



Frontier Internship in Mission

The effect of tourism on the sexual behaviour of young people



By J. P. Twagiramungu

THE CARIBBEAN HAS BECOME increasingly dependent on money from tourism. Natural resources, landscape, people's warm hospitality, green terrain, carnival, and the rule of sea-sun-sand is attracting more and more visitors to the region. Unfortunately, all studies done on the link between HIV/AIDS and tourism conclude that increased tourist demand for adventure and romance in the Caribbean increases sexual contacts between visitors and locals. Therefore, the potential of contributions of these contacts to the HIV/AIDS epidemic and its subsequent negative impact not only on the tourism industry but also on public health and the national economies is of great concern.

Through his internship with the Regional Office of the Latin American and Caribbean YMCA, Jean-Philippe Twagiramungu of Rwanda is tackling the question of how tourism impacts HIV and AIDS in the Caribbean. The internship aims to increase awareness of the magnitude of the HIV/AIDS epidemic and solicit tour operators, faith based organizations, and other stakeholders to become involved in designing further programs and appropriate strategies to address the issue of sexual contacts between visitors and nationals, mobilizing people in the tourism industry to work for local solutions to the challenges posed by HIV/AIDS.

In order to broaden the scope of his work and establish cooperation mechanisms, Jean-Philippe has met with staff from the Ministry of Tourism who is coordinating the HIV and AIDS Program, officials from the National AIDS Coordinating Committee (NACC)

of Trinidad and Tobago and the Caribbean Health Research Council (CHRC). The meeting with CHRC was particularly useful since Jean Philippe obtained a database of studies on HIV/AIDS and tourism already undertaken in the Caribbean. In his meetings with staff from the Caribbean Conference of Churches, Jean-Philippe had the opportunity to share experiences of HIV/AIDS and faith based responses in the African context.

According to the 'Performance of Tourist Accommodation in Trinidad —Comparison of 2006-007' Report, the average room occupancy rate across all accommodation types for the month of July 2007 in Trinidad was 72.2%, an increase of 0.6% over the previous month. The rate for hotels was 72.3%. For guesthouses, the rate was 68.5%, an increase of 15.4%. The majority of foreign guests were from the United States of America (35.8%) followed by the United Kingdom (10.4%), and Canada (6.1%).¹ The official purposes of these visits are meeting friends and relatives, leisure, beach or vacation, business or convention, wedding or honeymoon, and study. "Yet, after a year researching the issue of tourism and HIV/AIDS, I asked myself if some of these visits imply some negative health effects on the receiving communities, especially by promoting risky sexual behaviors by which people could contract HIV," wrote Jean-Philippe.

Tourism and the sexual behavior of young people

In 2007, Jean-Philippe carried out a research project entitled 'The Effect of Tourism on the Sexual Behavior of Local Young People 14-24 Years Old in Tobago.' The operational objectives of this pilot study were to research types of sexual contact between tourists and local young people in Tobago; to assess the level of condom use and negotiation of condom use during sexual intercourse between tourists and local young people in Tobago; to investigate the health effects of sexual intercourse between tourists and local young people in Tobago; and to identify the role of the Church, faith-based organizations (FBOs), and other community organizations in responding to risky sexual contact between tourists and young people in Tobago.

This study should contribute towards changing the sexual behavior of young people in Tobago by providing the church, FBOs, community-based organizations (CBOs), and tour operators with useful information for designing programs, strategies and policies to prevent and cope with sexual transmitted infections (STIs) and HIV.

Jean-Philippe carried out over 50 different field visits to the beaches and local communities, interacting with people to get answers to the questions his study posed. During his investigation, one of the families he met has a daughter who was infected with HIV by a tourist in 1999. Jean-Philippe made himself available to counsel the family members dealing with the situation.

"The slogan should not be 'sea, sun, and sand,' but 'sea, sun, sand, sin, and sex'. More than 90% of the guys I met at Maracas Beach, and at all the beaches in Tobago — Prince's Bay, King Bay, Great Courland, Milford Bay— said that many Western women descend on the Caribbean to enjoy the sun, lie on the sand by the sea, and have sex with local guys. These are the so-called 'romance travelers' or 'sex tourists.'

¹ TDC report, 2007

According to a number of studies, the primary destinations for female sex tourism are Southern Europe (mainly Italy, Greece, Turkey, Croatia and Spain, the Caribbean (led by Jamaica, Barbados and the Dominican Republic), Southeast Asia (Bali in Indonesia and Phuket in Thailand, Ghana and Kenya in Africa. Lesser destinations include Egypt, Nepal, Morocco, Fiji, Ecuador and Costa Rica. An estimated 600,000 Western women have engaged in travel sex from 1980 to the present, many of them as repeat customers.² By some estimates, 80,000 North American and European women flock to Jamaica for sex every year.³

Yet a 'sex tourist' is not always a woman. Studies show an increasing number of local female sex workers, meaning that men are also increasingly coming as 'sex tourists.' Additionally, it has been noticed this year that the phenomenon of sex work within the tourism industry is extending to the gay community," explained Jean-Philippe.

A recent and well documented study of male sex workers in the Caribbean shows how their bisexual behavior impacts the spread of HIV. Many of these men are married, but do not tell their wives about their prostitution or homosexual behavior. This is how HIV is transmitted from one tourist to another through a local man who also definitely infects his wife. The study stresses that tour operators need to be aware that they are contributing to a sex economy that has serious negative health impacts. They need to take responsibility for preventing the spread of HIV.⁴

Jean-Philippe research shows that as the country continues to attract a growing number of tourists each year, the connection of sex tourism to the spread of HIV/AIDS needs special attention. People with multiple sexual partners involved in sex tourism are most at risk for HIV infection. In Jean-Philippe's view, young men and women are particularly vulnerable to becoming involved in sex tourism as part-timers who use sex to supplement falling incomes. Even though Trinidad and Tobago is experiencing a booming economy due to oil prices, unemployment continues to be very high among youth.

