

**Title: “Living a life less ordinary”: exploring the experiences of Australian men who have acquired HIV overseas**

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## **ABSTRACT**

### **Background**

Increasing international mobility has led to a growth of cross-border HIV transmission around the world. In Australia, increasing rates of overseas-acquired HIV infections have been reported particularly amongst men. This qualitative study explored experiences and risk perceptions of 14 Australian men who acquired HIV while living or travelling overseas from the year 2000.

### **Methods**

Symbolic Interaction provided the study's theoretical perspective and analytical framework. Australian men living with HIV, aged 18 years and older, believing they had acquired their infection while working or travelling overseas during or after the year 2000, and diagnosed from 2003 onwards, were eligible to participate. A semi-structured interview schedule was developed and tested for content validity with the study reference group. Analysis was conducted using an adapted form of grounded theory forming the basis for the development of the experiences domains.

### **Results**

Analysis produced four domains of experience: *(1) a fantasy realised; (2) escaping and finding a new self or life; (3) living a life less ordinary; and (4) living local...but still an outsider.* The description of the four experience domains highlights how risk generally, and sexual risk in particular, did or did not feature in these men's understanding of their experiences.

### **Conclusion**

Perceptions and experiences of long-term travel played a decisive role for men who acquired HIV when travelling overseas. Appealing to desired experiences such as connection to local culture or sustaining a new or adventurous life may provide important implications for guiding health promotion programs and policy.

## Introduction

International mobility presents risks for HIV transmission, driven by globalisation, tourism, migration, conflict and labour markets, [1-3]. Epidemic patterns have changed as HIV acquisition via cross border travel has become an increasing proportion of diagnoses for high income countries [4]. Whilst Australia has typically experienced a concentrated epidemic with male-to-male sexual contact the primary route of transmission, some jurisdictions have experienced increases related to migration to Australia from high HIV prevalence countries, and to people travelling from Australia for work or leisure to countries with higher HIV prevalence [5].

In Western Australia, newly diagnosed HIV cases are notifiable to the Department of Health. Information regarding type of exposure and demographic details are collected for each diagnosis as well as the most likely place of acquisition. Since 2005, there have been almost 400 diagnoses of overseas acquired HIV; more than 65% of these occurring amongst males [6]. This represented almost half of all diagnosed cases among men in Western Australia (48%) during this period [6]. The majority of these diagnoses (64%) were reported as male-to-female/female to male sexual contact, while 31% of acquisitions were reported through male-to-male sexual contact [6]. Whilst these acquisitions have occurred both among Australian citizens and temporary residents who acquire HIV in their country of origin, Australian born individuals have primarily acquired HIV in South-East Asia. The Northern Territory population is smaller and the number of overseas transmissions is fewer, however similar patterns have been observed [7].

Increasing diagnoses have been accompanied by growing numbers of Western Australians travelling overseas. Southeast Asia was the most commonly reported location of acquisition amongst Western Australian men during this time [5]. Western Australia and the Northern Territory experienced some of the highest rates of population movement for short-term resident departures [8]; Indonesia and Thailand were particularly popular, with Western Australians increasingly travelling to these locations and travelling there more frequently than residents from other states [8-9].

The Australian government's Seventh National HIV Strategy (2014-2017) continues, as in previous strategies, to include those travelling to and from countries of high HIV prevalence as a

key target group [10]. However, whilst the Strategy calls for better understanding of and responses to this broad group, no previous Australian study had investigated the social, cultural, and behavioural factors influencing HIV sexual risk among Australian men who travel overseas.

There are some studies in the international literature that have explored the relationship between sexual risk behaviour and travel [3] [11-15], and few studies exist which explore why tourists engage in transactional or unprotected sex [16-17]. But to create effective HIV health promotion programs and interventions, we need not only an accurate understanding of risk behaviours but also the significance of culture and how its meaning is constructed, interpreted and presented. This is what we currently lack; a better understanding of how the interactions and relationships of male travellers shape meanings about culture, context and self [18]. There is also a need to acknowledge and explore the potential positioning of the destination countries, in this case primarily in South-East Asia as 'other' both within the research and by travellers more broadly [19, 20]. The application of 'Western' or neo-colonial perspectives predicated on the 'exotic east' as more inherently dangerous, more permissive, romantic, or erotic may be stigmatising for host countries and has implications for the way in which individuals view themselves and their sexual health decision-making [19, 20]. We need to better understand the importance of place, and the liminality of travel and the destination as a context for risk to our understanding of risk for HIV transmission acquired overseas amongst male travellers from a low prevalence country like Australia [21, 22].

