were not necessary for contraception and were not considered for sexual health reasons. For example, Rick had met his partner while he was travelling in North America. For Rick it was unexpected and welcome development on his travel, and he felt that, given both he and his partner were over 50, the rapid rapport he had developed with the women, and the time since his last sexual relations, he saw little reason to be suggesting a condom.

... and one thing led to another and we had a couple of rompy nights which was pretty good, but you know, I didn't bother, I thought I was going to use a condom, but I mean, I hadn't had sex for about 10 years so it was like great, you know. And neither of us was young so there was no chance of pregnancy. And I didn't think of it, nothing, you know? (Rick, 60+, North America, Heterosexual)

However, for the majority of the men, most considered their circumstances to have warranted the continued use of condoms.

Heterosexual peers and condom use

The peer norms among the Australian or Western heterosexual men were generally inconsistent, but erred towards not using condoms.

For Ronald, he believed the culture among his fly in fly out colleagues generally discouraged condom use with a few exceptions:

And actually I do remember that guys used to talk about that sort of thing [using condoms], but there was a bit of a, some deal where it just wasn't the thing to do. You know, you're up there partying, why use a condom? And I really didn't give it much thought at all. Especially early on..... 'cause from other guys you're more likely to hear something like, 'oh don't worry about condoms mate. What are you, what's the deal with that?' Sort of thing. There was a bit of thing where, oh you know, sounds a bit corny to say, but it was cool to not use condoms. But there was definitely like a part of that culture that didn't really care about using them or didn't encourage you to use them. Just wasn't worried about things like that Oh I have heard some guys say 'oh I always use condoms, I wouldn't dream of going with any of these women without a condom'. I've heard that a couple of times. Generally I guess you're just not talking about it. I don't think there was ever any real stigma about using one, except there was that whole thing of it just wasn't quite cool or something, if that's what it was. That sounds stupid but..... You know, if they wrote up a procedure, it wouldn't be in there (Ronald, 30+, Asia, Heterosexual).

For some of the heterosexual men, there was an explicit awareness of HIV, and for Calvin, a reinforcement to not become 'paranoid' about HIV, drawing the rationalisation back to recognition that he was in a country with a range of risks:

[A friend] was with a Thai woman for a while, and one day a friend of that girl approached him and said to him, 'do you know that she's HIV?' And he was amazed. He didn't know that. So he'd been for 6 months with her, having sex most nights, without protection, and he was not infected. So he told me, he says, you don't necessarily get infected, he told me that storyhe said when someone's got the flu not everyone around gets the flu, so don't get paranoid with that. (Calvin, 40+, Asia, Heterosexual)

Some perceived the behaviour around condoms was dependent on whether men were single or partnered. Men who were in relationships were more likely to be on short trips and mindful of not bringing home an STI.

Because those guys probably have a girlfriend back home, or may have. Or think that they'll be going home and having a girlfriend at some stage. Whereas the other guys, a lot of them aren't really thinking about when they're going to go back to their country, their home country (Ronald, 30+, Asia, Heterosexual).

These distinctions were also perceived by some men to influence the decisions of local women. They were less likely to take a risk with a partnered man as the chances of the relationship continuing was slim, indicating that the influence to not use condoms was a mix of peer norms, personal circumstances and intentions or behaviour of their sexual partners:

If the girl knows you're single, or you say yeah I was married, I had a wife and kids but I'm divorced now for 5 years, she'll think well I got a chance here so I'll try and persevere with him and if he's a nice guy and I can treat him nice and he'll treat me nice, there's something there at the end of this holiday and the next holiday then I've got a chance, and bang, that's how they think. But you know, if I'm married, I got to wear condoms, then it's condoms all the way. Single... you don't mind if you're trying to get a new relationship, but if you're married, kids then of course you're not going to want to go back with something (Tom, 50+, Asia, Heterosexual)

Most heterosexual men indicated they were familiar with using condoms prior to travelling. However, some men who had previously been in long-term relationships indicated either having limited experience or being somewhat out of practice:

Prior to going up there I hadn't had a lot of experience, really. I'd had, I'd been married and been with the same girl for five years or something. And we didn't use condoms. She was using birth control. And I really only had a couple of other partners over all that time before that. So condoms weren't, I wasn't that familiar with them or anything (Ronald, 30+, Asia, Heterosexual).

It was these less experienced men that seemed to be most directly influenced by their peers' discouragement to use condoms.

Clean and dirty

It was common among the heterosexual men to use terms such as 'clean' in reference to women who they felt were healthy and did not have any STIs. Participants described avoiding women who they believed to be 'dirty' and looking for 'clean' ones:

So some girls will always use a condom, are there some girls where you thought I'm going to keep using a condom...

Yeah, if I'm dubious about a girl...

But would you still be seeing a girl like that after a week or two?

Not really no, like, you shower together and I see any blotches or marks you think automatically, wrong. So that's a condom. Then after a couple of nights I branch off and let her go, meet someone else. Usually with a nice complexion with no blotches or things.. I mean, you go to a bar and see a girl full of pimples you don't take her and so forth, but if she's got a nice complexion and she looks healthy you think (Tom, 50+, Asia, Heterosexual)

Likewise a number of participants proposed that women also look for men they perceive to be clean and therefore less likely to carry infection:

They were, oh he seems to be a nice guy, we have fun together, and he showers well and cleans well, he's a clean guy kind of thing. And that's the mistake people make (Ted, 60+, Asia, Heterosexual)

While many of the men knew at one level that people with HIV or STIs can look, feel and even be healthy, nonetheless they made decisions about unprotected sex based on such perceptions. For example, they looked for women with good complexions and avoided those who had 'blotchy' skin. These notions of 'clean' were often linked to hygiene, smell, interpreting physical cleanliness as a sign of physical health and being disease free:

A lot of girls can smell down there – like if they have HIV they smell very bad. A couple of guys said make sure you stay away from girls if they smell very bad (Benjamin, 30+, Asia, Heterosexual)

Location or setting as a predictor of HIV status

Some heterosexual men believed women who worked in brothels or bars were more vigilant about condom use and more likely to be tested and therefore, unlikely to have HIV. Others described being

less worried about sexual safety with women who did not work in bars or who they perceived to not go with multiple men. For a number of the men, they felt their predictions were generally accurate:

But if you meet a woman who is not necessarily like a bar girl or not someone you suspect of going with different people you know, then you might not necessarily take any precaution and I've never had any problem, in fact the last time I had a test which I was negative was in 2004. So until 2004 I was negative and I'd been with many women in that time, from 91 til 2004. And I was quite a few times, I can't remember now, without taking any precautions (Calvin, 40+, Asia, Heterosexual)

Later in this same interview:

It would have been either 'cause I was suspicious that the woman I've met either works in a bar, so obviously..... If she comes with me, after all, I'm not Brad Pitt, and I'm not 20, so. She might also go with someone else. So I've got to be careful. That's the cases where I would use condom from day one (Calvin, 40+, Asia, Heterosexual)

I was actually wanting to write to the local paper in Phuket and tell a bit of a story and advise men of not necessarily think that when you visit there you can only get HIV with a professional prostitute. Probably actually have less chance there cause they insist on condom in any of the brothels there, they just won't do it without a condom. The danger is that you relax in a disco environment, you meet a woman there, you're very relaxed cause she tells you she works there or whatever, and you feel no way she can be HIV, she looks fine (Calvin, 40+, Asia, Heterosexual)

In the case of Thailand a number of participants indicated that women who worked in bars carried cards or booklets where three-monthly sexual health test results were recorded. Some participants mentioned being both reassured by the cards, while also questioning their reliability. Most indicated this contributed to their decision to use or not use condoms. However, the influence was inconsistent across the sample.

Condom culture across countries

Many of the heterosexual participants indicated that there were differences across countries in terms of the culture of condom use, particularly within sex work contexts. For example, most men indicated that in Thailand condoms were common place and used by women working in bars and other sex work contexts. However the condoms tended to stop being used as the relationship progressed. But in other countries such as the Philippines, often condoms were not initiated to start with.

