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HIV risk among Australian men travelling overseas: networks and context matter

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Increasing international mobility presents a risk for communicable disease transmissions. Overseas-acquired HIV infections have been increasingly observed across Australian jurisdictions. This includes a mix of men emigrating from countries with high HIV prevalence and men travelling abroad. There is currently little research exploring international mobility and HIV risk and as a consequence the increase of men acquiring HIV while travelling overseas is poorly understood. This article draws on data from a qualitative study exploring the risk perspectives and experiences of 14 Australian men who acquired HIV while travelling overseas in the years between 2000-2009. Participants articulated a strong desire to distance themselves from the identity of a tourist. Social networks were highlighted as important entry points to engage with other foreign travellers and expatriates. These networks were highly influential and were understood by the participants to provide guidance on how they should negotiate the local scene, including where to meet sex partners. Limited discussion of safe sex and HIV was mentioned in these contexts. The findings suggest that prevalent social norms and social networks play an influential role in how participants negotiate sex and social relations in overseas settings. These networks could potentially provide sites for effective HIV prevention programs.

Keywords: male tourists; HIV transmission; social networks; behaviour; sexual risk; HIV prevention

Introduction

Increasing international population flows due to travel and migration present a risk factor for growing communicable disease transmission rates, including HIV (MacPherson, Gushulak and Macdonald 2007; European Centre for Disease Prevention and Control 2010). Travellers visiting developing countries are at increased risk of acquiring HIV and other sexually transmitted infections (STIs) due to the higher prevalence rates, particularly if engaging in sexual activities with locals (Memish and Osoba 2006).

Australia's response to the HIV epidemic has been very effective and male-to-male sexual contact within Australia has remained the major route of HIV transmission over the past two decades (McDonald et al. 1994; National Centre in HIV Epidemiology and Clinical Research [NCHECR] 2010). A different trend has emerged more recently, particularly in two jurisdictions, Western Australia and the Northern Territory: of both heterosexually and homosexually active men reporting that they acquired HIV while travelling overseas (Combs and Giele 2009; Department of Health Western Australia [DoHWA] 2009; NCHECR 2010).

Between 2005 and 2009, a total of 198 newly diagnosed HIV infections in Western Australia were acquired overseas, of which 135 (68%) were male and represented almost half of all male diagnosed cases (47.2%). The majority of these overseas acquisitions (64%; n = 86) occurred via heterosexual exposure, while 31% of acquisitions occurred through male-to-male sexual contact (DoHWA 2009). Southeast Asia, in particular Thailand and Indonesia, were the most commonly reported locations of HIV acquisition among Western Australians during this period (Combs and Giele 2009).

Parallel to this, there has been a significant increase in the number of Western Australians travelling overseas for business and leisure pursuits. This is underpinned by a rapidly expanding local economy due to a resource industry boom. Travel data show that people from Western Australia are more likely to travel to Indonesia and Thailand than those from other Australian states, with travel to Thailand more than doubling since 2003 (Australian Bureau of Statistics 2007; Combs and Giele 2009). Though smaller in numbers, similar trends have been observed in the Northern Territory. Due to these changing patterns of HIV acquisition, people travelling to and from countries with high HIV prevalence have been identified among the priority population groups in the Australian Sixth National HIV Strategy 2010–2013 (Department of Health and Ageing 2010).

While the epidemiological data clearly show an upward trend in overseas-acquired HIV, there has been little information on the factors underlying the increase of HIV infections among Australian male travellers. Many studies have highlighted the links between travel and sex (Hughes and Bellis 2006; Memish and Osoba 2006; Mercer et al. 2007). In addition, a large body of the North American and European quantitative research has examined sexual risk behaviour whilst travelling, including number of sexual partners, frequency and consistency of condom use, testing and travel advice for STIs and blood-borne viruses (Benotsch et al. 2006; Egan 2001; Hamlyn, Peer and Easterbrook 2007). However, there has been 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. For example, one qualitative study published in this journal explored the factors leading to Japanese male tourists engaging in risky commercial sexual behaviours in Thailand (Yokota 2006), and another investigated the issues around sexual health knowledge, sexual relationships with tourists and condom use among trekking guides in Nepal (Simkhada et al. 2010). While these studies present valuable findings they may have limited application across different cultures, and so attention to different contexts is required.