A 2004 World Bank study showed that in Trinidad and Tobago about one-third of youths who finish primary education are unable to enter secondary school; jobs for young people are difficult to find. During the country's economic upturn in the late 1990s, when unemployment hit all-time lows, youth unemployment remained at approximately 30%. The most disadvantaged adolescents face a number of challenges that place them at risk for dropping out of school, turning to a culture of crime and drugs, or becoming sexually active in the tourist industry.

What Jean-Philippe noticed during his visits to the beaches is very disappointing. Like in Jamaica, the cost of an hour of sex with a local in Trinidad and Tobago is estimated to be US \$30. A night that includes oral sex costs US \$150. A night of unprotected sex costs US \$500. "I prefer to have unprotected sex because I can earn more. If I get the

² Jeff Heinrich: Sex tourism: When women do it, it's called 'romance traveling', *The Montreal Gazette*, January 27, 2007 (www.canada.com/ottawacitizen/news)

³ Lona Martin: "Sex, sand and sugar mummies in a Caribbean beach fantasy", *The Observer*, July 23 2006. (www.guardian.co.uk/travel)

⁴ Mark Padilla. *Caribbean Pleasure Industry: Tourism, Sexuality, and HIV/AIDS in the Dominican Republic*. University of Chicago Press, 2007.

virus [HIV], I will feel it after four or five years, but if I am hungry I will feel it right now,” a sex worker said.

Many people, mostly women, cannot say ‘no’ to sex with tourists because of the financial circumstance in which they live. These people do not need health education nearly as much as they need social and economic reform. Knowledge alone does not change behavior. Most people in the Caribbean are now acutely aware of the threat AIDS poses, yet most do not abstain or practice safer sex. During the field visits, young people in Tobago acknowledged the contribution of the Caribbean Conference of Churches (CCC) is doing by helping them make healthy choices about sexual behavior in the context of a supportive church/religious environment, but numerous studies show that information is only successful when it is reinforced by adequate community services, social support, and an environment that creates opportunities for constructive action.

Jean-Philippe contends that the problem of tourists who spread HIV in the Caribbean is not only the concern of tour operators, but also of each and every person within the community. Still, this industry needs to be held responsible to some extent for providing a safer environment. “Sin and disease are two terms not mentioned in the fancy tourist leaflets and brochures that promise a wonderful holiday at ‘sea-sun-sand’ Caribbean resorts,” says Jean-Philippe. “It is sad that churches in the Caribbean, as well as in Europe and North America, do not fully engage in denouncing the connection between sex tourism and the spread of HIV/AIDS in the Caribbean. It is especially distressing when we know that quite a few of those sex workers in the Caribbean and sex tourists from the North are also members of our churches,” lamented Jean-Philippe, who attends the Curepe Pentecostal Church and sometimes goes to the Southern Caribbean University for the Sabbath Worship.

HIV/AIDS and suicide

A 2000 World Bank study underlines the importance of religious institutions in efforts to prevent the spread of HIV/AIDS in the Caribbean.⁵ As a matter of fact, many FBOs assisted by the CCC have implemented programs to address the pandemic in the region. These programs range from prevention through information gathering to care, support, and counseling. The main HIV/AIDS initiatives are education and awareness-raising, while pastoral counseling and support are the initiatives that receive the greatest investment from FBOs.⁶

In line with these recommendations, Jean-Philippe assisted and supported the Seventh Day Adventist Church’s HIV/AIDS Training Program in Trinidad and Tobago that focusing on the links between HIV/AIDS and suicide.

“Suicidal inclinations are extremely common among AIDS patients as the patients constantly reevaluate their quality of lives. One recent study indicates that people infected with HIV may be up to 40 times more likely to consider suicide than other people. Official statistics and results of recent research indicate that young people may

⁵ “HIV/AIDS in the Caribbean: Issues and Options. A Background Report.” World Bank 2000, p. 41

⁶ “Guidelines for Caribbean Faith Based Organizations in Developing Policies and Action Plans to Deal with HIV/AIDS”, CCC, 2004.

be more likely to commit suicide than any other group in our societies,” asserted Jean-Philippe.

He carried out a series of meetings involving 157 young people aged 12-24 from the Seventh Day Adventist Church. Through focused group discussions, some common risk factors were identified, namely the presence mental health problems including depression, emotional turmoil, anxiety, and panic among HIV infected people; a lack of environmental supports and adolescents’ inability to expect or accept help because of the denial, stigma and discrimination surrounding the disease; and the accessibility of weapons —the presence of a gun in the home has been shown to contribute significantly to the risk of suicide even in the absence of overt psychopathology. This is very important in the country like Trinidad and Tobago where crime is very high.

“In order to prevent these risk factors for suicide among HIV-infected young people, the church should actively participate in breaking the silence surrounding HIV/AIDS and overcome attitudes of condemnatory judgment, negative discrimination and indifference towards people living with the virus and their families. This would save lives in the present generation and prevent the annihilation of future generations across the Caribbean by this fatal disease,” says Jean-Philippe.

Reflecting on the challenges faced and attempting a preliminary assessment of his internship, Jean-Philippe says that he has learned to be ‘more patient’ and to cope with a number of complex and unexpected factors. “My knowledge of HIV/AIDS and research skills have improved. I think that after this internship I should be capable of implementing an HIV/AIDS project regardless of the circumstances and the environment. On the other hand, the regular visits to the poor families in Trinidad and Tobago made me another type of person—humble, hospitable, and with deeper compassion for the less fortunate.”