Thailand is a lot more stringent and stuff and yeah I wore condoms and they insisted on it as well.....Yeah and that's the first thought. Wear a condom and they insist upon it too. Whereas in the Philippines it was the last thought (Benjamin, 30+, Asia, heterosexual,).

In Thailand it was understood that women would at least at the beginning insist on condoms and none of the participants indicated that they had strong objections. While participants indicated they were willing and able to initiate condom use in most setting it seems that it was more often the women who actually initiated the condoms:

It was like I'd go with the flow. I was on holiday. If they insist on it I would wear it. But I am not going to insist on it.

When you say insist what do you mean 'insist on it'?

Like if they ask, not really insist, but just mention it. If they were going to mention it, or put it on automatically without asking or whatever like in the act of doing stuff then I wasn't going to worry about it. It was like that. I certainly wasn't going to feel better with one. Particularly if you both haven't got stuff...I was a bit that way because if it happens it happens.....Everyone is different I guess but that's what happens when you go over there (Benjamin, 30+, Asia, Heterosexual).

However in some settings men described women being offended about being asked to use condoms, and in these circumstance it was the minority of men who described insisting on using condoms:

Thailand, no problem, Malaysia, not really a problem, I'm never really, oh yeah Malaysia I've picked a few Filipinos up at bars and stuff and they're not bad either because they've been educated, English speaking too. Indonesia, 'you think I'm dirty!' that's their call. I don't need condoms and I go, well I do, maybe I'm dirty. Oh that sort of stops 'em in their track a little bit and they look at you and they go, well we'll take the punt, but you know I go, no I wear condoms. I've had 'em where I've put a condom on, you insert while you're having sex, they'll slip their hand down and rip your condom off (Gerald, 50+, Asia, Heterosexual).

Gay men

For the gay men who participated in the sample, the peer norms were more consistent than for the heterosexual men, with all the men indicating high levels of condom use as normal amongst their Australian gay peers. The gay men tended to be more knowledgeable and experienced with HIV than the heterosexual participants. None of the gay men used terms such as 'clean' or 'dirty' in relation to people with or without HIV or STIs, and tended to make fewer assumptions about sexual partners who may or may not have HIV based on their social standing or work environment. However there were still assumptions in regard to safe sex social norms.

Negotiating safe sex across cultural differences

With the exception of Brad, all the gay men had high levels of knowledge and experience with condoms and used condoms almost exclusively. The times when condoms were not used were described as moments of passion where condoms had either run out, had broken or where they had forgotten to bring them to the situation. While this was similar to times when they may not have used condoms in Australia, what made these circumstances different was the context of the host country and negotiating and sustaining safe sex with differing assumptions.

Anthony described the situation and context in which he believed transmission occurred. Anthony was highly knowledgeable about HIV, about condoms, and was comfortable ensuring he had condoms. He had met an "amazingly hot and huge African guy" during an evening out in the post conflict city in Africa where he was working. Condoms were used initially but during sex the condom had broken.

It was a broken condom but once it was broken there were none left and I knew.....Well not straight away but I did know and the drugs probably didn't help, as I took 2 grams of the best cocaine I've ever had and yeah he didn't ejaculate. So yeah it was pretty hot so (Anthony, 40+, Africa, Gay).

When asked if similar things had happened in Australia:

Oh normally that wouldn't, if a condom breaks, it was the altered state of mind and also he'd been doing it for quite a while before I realised so I was like well it's happened now, you know... .. I am usually on top here [in Australia]It's about trust, but in that situation I didn't have a choice basically [to ensure condom was still used]. (Anthony, 40+, Africa, Gay)

Anthony explained that negotiation of sex in Africa was very different to that in Australia, with little negotiating space for him to be the insertive partner or possibly to stop the sex to get more condoms even if he had wanted to. He was working in a city with high levels of violence and corruption, and relative risk on a day to day basis. However, mixed into this scenario were a range of assumptions by Anthony and his partner:

The funniest thing was when I was in contact again afterwards he actually said to me if he'd known I wasn't interested in a long term relationship he would have stopped and got more condoms and I'm thinking, obviously he didn't know he was positive and thinking that I was going to infect him.

Was there any inference that you thought that he was thinking it was going to be longer or something like that?

Always is, yeah, at the time you meet them they are talking about coming over here or their financial situation, can you help them get a job or, yeah straight away, saving people, you realise as soon as you get there you can't save everyone. (Anthony, 40+, Africa, Gay)

The context of this situation was similar to other described scenarios, that in addition to the usual desire and pleasure contexts, when things did not go according to plan there were additional factors including, assumptions about safe sex, economic and power differences in the relationship, an overall higher level of day to day risk than in Australia and eroticism associated with being in a different culture and having new experiences.

Kim was also highly knowledgeable about HIV and condoms and was also comfortable ensuring he had condoms. He had only ever had unprotected sex within his previous 13 year relationship, after he and his partner had been tested. When this relationship ended, Kim's experience of the gay scene in Australia had been of a very strong culture of safe sex.

And I didn't actually come across anybody [in Australia] who said no or would you like to do it without, no one.... I thought somebody would have at least tried but no one..... Maybe that's why it got so, I had that impression in my head that everybody [in Malaysia] was going to be like that, yep. I think I was probably a little bit taken [aback] and then too late in reacting (Kim, 30+, Asia, Gay).

Kim had found significant parts of the gay culture to be more similar in Malaysia than he thought it might be, and so tended to assume other aspects would be similar, such as condoms and safe sex cultures. Kim had experienced a condom coming off and had assumed that his partner had stopped to put on another condom. He had been dating a man he had met at a friend's party. For Kim condom use was just part of having sex.

It was just pretty much part of the process. It's not something that you think about I think. It's sort of like a step before the next step you know what I mean. I would think actually, I probably gave him the condom, as matter of fact I think I did (Kim, 30+, Asia, Gay).

However, when things went wrong, he had assumed that the sex would stop. However when it didn't, he was surprised and consequently did not try and access post exposure prophylaxis (PEP) as he felt he would have, had he been in Australia:

What happened was the rubber had slipped off and but he continued..... so I, for that instant I thought whoa but I didn't do anything about it, I dunno it was the stupidest thing I've ever done in my life, I mean too late now but I didn't stop him or push him away and say hey hang on a minute you can't do this, you know. So I said to him after I said you know, I mean you're okay right he said I'm cool, I've been tested six months ago and everything's fine don't worry about that and all that sort of stuff. But I mean even looking back now I'm thinking you know, I know all about PEP and it did cross my mind and I still thought oh it's too hard, I'm in Malaysia, I've gotta find a doctor and da-da-da and I'm an Australian citizen and all that sort of, so I didn't do it you know. Totally stupid. (Kim, 30+, Asia, Gay).

Kim was surprised that what he assumed would happen did not, and then was disappointed at his own reactions within his host country. However the additional challenges of being in a different country, with different laws, seemed too difficult. Like other gay men, Kim was surprised at other aspects of the lack of safe sex culture, such as saunas and other venues requiring patrons to bring their own condoms:

Yeah because I asked them that and a lot of them don't, you have to bring your own, and so how many people would. That's the sort of feeling I get that if you want to do that then if establishments like that don't even do that then you think well how are the people going to think that it's, yeah so you have to bring your own.I get the feeling that they're probably a little bit more blasé, more blasé about it than, yeah..... I assumed it would be pretty much the same, maybe I give the gay community around the world a bit more kudos than I should but I just assumed that gay people being the first people to - you know?..... They don't have dispensers yeah, and they don't have posters either, I haven't seen any in the places around, like the clubs there's no posters in there to say safe sex. So it's interesting, on the one hand they do some other things but they don't do the ones we see everyday. Before I left I just assumed that gay people would have the same sort of knowledge and thing as everyone else. (Kim, 30+, Asia, Gay).