This qualitative study aimed to explore the social, cultural and behavioural factors which may have contributed to the overseas-acquisition of HIV by Australian male residents to

inform the development and implementation of government and community health promotion policy and programs. This paper reports on the findings pertaining to perceived social norms and assumptions among participants and discusses the role of social networks in the context of their travels in the host countries.

Methods

Study design

This study used a qualitative approach to collect and analyse data from in-depth interviews conducted among a convenience sample of 14 men who believed they acquired HIV while travelling overseas for business or leisure during the period 2000-2009. Ethics approval for the research was obtained from the first author's academic institution and consent and support for clinic and agency staff to promote the study was provided by the participating hospitals and AIDS councils (community based HIV organisations). A Reference Group of clinical, community organisation and people living with HIV (PLHIV) representatives was established to oversee the implementation of the study.

Participants

Recruitment was primarily through programs and services accessed by PLHIV, in particular AIDS councils and hospitals. Referral and promotional resources were developed for staff to distribute to men who met the recruitment criteria. The recruitment criteria were that they were male, believed they had acquired HIV between the years 2000-2009, and were resident in Australia prior to acquiring HIV. Men who had acquired HIV prior to living in Australia were excluded. Men who were interested in participating in the study or in learning more about the study were invited to contact the Chief Investigator directly. Letters with promotional material were also sent to general practitioners who had diagnosed men with overseas-acquired HIV. An email based on the promotional material was also provided to services to forward to clients, with a link to a website for more detailed information.

Data collection

A semi-structured interview schedule was developed by the research team and tested for content validity with relevant members of the Reference Group, which included representatives of people living with HIV with experience relevant to the study nominated by the local HIV community organisation (see Table 1 for an overview of the interview schedule question areas).

Table 1. Semi-structured interview schedule question areas.

Reason for being overseas
Which country/countries participants were visiting, working and/or living in.
Circumstances at home/in WA at the time participants were overseas.
Meaning of being overseas within participants' 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 participants 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 participants' 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.

Other relevant information that contributed to understanding how participants became infected with HIV while overseas.

Note: The listed interview schedule question areas are not exclusive

Recruitment commenced in April 2008 and ceased in January 2010. Men who contacted the research team to express interest were briefed about the study, including the confidential and voluntary nature of the study. Interviews were arranged at a place and time chosen by the participants. In total, twelve interviews were conducted face-to-face, while one interview was conducted online and another by telephone. Interview questions were adapted in response to the themes emerging from the ongoing data analysis throughout the data collection phase. The interviews, which ranged in length from 60-120 minutes, were digitally recorded and transcribed verbatim. Each transcribed interview was then edited to remove all personal identifiers. Participant names have been changed in this paper to maintain confidentiality. The age, region where the participant believed HIV transmission occurred and sexual identity are indicated in brackets at the end of each quote.

Data analysis

Symbolic Interactionism (Blumer 1969) provided the theoretical perspective and analytical framework for the analysis. Symbolic Interactionism 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, refinement or adaptation of self occurs during these interactions. Through the lens of symbolic interactionsim this article examines meaning in different settings, the role of the generalised other and reference groups in shaping meaning, and the ways in which participants represent themselves in different contexts. For example how these travellers interpreted and gave meaning to symbols and actions in relation to their interaction with local community members, other travellers, expatriates, and social or work environments, and cultural experiences, and sexual contexts (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. Multiple members of the research team reviewed the transcripts, compared

analysis and collectively agreed on key concepts and themes. This formed the basis for the development and refinement of the emerging theory.

Results

Background characteristics of study participants

The 14 HIV-positive men in this study ranged in age from 20 years to more than 60 years old. Seventy-one percent (n = 10) had been born in Australia and all participants (n = 14) were Australian citizens. Of the participants nine self-identified as heterosexual and five self-identified as gay men. Table 2 provides an overview of the research participants.

Table 2. Background characteristics of study participants.