There were differences in translating knowledge and behaviour assumptions in Australia to different cultural contexts:

I would say that they're probably not, what's the word for it, I mean like here growing up here ...safe sex is part of the sexual process ...but I think there it hasn't quite happened yet. I think somebody would have to initiate it otherwise it [condoms] wouldn't happen.....they don't have that condom thing. I assumed it would be pretty much the same. ...I just thought that you know, they would probably have the same outlook, it's not as though Malaysia was sheltered from it all until like the last five years or something (Kim, 30+, Asia, Gay).

Charles had similar experiences where condom use could not always be assumed in the way he had experienced in Australia:

If I was topping somebody I would always do it myself but quite often the person on the bottom would ask for it, they'd say use a condom, they wouldn't let you do it unless you used one. If it was the other way around I had to double check because some of those tops up there were careless and if you're doing each other you had to make sure the other person was with it and that's when a lot of arguments started, I had a lot of arguments. Yeah. And they'd

play on your psychological and the thing was I always used to get ‘well I’m clean aren’t you?’ And I’d say ‘how do you know?’ And people would lie about when they’d been for a blood test. ‘Well I’m not promiscuous are you?’ And I was like oh yeah bullshit, what are you doing under there then? (Charles, 50+, Asia, Gay)

Summary

Yeah you find different reasons to wear a condom obviously and you can find also just as many excuses not to wear it (Benjamin, 30+, Asia, Heterosexual).

As the above quote suggests, participants offered a range of explanations for why they did or did not use condoms. In contrast to the heterosexual men, gay men were more likely to use condoms both overseas and in Australia. The situations or circumstances in which they did not use condoms tended to be seen as deviations of their usual practice, rather than a consistent approach. For the heterosexual participants condom use was inconsistent and in broad terms not part of their sexual negotiations either in Australia or overseas.

The heterosexual men frequently saw no reason to use condoms, based on various assumptions they made about their sexual partners, or the places their sexual partners worked. However, the strongest explanations for non-condom use focussed on romance, intimacy and connection. Condoms were seen as unnecessary in the context of a relationship.

4.7 Experiences with and seeking testing for HIV and STIs

There was an understanding that rates of HIV may be high in the country in which they were travelling but, as previously described, there were assumptions about who would have HIV. For many of the men, HIV was a context they were aware of, but felt distant from. Only five of the nine heterosexual men had previously been tested for HIV prior to their HIV positive test, whereas all the gay men had previously been tested. Few of the heterosexual men knew of any other people with HIV prior to or during their time overseas. Most of the gay men knew someone living with HIV, but few knew anyone living with HIV in their host country.

Some men were not tested for HIV until some years after their likely acquisition of HIV, prompted by their or their partner’s ill health. For others, a seroconversion illness triggered an HIV test. Others were tested as part of work related testing as they returned to Australia. The minority of men, heterosexual or gay, were tested for HIV while in their host country.

Barriers to being tested in their host country included:

- for gay men, having to explain sexuality or sexual behaviour to a doctor in a foreign country where homosexuality may be illegal or culturally discriminated against;
- no knowledge of the location for an appropriate place to be tested;
- lack of confidence in local health services;
- low testing rates among locals due to cost or stigma and so little awareness of who to ask; and
- low testing rates or discussion about testing among traveller and expatriate networks.

Generally testing for STI was not discussed among the heterosexual men and their peers, except in a boasting sense, as described by Ronald:

Most guys that I worked with probably had the clap, I'd say. And I did myself, twice, without, still not worrying about condoms or HIV, you know. But it was pretty common I think.....Yeah, it'd be like, you'd know that someone had had the clap because they'd make a comment about it, you know? 'Oh had a nice dose of the clap last break', you know? Just straight out, like that, really. Something like that. Or 'that bitch gave me the clap' or something, you'd hear that. Like it's a badge of honour or something, you know? You're not a real old hand of Asia until you've had the clap or something (Ronald, 30+, Asia, Heterosexual).

Ronald had gonorrhoea twice while in Thailand, but on both occasions waited until he returned to Singapore every few weeks for work to get tested and treated, as it was more convenient and he had more faith in the medical services:

It was in Singapore, I was treated twice. I think it just so happened it was towards the end of a break when I got it, both occasions, and because I knew I'd be back in Singapore in a day or two or whatever, I'd wait til then to do anything about it. Just because it's safer and that, the medical system in Singapore being so much better than in Thailand

Were there clinics or surgeries that guys suggested you go to or that were known, that the expats would go to or anything like that?

No, no I wasn't aware of them. I just went to the nearest one, yeah. Cos I wasn't, didn't know anything, hadn't had any recommendations or anything, yeah so just whoever. For me, at least, they just have a look and say 'yeah that's gonorrhoea and you need a shot.'... I was never aware of one that was particularly for expats (Ronald, 30+, Asia, Heterosexual).

Ronald's experience was similar to the few men that were tested outside of Australia, and none of the men had received any recommendations from friends or peers, or even locals, about where to be tested for STI. In regard to HIV, even fewer men had an HIV test while outside of Australia.

For Ronald, his sexual experiences and hearing about increases in HIV rates resulted in him believing he was likely to have HIV. This belief was enough to lead him to change his behaviour. However, it was still some time before he had the courage to get tested:

What triggered you to actually go and get the test?

I think there was probably starting to be a bit of information round about it. Cos there wasn't, not that I came across anyway, before I went up there. So you know I think it's just a matter of hearing a few things here and there and eventually the penny dropping and thinking 'oh Christ, I'm in a really high risk category for that.'.....I sort of resigned myself to it before I got tested. Started acting accordingly, trying not to bleed on anyone basically...using condoms... and that sort of thing (Ronald, 30+, Asia, Heterosexual).

The men also came up against resistance to HIV testing from their sexual partners in the host country:

What happens then is, because you're having company with people like that, you become more....., you'll say yeah, something about HIV and they go, no, no, I not got that. And you go okay, cool, cool, sorry I didn't upset you, you know, let's go and have a root you know. And then what happens, you're not rooting with condoms because you have this connection with the person. (Gerald, 50+, Asia, Heterosexual)

For Kim, he had spent time while in Australia trying to encourage his sexual partner in Asia to have an HIV test. This resulted in Kim having to locate a viable option:

Yeah and it also had to be done sort of secretly, you know what I mean because he was so afraid of what people would think and say why are you here and stuff like that..... I mean I never went to the AIDS Council before - So I went in there to get information on that so I could see if he could get tested in Bangkok maybe because it's very close to fly to Bangkok so I managed to find a place in Bangkok that he can go to (Kim, 30+, Asia, Gay).

None of the men described any encouragement from peers, locals, sexual partners or STI testing services to have an HIV test at any stage while outside of Australia, except for a few mandated work related contexts before they travelled to their host country. Only one of the heterosexual men had told any of his expatriate and traveller peers that he had acquired HIV. For most men, the stigma was too strong and they felt it would damage their capacity to keep their position:

See I was working, continued working after being diagnosed, but I never told anyone at work that I'd been diagnosed, cos that would have caused problems with work. So you know, you didn't want to push the point, I don't suppose. But I definitely, I'm sure I remember thinking, 'you're going exactly the same way I was', you know? (Ronald, 30+, Asia, Heterosexual).

Gerald had disclosed to his friends, though he is not convinced it has impacted on their behaviour:

No they don't. They just think it was my bad luck and they're not going to go there you know. And obviously they do, it happens... it's amazing, a lot of them still don't wear condoms and I just go, you know me and most of you guys know what's wrong with me now 'cause we shared the experience unfortunately at the beginning, the trauma side of it. A lot of you guys feel for me, a lot of you guys are really happy to see me turn up six months or a year later and I still look the same and you always ask how I feel, but you guys are all still rootin' whores without condoms and you're married. Are you mad or what?...I go, hey are you fuckin' stupid, I'm telling you to wear a condom with that chick man. I've got fuckin' HIV mate so listen to what I'm saying.....They just think it was my bad luck and they're not going to go there you know. And obviously they do, it happens (Gerald, 50+, Asia, Heterosexual)

Summary

Regular HIV testing was uncommon among the heterosexual participants and the gay participants often found it difficult to pursue tests while travelling, due to reasons of stigma, but also because it was often difficult to even get information about where to get tested. HIV testing was not discussed in the expatriate and traveller networks and locals did not appear to raise the issue. Men often assumed that women working in bars were regularly tested and considered this a protective situation.

4.8 Typology of Experience and Perspective

For some men the trip was well planned, for others it was more opportunistic or spontaneous. For most men, there was an element of adventure, change of life, escape or new beginning involved in the travel. It was a journey to either find or expand oneself or create a distance from ones previous life. It was seen that they could not achieve this in Australia due to either commitments or emotional connections, or the cost in Australia compared to other countries.

The men spoke about having an experience of freedom that they did not feel they had experienced before or elsewhere.

Four types of experiences emerged from the analysis of the data:

- going native...but not a local;
- escaping and finding a new self or life;
- a fantasy realised; and
- living a life less ordinary.

These groups were based on the men's perceptions and intentions prior to and during their time in their host country. While there are similarities across the groups, each provides an insight into the diversity of the perspectives and the relationship to meaning and assessment of risk in their lives.

Going native....but not quite a local

These men reported finding a place they felt more connection with at a social, cultural and experiential level than Australia and either preferred to, planned to or had already decided to live permanently in their new country. Generally underlying their commitment to their new country was the knowledge that they could come back to Australia if things went wrong and their Australian citizenship was maintained. However this was not always the case and included some descriptions of changes to religion and, prior to their HIV diagnosis, investigations to change citizenship. These men considered themselves to be actively engaging in local language and customs. There was a sense of becoming local but not a local - there was still an underlying sense of difference.

Ronald, a fly in fly out worker whose visits to Thailand became regular enough that he purchased a house and based himself there when not working, rather than returning to Australia, provides a good example of someone becoming 'local':

You go native a bit, I think, is the expression... you start picking up some more language and when you just walk down the street, if you've been there for a couple of years, you'll see people you know, like locals and that. So it's more like home..... I was happier being up there, basically, than down here.... Although you're definitely separate, you know?you sort of feel like you're at home or it's getting that way, but you're also an outsider to them, mostly. (Ronald, 30+, Asia, Heterosexual).

Don formed an even closer affiliation and had converted to Hinduism:

Bali's home now. I feel more comfortable there. So and it's not because I've got a woman or anything like that it's more the fact that it's just the way of life. And well just everything I suppose. It's all just sort of falling into place for me. I had a feeling of belonging there.... I'm buying a house over there. I've always had this attraction to Bali and now I can understand why and it's because of the Hinduism (Don, 40+, Asia, Heterosexual).

For these men, there was an aspiration to become more aligned and connected to the host country, and these men had the strongest views about respecting the local culture as they understood it. Often forming a relationship with a local partner was an important part of feeling connected and was characterised by managing trust in relationship terms rather than risk in sexual health terms.

Escape and finding a new self or life

The men who fell into this category had the strongest desires to be far from home and from their previous life, although typically they also had very positive feelings about their host country. For most the travel was envisaged to have a clear end point, rather than a long term lifestyle change. For

others, it was linked to a process of ‘starting over’. The experience was more likely to be described as a working holiday. Kim provides a good example of this. Kim had travelled to South East Asia soon after the break up of a 13 year relationship.

So I went through this whole thing of reassessing and re-evaluating myself and saying well I really need to go out there and do something for myself and see if I can do it, so that's the reason. ...So I basically just took a break from life as I knew it..... I just wanted to enjoy my freedom, I just wanted to enjoy not having any what's the word for it, not so much commitment just not having to worry about you know, having to do this or having to go there or be somewhere or, cos I've always had responsible jobs and responsible hours, I just wanted to go and travel.....That was the main purpose, just to travel, I really wanted to be alone, I wanted to be by myself. (Kim, 30+, Asia, Gay)

The purpose of Kim's trip was to distance himself from ‘life as I knew it’ for a while, both relationship and the responsibilities of work and family, and effectively be self directed and free of limitations. Benjamin had some similarities, where he was actively taking a change in direction and perspective in life after what he felt had been a long period of frustrated romantic aspirations:

It was a bit strange, I was a virgin until I was thirty and was intensely romantic and stuff like that ... Life's going by and you are missing out and you might be hit by a bus tomorrow. ... Yeah then because the romance wasn't happening it was like veered more and more towards base pleasures that compensate for that I guess.... I felt I deserve a bit of fun - I don't deserve to get sick – you know. So it was all this little mind sets that come into play. But then on top of that you have ‘You should wear condoms’. You should be sensible and that. But overriding that you have got ‘its human nature’. It was also because I didn't care because I had lost a fair bit of self esteem because I had wasted myself. ... You justify all sorts of stuff you do in life I guess..... It was the aura of doing something that was forbidden and wrong and it was different (Benjamin, 30+, Asia, heterosexual).

For Benjamin, the very nature of condom use was symbolic of being sensible and safe, which is what he felt he had been for many years without a positive romantic outcome and, from which he was escaping. For Benjamin the travel was about exploring and finding a ‘human nature’ and ‘forbidden’ side of himself.

Ted felt the pattern of a post relationship move to Thailand to start over a new life was a common scenario.

There are guys that are single or divorced, come to start a new life and build up a new thing, they'll take gambles to create something...

Would you say most of the guys over there are post-relationships?

Oh mate, 90%. I'd say 7 out of 10 guys will eventually bring [a partner] back to Australia. Or if they've got the finance over here, they'll eventually move over there. Up to the village mate. I know a lot of guys who have the finance, they're lucky, they've met a girl over a period of time, come back, move back to the village and build a house, got a car, build a farm, and they're happily ever after....., a lot of guys around the 40 to 50 year olds, they're up for a new life over there and just blossom mate. I've seen it many many times. (Tom, 50+, Asia, Heterosexual)

For these men, the focus was on managing a new or changed life rather than managing risk.

A Fantasy Realised

For these men – the location within their host country was seen as a fantasy land, an outlet from their life in Australia or at work. It was a world where they could partake in activities they would not normally see themselves doing or have the opportunity in Australia or, from their point of view, anywhere else. Where experiences they would normally consider indulgent were normalised around them, and while in country, became normalised for them.

Ronald described his initial year of travelling to Phuket as a fantasy world that he had not known existed, and then later progressed to a stronger connection to the local culture and environment. For Ronald, the distinction between his closely regimented and safety conscious life while working in the mining industry and spending time in Patong Beach, Phuket was stark and reinforced with each successive trip. His regular time in Thailand was expressly viewed as the opportunity to experience what he could not, or would not, experience in Australia:

*It's a mind set like working five weeks away and one week off or whatever- you do get that sense that you are being a robot and not having a life. You're sacrificing your life. So the minute you get a chance to live your life. Like you become hedonistic and stuff. ...Everyone has got their pursuits and that and you put them on hold while you are up there – You are not having a holistic balanced life that you would have down here. I mean it amazes me now that I ever would have thought like that. ...But really speaking you were there to experience what you wouldn't be able to do back here. Big difference between your options, I guess you'd say. And I mean it's pretty weird to me now, because it surprises me that I was ever into something like that, you know?
(Ronald, 30+, Asia, Heterosexual).*

For Ronald, the experiences changed over the time he spent travelling to Thailand, moving from alcohol, partying and multiple partners to pursuing what he saw as more cultural pursuits and seeing one woman over a sustained period of time and 'going native' within the local culture. However the overall experience compared to his work life and Australian life still represented a fantasy.