	Heterosexual Identifying participants (n=9)	**Gay Identifying Participants (n=5)**	**All participants (n = 14)**
Age group			
20 – 29	0	1	1
30 – 39	2	1	3
40 – 49	2	2	4
50 – 59	2	1	3
60 or over	3	0	3
Country of birth			
Australia	6	4	10
Europe	3	0	3
Asia	0	1	1
Citizenship			
Australian	9	5	14
Primary reason overseas			
Work related	4	3	7
Holiday/leisure	5	2	7
HIV test prior to HIV diagnosis test			
Tested within previous 12 months	1	4	5
Previously tested 1 – 3 years	3	1	4
Previously tested >3 years	2	0	2
Not previously tested	3	0	3
Year believed HIV transmission occurred			

2000 – 2004	6	1	7
2005 – 2009	3	4	7
Year diagnosed with HIV			
2003 – 2006	5	2	7
2007 – 2009	4	3	7
Duration between believed HIV acquisition and initial diagnosis of HIV/AIDS			
<1 year	0	2	2
1 – 2 years	5	3	8
3 – 5 years	4	0	4
Region HIV transmission was believed to have occurred			
Asia	7	4	11
Africa	1	1	2
North America	1	0	1
Identified modes of HIV transmission**			
Male/Female Penile – vaginal	9		9
Male/Male Penile – anal		5	5
HIV status of partner from whom believed acquired HIV			
Unknown HIV positive	9	5	14
Known or reason to suspect			
HIV positive	0	0	0
Self-identified relationship status prior to travelling to country where HIV infection is believed to have occurred			
In a relationship	0	1	1
Single – previously married	5	0	5
Single	4	4	8
Times travelled overseas			
2 – 5 times	1	2	3
6 – 10 times	1	1	2
11 or more times	6	3	9
Times travelled to country where HIV infection was believed to have occurred			

1	2	1	3
2 – 5 times	2	1	3
6 – 10 times	3	2	5
11 or more times	3	0	3

**Note: This refers to heterosexual participants only as marriage between men was not legal in Australia. It is not intended to imply that the gay men had not previously had long-term relationships with men.*

***Note: These are all the potential transmission modes identified by the men. None of the men reported injecting drug use or the sharing of needles, nor felt that oral sex had been a potential mode of transmission.*

All the men believed they had acquired HIV during sexual intercourse while travelling or working overseas. All but one participant believed the transmission occurred with a non-regular partner (n=13), and the majority of participants believed their transmission occurred while travelling to Asia (n=11).

Most men reported they were confident they knew when and where they acquired HIV; however, only five of the 14 men had been tested 12 months prior to their HIV diagnosis test. The gay men in the study were more familiar with regular testing (most had tested at least 12 months prior to their diagnosis test) than the heterosexual men, and were more familiar with HIV prevention campaigns. While any quantitative inferences from this study should be treated with caution due to the qualitative purpose of the sample, the heterosexual men tended to have a longer period between transmission and diagnosis and were less likely to have been tested regularly than the gay identifying men. While this was consistent with the epidemiological data from the WA epidemic, where heterosexual identifying men tend to be later presenters to HIV diagnosis than gay identifying men, it is an area that should be investigated further with a quantitative sample.

Social norms and assumptions

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 identifying as travellers or as foreigners living in the country. A minority of the men used the term 'expatriate'.

Most of the men described efforts they had made to distance themselves from what they perceived as tourist behaviour. Further, they attributed positive experiences while travelling or living abroad to choosing not to limit themselves to activities, behaviours and attitudes associated with short-term tourists. 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 about changes they experienced within themselves as they became more familiar and connected to their host country, and often this sense of connection would build over a number of trips. Ronald, who was working in a fly in – fly out context[1], using Thailand as a base, provides a good example of the shift from tourist to regular traveller:

> When you first go there it's so different and amazing and everything, … I was full on into the party side of it, cashed up and … 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)

Some men emphasised that although they felt they understood the country more than a tourist, they were not as experienced in the local culture as an expatriate living in the country for many years. For most men, regardless of how long they had been in their host country, there was an aspirational aspect to their perceptions. They wanted to see themselves as respectful to the local people and culture, though their actual understanding and engagement with local culture varied considerably across the sample. For example, 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, as Gerald describes in the following quote:

> 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 [an Australian colloquialism for sex] for half price (laughs) (Gerald, 50+, Asia, Heterosexual).