Christian provides another example of feeling immersed in an uplifting and positive environment compared to how he described his life in Australia. For Christian the experiences were about parties and friendships within those party networks, and a sustained feeling of being 'in demand':

You know, I'm not A list, but I'd scrape by as a B list.... So, yeah, it was a real indulgence being around happy confident sexy people who were enjoying their lives and were quite happy to have you enjoying your life in the same spot that they're enjoying their life. You know, it was all, everything was good. Its one big aura of ecstasy that permeates the culture you're so in demand, knowing that you never have to go home alone. It's a big attraction, of course it is. (Christian, 40+, Asia, Gay)

For Christian, there was an element of separation or aspiration in that he reported, to some extent, experiencing this in the same location as 'happy, confident, sexy people' more than with them. For Christian it was as much the overall fantasy-like environment and that he could effectively have the experiences of being around someone different to what he believed he would experience in Australia.

For these men, the fantasy was not exclusively in the sexual contexts, but was also as much about the adventure of the country, the lack of safety limitations they experience in Australia, the beach culture, the time and inclination to try new things, the opportunities to party with alcohol and drugs, and generally being in environments where most people around them were on recreational leave. The experiencing of this fantasy became a regular event and, risk in many scenarios was

acknowledged but actively distanced from their day to day thinking. These men found themselves in an environment where risk was normalised and being risk averse was the antithesis of what they were experiencing. It was more about managing a fantasy than managing risk.

Living a life less ordinary

Generally, for these men it was a sense of living life as an adventure and of actively seeking new and interesting experiences. These men considered themselves confident, resilient and had experienced many countries and occupations. Their travel was generally work-related and had little long term connection with their host country. These men were not pursuing an escape or a short term fantasy – but were living an ongoing lifestyle of travel and adventure.

Gerald was self employed in the sport and photography industries and had worked in Indonesia for more than 15 years before taking up an opportunity in Thailand. Gerald had made a conscious decision about the life he had planned to live, with values of freedom, travel and opportunity at its core. He often lived ‘on the edge’, undertaking dangerous or opportunistic assignments within his work. Gerald saw himself as someone pushing the boundaries but not irrationally or irresponsibly:

In '99 had an opportunity to deliver a yacht to Phuket and do the (major yacht race)...I went, gee this isn't a bad place for a single male, an Australian and had a really good six months. And then after that came back to Australia, and then back again. I went over and saw [doctor] and told him my story and he said you still have a good time mate, you're a lucky man you know, but he said it's getting dangerous to be playing games (reference to his work and lifestyle) in those countries you know. (Gerald, 50+, Asia, Heterosexual)

Within this quote from Gerald, as with many of these men’s descriptions, was an indication of pride in his adventurous life, and an aversion to a ‘suburban Australian life’. For Anthony, working in a post conflict environment in Africa was less planned and more opportunistic than other men in this group. However, Anthony had previously worked in many environments and was not unfamiliar with challenging circumstances and characters:

I was working for a drilling company over there in Africa, troubleshooting and it's [after] about 8 years of war, so I had to go over there, sort out all their problems and stuff with them, tax, well all sorts of things, you don't want to know..... I saw people robbing four guys who tried to rob a house down the road , they were executed just down by my house just interrogated and shot on the spot, so yes you think you can't be shocked or whatever and then something like that happens you think whoa, you know (Anthony, 40+, Africa, Gay)

For these men risk was a relative concept. They saw themselves living and working within risky contexts and situations, and risk was something to be managed, accepted and for some pursued, but certainly not avoided.

Summary

While most of the men fitted firmly within one of these groups (nine men), some men had aspects of two of the groups (five men). This highlights that although the groupings are strong within the sample, further research should provide more clarity within this complexity.

The Figure 1 illustrates the overlap of the four types or groups.

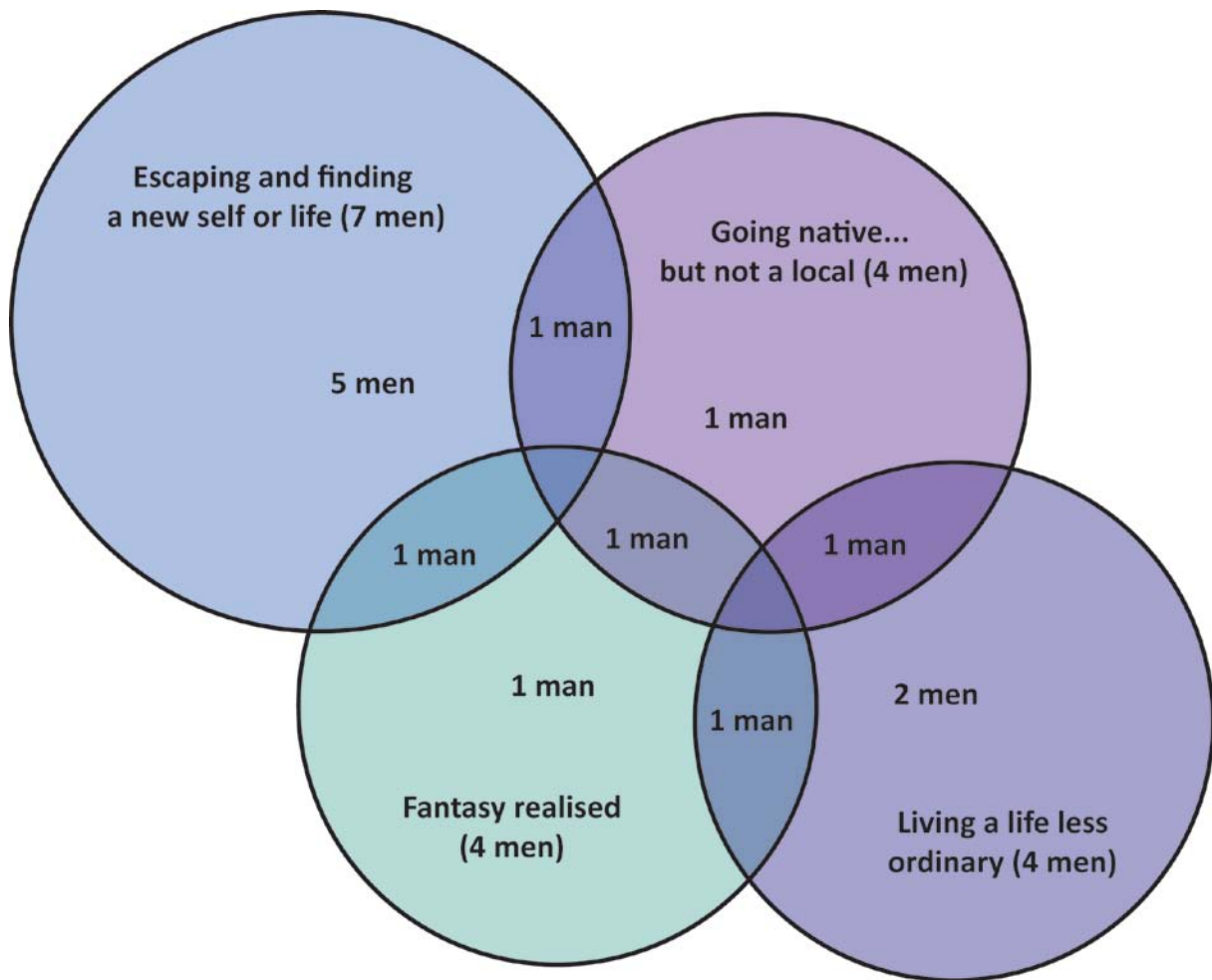


Figure 1: Experience and perspective of participants

The perspectives were either about change in themselves or in their environment or a distancing of themselves from a previous life or a type of life. Overall, it should be noted that to take on the lifestyle or experiences these men pursued were not characteristics of risk-averse people. For some of the men, this embrace of risk was articulated as response to a significant period of time being risk-averse, for others there was little indication the men were ever particularly risk-adverse.

This provides a significant challenge to programs endeavouring to engage and reach these men about behaviour that may be placing themselves and their sexual partners at risk.

5.0 Overall Summary

The *Male Overseas Acquired HIV Social Research Study* investigated the social, cultural, behavioural and cognitive factors which may have contributed to the overseas acquisition of HIV by male WA residents. The study used a qualitative approach to collecting and analysing data from in depth interviews with men who had acquired HIV while travelling or working overseas. Fourteen men participated in the study during 2008 and 2009.

Identity as travellers or expatriates rather than tourists

The men saw themselves as experienced travellers or expatriates working and living abroad. There was a consistent pattern in the narratives of distancing their description of themselves from other Australians or Westerners in the country who they believed were naïve tourists, who they considered were often impulsive, culturally insensitive and created a bad name for the more experienced travellers. For some travellers, there was an aspirational element towards the lives of men who were expatriates.

Expatriate and traveller networks

The social networks of most of the men interviewed were predominantly made up of other Westerners, and the majority of these were Australian. Most men described an experience of rapid immersion into the local Australian expatriate culture, and generally found this easy and welcoming. These became dominant social structures and sites of influence and were regularly linked to bars and venues associated with Australians.

Most of the men described knowing an Australian or having a referral to an Australian who was already based in the host country before they had travelled there. This person either became the gateway to a broader social network and/or, for a brief time, a mentor to the local culture and social norms.

Experiences of gaining or providing guidance, advice or mentoring among expatriates were often present in the men’s narratives, which created a dynamic of support and camaraderie between expatriates and longer term travellers. Men regularly described key people within their networks whom activities and events centred around. Often these were Australian bar or venue owners. Advice would cover a broad range of topics, including where and how to find sexual partners and how to avoid emotional or financial problems with these partners. Only occasionally did men indicate receiving advice about sexual risk and condom use. None of the men identified as sexual tourists and some would counter some of the sexual health advice if it implied that they were only in the country for sex.

Sex, romance, love and money – the girlfriend / boyfriend experience

Most of the nine heterosexual men in the study highlighted the different level of attention they received from women in their host country, particularly those who had been in South East Asia, compared to Australia. These descriptions were characterised by anecdotes of engaging conversation, pampering and feelings of closeness in a very short period of time. Men’s perspectives ranged from romanticised and trusting through to pragmatic and cautious.

The men described a diversity of sexual experiences and partners, as well as a diversity of how the meaning of these experiences and relationships was constructed. Those men who had accessed the services of sex workers, or believed they knew how sex work services operated in Australia, highlighted what they believed to be differences between Australia and the country in which they were based.

Most of the men felt they had an implicit understanding of the economic reality of some of their partners or potential partners. Generally they wanted to see themselves as 'doing the right thing' and supporting their partner if this was needed but not 'going overboard'. In this context the negotiation was more about trust and emotion management than about risk management, and the place and meaning of condoms within this interaction could change.

For most of the heterosexual men the context of sex work, as it operated in the Asian countries they had visited, allowed them to cognitively distance themselves from the transactional aspect of sex work. Many of the heterosexual men referred to the 'girlfriend experience', describing contexts of engaging the services and company of a woman for a period of time, ranging from a few days, to weeks, to multiple return trips. Part of the 'girlfriend experience' was the transition in their perception of their partner from someone working in a bar to a companion and friend. None of the men saw themselves as naïve to the context and situation – but some were more willing to cognitively distance it from what they saw as more Western constructs of sex work or place it in what they felt was the cultural context. While sex work contexts were part of the diversity of the experiences, they were not necessarily the majority of the risk episodes resulting in HIV transmission within this sample.

Beliefs about sex workers and non-sex workers in different cultures

The men presented often complex and contradictory perceptions about sex work in host countries. For some men, sex work in Australia was conceptualised as labour, but were less inclined to see sex work services in a different culture in the same way. The combined effect of heterosexual men generally wanting to distance themselves from the stereotypical image of Australian tourists or sex tourists; the limited opportunity they believed existed to meet women outside of bar contexts; the degree of attention and warmth they experienced when meeting women in bars; and the normalised behaviour among their peers of being with the same women for a period of weeks rather than be seen as a 'butterfly', may provide a constant reinforcement of the 'girlfriend experience' of building a closer rapport, emotion and intimacy.

Some, but not all of the expatriate-owned bars described by the men, included sex work services or companionship. Most of the men who accessed bar-based sex work recognised that the reputation of the venue was an aspect of their decision to use venues and this reputation was based on the reports from other expatriates. Generally, there were three things which determined if a bar was 'good' – a welcoming and familiar environment, a belief that the staff were treated well and a belief that the women were tested for HIV/STIs regularly.

This highlighted a number of assumptions and inaccurate beliefs that could contribute to a reduced personal commitment to condom use. For example some men believed that if sex workers were tested for HIV and STIs regularly and they had met in a bar considered to have a good reputation, then there was less need to use a condom, particularly after a period of days or weeks. For some men this belief could be positioned simultaneously against a belief that if they acquired an infection it was more likely to be from sex with a sex worker than other sexual partners. The minority of heterosexual men had considered transmission of HIV from clients to sex workers; however some men were explicit in their concern about the health of the women and their capacity to maintain

their income. These men tended to believe that therefore sex workers would be vigilant in using condoms with most of their clients, even if not with them.

The gay men’s narratives indicated that they were more able to meet a range of sexual partners, and there was less description of a reinforced ‘boyfriend experience’. The gay men were less definitive in their beliefs about those whom they believed to be engaging with sex work and those who they believed were not. Generally they had fewer assumptions about HIV status compared to the heterosexual men. For the gay men who had multiple partners, the differentiation was more about the nature and context of the relationship.

Attitudes to and experiences with condom use

There were three themes which were consistent across both heterosexual and gay participants:

- Difficulties associated with accessing good quality or appropriately sized condoms in their host country, with many describing regular condom breakage due to poor fit or condoms of poor quality material.
- The familiarity and compatibility that had developed between many of the men and their sexual partners, led many participants to feel more relaxed and less concerned about sexual risk. The non-use of condoms often served to establish a sense of relationship and being in a relationship was a key factor in no longer using condoms.
- The experience of being relaxed, feeling the passion of the moment, and/or having drugs and alcohol was seen to contribute to a ‘changed head space’ where the men were inclined to take more risk or to distance themselves mentally from their usual condom use and concern for STIs.

Other themes included:

- The peer norms within the narratives about sexual health and condom use among the Australian or Western heterosexual men were inconsistent, but tended towards not using condoms. The influence to not use condoms was characterised by a mix of peer norms, personal circumstances and intentions or behaviour of their sexual partners.
- A minority of the heterosexual men’s narratives referred to sexual partners with whom they explicitly saw no reason to use a condom, due to their partner’s age or infertility and the context in which they had met.
- While many of the heterosexual men knew at one level that people with HIV or STIs can look and be healthy, they nonetheless made decisions about unprotected sex based on such perceptions, often linked to hygiene and interpreting physical cleanliness with physical health and being disease free. The men felt these assumptions were reinforced by the assumptions made by the local women as well.
- While heterosexual participants indicated they were willing and able to initiate condom use in most settings it seems that it was more often the women who actually initiated the condoms. However Australian gay men were more likely to initiate condom use. In some settings men (gay and heterosexual) described their partners being offended about being asked to use condoms. In these circumstances, it was the minority of heterosexual men who described insisting on using condoms.

- Most of the gay men had very high levels of knowledge and experience with condoms. The descriptions of sexual experiences when condoms were not used in their host country were described as moments of passion where condoms had either run out, broken or where they had forgotten to bring them to the situation. The men described similar episodes of unprotected sex in Australia with regard to desire and pleasure contexts. However these narratives were also characterised by difficulties the men experienced in translating safe sex cultural norms and assumptions in Australia to different cultural contexts where condom use was less common.