Overall, in their self-descriptions, men demonstrated a consistent pattern of distancing themselves from other Australians or Westerners in the country who they believed were naïve tourists who were impulsive, culturally insensitive, and created a bad name for the more experienced travellers. 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. This is exemplified by the following quote:

> 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 expatriate or the local community, the more separate they described feeling from tourists. This action could be described as disassociating from or 'othering' those whom they regarded as tourists, due to the perception of a tourist having a superficial experience. These perceptions and experiences were closely associated with building a sense of legitimacy about their role and connection with local community or people while in the country.

Role of social networks

Although many of the men aspired to be culturally connected to the local community in their host country, we found that the friendship groups and social networks of the sample were primarily composed of Australian or Western expatriates or other regular foreign travellers

who spent time within expatriate networks. The latter refers to people who regularly travel for leisure and/or business but do not live in their host country on a permanent basis as expatriates do. These social 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. (Brad, 20+, Asia, Gay)

Most men described an experience of rapid immersion into the local Australian expatriate culture, and generally found this easy and welcoming. This was regularly linked to bars and venues associated with Australians. 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. In this context, the expatriate community was experienced as mediating the relationship between the participants and the local community.

Acceptance into one of these social networks 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. … 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 the more ex pats there are at parties, the better the party is. (Christian, 40+, Asia, Gay)

There was a consistent narrative of guiding, mentoring and giving or receiving advice 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, there were only one or two contacts and they were male. Typically, these contacts provided a gateway to a broader social network and in some cases they acted as 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 an 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 tried to do that for guys who first come across when I was in the bar … 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 [colleagues] wanted to have a night out on the town, ... We just didn't go to the one strip bar, I took him [colleague] … showed him all different nightclubs, we got to hang out, not just with hookers and strippers, we hung out with locals. (Anthony, 40+, Africa, Gay)

The 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). Men regularly described key people within their networks that activities and events centred around and who were recognised by other expatriates as sources of good advice and 'inside knowledge'. These key people were often Australian bar or venue owners; or members of a well-connected social networks who organised events and gatherings or had links to local businesses. Ronald described how stories about relationships with women in Thailand would be shared within the networks to which he belonged. 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 … 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. … 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. (Ronald, 30+, Asia, Heterosexual)

In many cases, other travellers, expatriates and friends played a significant role in how participants negotiated everyday life in the host country. The advice they sought and received included explicit information regarding sex workers, 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'. 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, … 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 … (Gerald, 50+, Asia, Heterosexual)

The men described how once they had found their favourite local bar in which they tended to socialise they also received advice about the women within the bars to whom they should direct their attention:

> 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 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. (Tom, 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 provided and encouraged the use of condoms. None of the men identified as sexual tourists and some would ignore or distance themselves from some of the sexual health advice if it implied that they were only in the country for sex.

Discussion

This is the first study to explore the social, cultural and behavioural factors that may have contributed to the overseas acquisition of HIV by Australian male residents. Our article reports on the social networks, social norms and assumptions that framed participants' sexual practices in overseas contexts. In various ways, the participants' narratives invoked a concept of distance, including distance from Australia, past relationships, and tourists. There was often a sense of transition or 'in-betweeness' in these accounts, for example of being neither a tourist nor a local. This experience of 'in-betweeness' or 'liminality' of expatriates and

travellers, and the distancing from the identity of tourist, has been well-identified within the tourism literature (for examples, see McCabe 2005; Munt 1994; Wilson, Fisher and Moore 2009), but little in the context of its implications for health and sexual risk.

The interview narratives revealed that the majority of participants saw themselves as travellers or expatriates and articulated a strong desire to distance themselves from being identified as tourists who they characterised as naïve and superficial in their experiences of the local culture. While their contact with the local community was frequently mediated by expatriates and revolved around the entertainment and sexual scenes also frequented by 'tourists', strategies that are seen to be targeting short-term or first time tourists are likely to be dismissed by these men. The findings of this study indicate that the influence and role of the social networks amongst expatriates and frequent travellers, where peers were seen to be experiencing the same 'in-betweeness', 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. These findings are supported by Yokota (2006) in a study of Japanese male tourists in Thailand. In addition to the low cost and widely available sex services, forming relationships with other Japanese tourists was seen as the main motivating factor to purchasing commercial sex. Yokota's study further highlights that engaging in commercial sex among tourists new to Thailand was often initiated through encouragement by peers, whereas experienced travellers were more likely to purchase sex without this influence. This suggests that 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. Interventions that engage with and utilise frequent traveller and expatriate social networks may be effective in reaching this target group.