Experiences with and seeking testing for HIV and STI

Most men understood that HIV rates might be higher in the country in which they were travelling but the epidemic was generally seen as distant to their own lives with a number of assumptions about who would have the infection. The gay men were more likely to have had a previous HIV test and more likely to know someone who was living with HIV, though generally not in their host country.

Some of the heterosexual men were not tested for HIV until some years after their likely transmission of HIV triggered by their own or their partner's illness. For others, their own seroconversion illness soon after the infection triggered an HIV test. Others were tested as part of work-related testing when they returned to Australia. The minority of men, heterosexual or gay, were tested for HIV while in their host country.

Barriers to being tested in their host country included:

- for gay men, having to explain sexuality or sexual behaviour to a doctor in a foreign country where homosexuality may be illegal or culturally discriminated against
- no knowledge of where was an appropriate place to be tested
- lack of confidence in local health services
- low testing rates among locals due to cost or stigma and so little awareness of who to ask
- low testing rates or discussion about testing among traveller and expatriate networks.

None of the men described any encouragement from peers, locals, sexual partners or STI testing services to have an HIV test at any stage while outside of Australia.

Typology of Experience and Perspective

Four types of experiences emerged from the data analysis. These were based on the men's perceptions and intentions prior to and during their time in their host country. While there are similarities across the groups, each provides an insight into the diversity of the perspectives and the relationship to meaning and assessment of risk in their lives.

Going native...but not a local:

These men reported finding a place they felt more connection with at a social, cultural and experiential level than Australia. There was a sense of becoming local but not a local - there was still an underlying sense of difference. For these men, there was an aspiration to become more aligned and connected to the host country, and these men had the strongest views about respecting the local culture as they understood it. Often forming a relationship with a local partner was an important part of feeling connected and was characterised by managing trust in relationship terms rather than risk in sexual health terms.

Escaping and finding a new self or life:

These men reported stronger feelings about being far from home and their previous life than their positive feelings about their host country. For most the travel was seen to have clear end point, rather than a long term lifestyle change. For others, it was linked to a process of ‘starting over’. For these men, the focus was on managing a new life or change in life rather than managing risk.

A fantasy realised:

These men considered their host country to be like a fantasy land, an outlet from their life in Australia or at work. Experiences they would normally consider indulgent were normalised around them. For these men, the fantasy was not exclusively in the sexual contexts, but was also as much about the adventure of the country, the lack of safety limitations they experienced in Australia. These men found themselves in an environment where risk was normalised, and being risk averse was the antithesis of what they were experiencing. It was more about managing a fantasy than managing risk.

Living a life less ordinary:

For these men it was a sense of living life as an adventure and of actively seeking experiences. These men considered themselves confident, resilient and had experienced many countries and occupations. Their travel was generally work-related and had little long-term connection with their host country. These men were not pursuing an escape or a short term fantasy – but were living an ongoing lifestyle of travel and adventure. For these men risk was a relative concept. They saw themselves living and working within risky contexts and situations, and risk was something to be managed, accepted and for some pursued, but certainly not avoided.

The perspectives were either about change in themselves or in their environment or a distancing of themselves from a previous life or a type of life. Overall, it should be noted that to take on the lifestyle or experiences these most of these men pursued were not characteristics of risk-averse people. For some of the men, embracing risk was articulated in response to a significant period of time being risk-averse, while for others there was little indication that they had ever been particularly risk-averse.

6.0 Recommendations

In various ways, the participants' narratives invoked a concept of distance, including distance from Australia, past relationships, tourists and the transactional nature of sex work. There was often a sense of transition or 'in-betweenness' in these accounts, for example of being neither a tourist nor local. For some of the men in this study, HIV infection is likely to have resulted because of a change in their usual sexual practices as a result of travelling and being in a different cultural context, but also, being in a different emotional or affective state. For others, the HIV transmission reflects consistency of non-condom use (or occasional non-condom use) behaviour, established in Australia, which was taking place in the context of higher prevalence of HIV in the host country.

These overarching factors provide significant challenges to programs endeavouring to engage and reach similar men about behaviour that may be placing themselves and their sexual partners at risk.

This research contributes to, but does not provide all answers and has highlighted significant challenges to HIV prevention programs. The recommendations for policy, research and program have been divided into the following areas:

- targeting expatriates and travellers most at risk;
- engaging with expatriate and traveller networks;
- differences in the context of heterosexual and gay community;
- HIV testing;
- the role of sex worker organisations in further research, policy and program development;
- other cultural groups, populations and contexts affected by HIV and mobility; and
- ethical challenges.

Targeting expatriates and travellers most at risk

The majority of participants saw themselves as travellers or expatriates and articulated a strong desire to distance themselves from being identified as tourists. Overall, it should be noted that to take on the lifestyle or experiences these men pursued were not characteristics of risk-averse people. For some of the men, embracing risk was articulated in response to a significant period of time being risk-averse, while for others there was little indication that they had ever been particularly risk-averse. Their perspectives were either about change in themselves or in their environment or a distancing of themselves from a previous life or a type of life. Strategies that are seen to be targeting short-term or first time tourists are likely to be dismissed by these men.

The following recommendations may be possible in the relative short term (12 months)

Policy

1. Focus travel campaign priorities to experienced and most at-risk travellers and expatriates rather than all travellers generally, based on a most at-risk population policy approach.
2. Ensure policy and program initiatives remain consistent with the good practice principles and values of effective sex worker, MSM and PLHIV health promotion programs and approaches, and support the reduction of stigma and discrimination.

Research

3. Recruit members of the target group to discuss possible interventions and approaches for their peers.
4. Test travel-based campaign resources with frequent travellers and expatriates rather than travellers generally.

5. Liaise with key relevant community organisations and other stakeholders to ensure strategies complement in country initiatives, particularly in regard to sex work, MSM and PLHIV programs.

Program

6. Strategies explicitly targeting travellers who consider themselves experienced should be developed to complement other traveller health strategies, including the role that experienced travellers can play in influencing other travellers.
7. Include travel contexts within general sexual health promotion campaign materials
8. Develop resources for travel medicine and other testing sites highlighting that experienced travellers may be at increased risk and how also how experienced travellers can play an important role in influencing other travellers.
9. Use the above strategies as a first stage of engagement with experienced and frequent travellers.

Engaging with Expatriate and Traveller Networks (longer term)

The findings of this study indicate that the influence and role of the social networks amongst expatriates and frequent travellers may be very strong in constructing social norms about sexual behaviour, challenging or affirming beliefs, assessment of risk, and encouragement or discouragement of HIV and STI testing. This research suggests a more social cognitive approach to behaviour change may be required rather than a focus on changing perceptions of susceptibility and severity of HIV alone. This indicates that interventions that engage with and utilise social networks may be effective in reaching this target group. The expatriate and traveller networks may be some of the few sites of connection where this is possible.

Peer education, peer support and social influence have been key components of Australia’s response to HIV and other BBVs and STIs. These approaches often involve influential community members who, through their standing, can influence the views and actions of the community through interactions in their social groups (Kelly 2004). These have been highly effective within cultures such as gay and other homosexually active men, sex workers, people who inject drugs, and marginalised young people (Brown et al. 2007; Svenson & Burke 2005). However, to develop effective peer and social influence interventions, it is critical to have a comprehensive and clear understanding of how these networks and groups operate, interact and sustain themselves, especially within contexts of people who regularly travel.

This research indicates that there are possible assets within the perspectives of travellers and expatriates. Among most men there was a desire to support their host country, to be seen to be doing the right thing and to distance themselves from the behaviour of short-term naïve tourists. There was also a desire to be included in a network and a desire to receive and provide advice. However, it is not known if these qualities are present in broader expatriate and traveller networks. If they do exist then these may be qualities that would support the development of peer-based and social influence strategies.

Further research is required to test the themes derived from this research within broader expatriate and traveller networks. For example, men who would be part of the ‘going native’ and ‘living a life less ordinary’ categories may be potential opinion leaders within networks of expatriates and travellers. Australian bars and Australian bar owners in host countries may be key conduits for potential engagement. However, a broader understanding of the meaning of experience, culture and risk among broader networks would be required to determine this.

Some of the following recommendations may require a longer term commitment and planning to implement.

Research – short term

10. The strength of these findings has led to the WA Department of Health commissioning a pilot study to look at the social networks which exist amongst Australian expatriates in South East Asia (particularly Thailand). The study aims to guide potential interventions, particularly at the peer, network and social influence level that have been successful in other communities affected by HIV. The progress and findings of this study should be carefully monitored.

Program

11. Investigate opportunities to engage with opinion leaders from traveller and expatriate networks within Australia, with the aim of influencing social norms and attitudes that peer networks may be reinforcing such as:
 - access to HIV testing;
 - what sex work means within different contexts;
 - barriers that locals face in accessing HIV testing; and
 - own capacity to transmit HIV and STI.

These strategies may include:

- peer based media stories with a focus on longer term travellers
- investigation of online networks of travellers and expatriates
- partnership with possible venues, settings or networks.

Research Longer Term

12. Based on the above research and program development work, investigate the utility of a combined research and intervention study using a community development and social networks study approach.

Differences in the context between heterosexual environments and gay community environments

Policy

13. Support advocacy endeavours to increase access and quality of HIV testing in key regional countries
14. Support advocacy endeavours to increase programs targeting MSM in key regional countries

Research

15. While there were many common areas, there were also some important differences in the social norms and beliefs between the heterosexual men and the gay men. This study only recruited a small number of gay men to the sample and would need to be supplemented by more targeted and focused research about gay culture and networks in various countries in the region.

Program

16. Maintain and where possible increase the incorporation of travel contexts within programs targeting gay men

17. Development of explicit strategies targeting Australian gay men who are planning to travel abroad, or who have recently travelled abroad, particularly to higher HIV prevalence countries
18. Investigate the potential for collaboration with in country programs working with MSM.

HIV testing

There is a need to reduce the time between possible exposure to HIV and receiving a HIV test. This is an issue for local sexual partners within countries and current or potential partners in Australia as well as for the travellers and expatriates themselves.

There was little evidence from this study of an HIV testing culture being experienced by the men when outside of Australia. Heterosexual men often assumed that women working in bars were regularly tested and considered this a protective situation. Gay participants often found it difficult to get tested while travelling, due to reasons of stigma, but also because it was often difficult to find out where they might get tested. HIV testing was generally not discussed in the expatriate and traveller networks and, according to the research participants, locals did not appear to raise the issue and even resisted it.

Policy

19. Invest in the time it may take some time to develop appropriate collaboration within countries.
20. Review HIV testing guidelines, travel medicine services and travel health insurance policies and develop recommendations for health promoting policies.

Research

21. Investigate testing options in different countries to be promoted through peer-based networks and resources.

Program

22. Establish well targeted HIV testing campaigns that normalise HIV testing among travellers and expatriates returning from countries with higher HIV prevalence.
23. Promote understanding of the impact of HIV stigma on the testing patterns of locals and expatriates.

Role of sex worker organisations in key countries in the region in further research, policy, and program development

This study has only described the perspectives of the men who participated in the study, and not of their sexual partners. One group of sexual partners includes sex workers. However, while sex work contexts are part of the diversity of the experiences, they were not necessarily the majority of the risk episodes resulting in HIV transmission within the sample.

The findings indicate a number of contradictory and inaccurate assumptions about sex workers within some peer groups and networks. These could reduce the effectiveness of condom reinforcement strategies and reinforce stigma towards sex workers.

In responding to the findings of this study, there are risks in over or under emphasising the role that sex work contexts have in the experiences of men travelling and working abroad, the role that Australian men have played in placing themselves and sex workers at risk of HIV infection, or the impact of well-meaning interventions may have on improving or diminishing the work conditions and safety of women and men involved in sex work. There is also a risk that responses to this emerging epidemic could increase the stigmatisation of sex workers, creating barriers between sex workers and good health education and safe working environments. For example, increasing the profile of and need for HIV testing may reinforce a culture of involuntary HIV testing targeting sex workers in order to 'protect' clients, thereby placing sex workers under more pressure to test for HIV but not use condoms.

Policy

24. The active partnership with sex worker community health and advocacy organisations needs to be part of an ongoing approach to further work in research, policy and program development to ensure effective and non-stigmatising responses.

Other cultural groups, populations and contexts effected by HIV and mobility

The issue of HIV and mobility is broad and complex. This study was based on a qualitative sample of men who had acquired HIV while travelling abroad for work or leisure, which is only one context. There are other complementary areas requiring research to guide responses.

Research

25. Further research needs to include the experiences and perspectives of:
 - people from high prevalence countries returning to those countries on visits; and
 - sexual partners of people travelling from or returning from high prevalence countries.

Ethical Challenges

This research raises a number of ethical challenges:

- The Australian response to HIV has been characterised by the active participation of communities most affected by HIV. However what does 'active participation' mean for communities of travellers and expatriates? What is the role of in-country community or non-government HIV prevention organisations with limited resources in the prevention of HIV transmission among comparatively affluent Australian travellers and expatriates?
- In developing programs and interventions aimed at preventing overseas acquired HIV infection it is essential that these programs support existing interventions within the host countries and do not undermine the work of country wide programs. Some opinion leaders may have attitudes and perspectives which could undermine or hinder effective empowerment of sex workers and of women. However, opinion leaders may also be well placed to actively support such initiatives. While there was a strong message of respecting culture across the sample, for many this may have been aspirational. For some of the men, there was a separation of their believed respect and appreciation of local culture and their attitudes towards the status of sex workers, and women generally, within that culture. Programs need to ensure that engagement with the perspectives and network roles of expatriate and travellers does not stigmatise or undermine local programs targeting other

vulnerable groups such as sex workers, men who have sex with men, injecting drug users, women and young people.

- There is a danger of creating the belief that all men who acquire HIV while travelling overseas have acquired HIV from sex work contexts, or that engaging the services of a sex worker means placing oneself at risk of HIV. Not only does this pose problems in relation to how sex workers are treated, but it also has the potential to further reinforce assumptions that sex with women who are not engaged in sex work does not require negotiations around sexual health or condom use.

Program

26. With the active partnership of relevant community organisations, ethical challenges of responses need to be carefully explored in the development of any short and long term initiatives.

7.0 Glossary of Terms and Acronyms

AIDS - acquired immune deficiency syndrome

BBV- Blood Borne Virus

Clinic 34 - sexual health clinic in Darwin that provides clinical and other services for people living with HIV

GP - General Practitioner

HIV - human immunodeficiency virus

HIV seroconversion - the process of becoming HIV-positive (confirmed by antibody testing), following exposure to HIV; and the appearance of HIV antibodies in the blood serum. Seroconversion is often accompanied by a flu-like illness

HIV serostatus - the condition of having or not having detectable antibodies to HIV in the blood (confirmed by testing). One may have either a positive or negative serostatus. Those who have not been tested for HIV, or cannot be certain they have not seroconverted since their most recent HIV test, have an unknown serostatus

NTAHC - Northern Territory AIDS and Hepatitis Council

PLHIV - people living with HIV

Post-exposure prophylaxis (PEP) - a procedure, including the use of drugs, used to reduce the risk of infection within 72 hours after a possible exposure to HIV has occurred, That is, antiretrovirals are administered to reduce the risk of HIV transmission after unprotected intercourse with a serodiscordant or nonconcordant partner

Qualitative data approximates but does not measure the attributes or property of the data. Qualitative data 'describes'. Often based on unstructured or semi-structured open-ended interviews.

Quantitative data measurable data amenable to statistical manipulation. Often based on data collected through structured questionnaires.

STI - sexually transmissible infection

WAAC - WA AIDS Council

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