Peer education, peer support and social influence have been key components of Australia's response to HIV, Hepatitis C and other STIs. These approaches have often worked through prominent community or social network members who can influence the views and actions of their peers through interactions in their social groups (Kelly 2004). These have proven highly effective among populations identified as at high risk for HIV infection, such as gay and other men who have sex with men, sex workers, injecting drugs users who share their works, and homeless youth (Brown et al. 2007; Svenson and Burke 2005). While networks can have positive influences for health and community, they can also reinforce judgment and stigma in regards to HIV, sex workers, sexuality and gender. For example, the perspectives presented by some of the men in this sample about the social role and sexual health of women and sex workers in Asian countries were based within stereotypes concerning cleanliness, promiscuity and the role of women generally (see quotes above by Tom and Gerald). These perspectives, according to these men, were unchallenged within their social networks. 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 and their social and cultural norms, especially within contexts of people who regularly travel.

This research indicates that there are possible opportunities within the peer norms of travellers and expatriates. Most of the men in the study wanted to respect their host country, to be seen to be doing the right thing and to distance themselves from the behaviour of short-term 'naïve' tourists who they viewed as seeking a superficial and short-term experience of the host country. The men in the study desired to be included in a social network and to be in a position to receive and provide advice, which symbolised a level of belonging and being more knowledgeable than a tourist. 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 would be required to assess if the themes derived from this research are present within broader expatriate and traveller networks. For example, men who take on a

strong mentoring role may be potential opinion leaders within networks of expatriates and travellers. Australian bars and bar owners in host countries may be key conduits for potential engagement. To determine this, a broader understanding of the meaning of experience, culture and risk among broader networks, and how these networks operate, interact and sustain themselves would be essential.

The qualitative findings of this study provide insight into the experiences and contexts of Australian men who have acquired HIV during overseas travels that may assist in guiding health promotion programs and policy. However, there are a number of limitations that should be acknowledged when interpreting these findings. First, the study was an exploratory qualitative study, which limits generalisation of findings to the wider population. Second, a purposeful sample of men was recruited to obtain a range of experiences and characteristics, which reduces the possibility to determine the proportion of men who had particular characteristics, experiences or lifestyles, for which a larger representative sample would be required. Thirdly, 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. Lastly, the findings may be subject to recall bias as perspectives and experiences provided are as the men interpret and recall them and verifying interviews were not conducted with the men's partners or with the different groups that the men spoke about, such as locals within the host countries, sex workers, or other tourists, travellers or expatriates who have not acquired HIV. The data presented demonstrates an understanding of the meaning of contexts and situations from the participants' point of view only. Further interviews with men who have acquired HIV while travelling or working overseas may generate additional or contradictory themes in the future.

Conclusion

Despite the identified limitations, our study suggests the prevalent social norms and networks of long-term travellers may have an influential role on those who are more likely to be at risk of acquiring HIV during their travels overseas. This requires a shift in the focus of education and prevention from 'home' to key countries where expatriate communities are strong. Further research in this area is needed in order to develop a deeper understanding of expatriate networks in higher prevalence countries. This study also highlights the need for developing effective ways to engage with this cross border epidemic that does not stigmatise people from either side of the border, and supports the host country efforts in their HIV prevention endeavours, particularly for population groups which are most at risk or vulnerable to acquiring HIV. In this context, it is necessary to determine the potentially different health promotion roles in the 'home' country and the host countries. It is also critical to investigate and establish the potential for peer influence to challenge assumptions and stigma about HIV and risk, and increase safe sexual behaviour and testing among expatriate and longer term traveller networks.

Notes

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 certain period work (e.g. two to four weeks) 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 somewhere else of similar distance for their relaxation. For Western Australia this may mean Thailand or Indonesia.

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