This paper presents additional results from a small qualitative study which aimed to investigate the social, cultural, behavioural and cognitive factors contributing to the overseas acquisition of HIV by Australian male residents of Western Australia and the Northern Territory, who travelled overseas for work or leisure during or after the year 2000, and diagnosed from 2003 onwards. It builds on earlier findings from our interviews with men from Western Australian and the Northern Territory which presented perceived social norms and assumptions among participants and discussed the role of social networks in the context of their travel in host countries. In particular, this paper explores four specific domains of experience common to the participants. The research contributes to the small body of existing literature on this emerging epidemic with the intention of informing future policy and health promotion practice in the area of HIV and mobility.

## **Methods**

Symbolic Interactionism [23] provided the study's theoretical perspective and analytical framework. Symbolic Interactionism as a framework has been employed for some time to explore sexuality, health and cultural contexts [18, 24]. Symbolic Interactionism explores how individuals meaningfully interact with their social and natural environments and how humans socially construct their concept of self [23, 25-26]. Various cultural practices, group norms and roles become symbols which impose meaning on events and objects, such as what behaviour is expected and appropriate in different settings and in different roles [23, 25-26]. Such a framework was valuable as it facilitated an investigation of the way in which participants interpreted and made meaning of their interaction with their overseas and home environments and settings, the cultural contexts of living and travelling in other countries, and their interactions with other travellers and locals [23, 27].

A reference group of clinical, community organisation and people living with HIV (PLHIV) representatives was established providing guidance for study implementation. Ethics approval was granted from Curtin University and participating community agencies and hospitals who promoted the study.

## ***Participants***

Eligible participants were men living with HIV, aged 18 years and older, believing they had acquired their infection while working or travelling overseas during or after the year 2000, diagnosed from 2003 onwards, and resident in Australia prior to acquiring HIV. This study did not target those who acquired HIV prior to living in Australia, nor did it target women. The inclusion criteria for research participants was based on the epidemiology of diagnoses at the time which indicated that women who had acquired HIV overseas were more likely to have done so in their country of origin.

## ***Data collection***

Participants were recruited via staff from programs and services for PLHIV, including AIDS Councils, hospitals and general practice who distributed promotional material to clients about the study. Interested, eligible men were briefed about the study, provided informed consent and

were enrolled in the study. Place and time for interviews was chosen by participants. Participants were offered a gift voucher to acknowledge their contribution to the study at the commencement of the interview. Due to changes in key liaison staff in the major hospital clinic, and the change in the depth of corporate knowledge about patient social history, recruitment period was longer than planned. The majority of interviews were conducted face-to-face in Western Australian and the Northern Territory (n=12). Due to the international travel of some participants one participant was interviewed by successive emails and another by telephone. There were no discernible differences in the quality or depth of content of responses received through the different modalities. Whilst some participants had returned to Australia permanently at the time of the interview, some were interviewed whilst they were in Australia temporarily before returning overseas.

A semi-structured interview schedule was developed and discussed with the study reference group to ensure that the questions were credible and authentic for the area under investigation as assessed by experts. The schedule domains can be seen in Table 1.

**<Table 1>**

A full description of the broader question areas is described elsewhere [27]. The schedule was adapted to respond to emerging themes during data collection and analysis. Recorded interviews ranged in duration from one to two hours, were transcribed verbatim and de-identified.

**Data analysis**

The analysis was conducted using an adapted form of grounded theory [28-29] where interviews were conducted in batches prior to transcription and analysis (due to logistic and participant schedule reasons), rather than full analysis of each interview and comparison conducted prior to the next interview. Interview transcripts were entered into NVivo 8 [30], allowing for interview coding and cross referencing, and the generation of categories and concepts for analysis and comparison [28]. Multiple members of the research team reviewed transcripts, compared analysis and collectively agreed on key concepts and themes. This formed the basis for the development and refinement of the description of experiences types.

Analyses presented here go beyond early published results [27] which focused only on context and networks of the sample as a whole. This analysis presents nuances in the men's experiences and perspectives.

## **Results**

To maintain confidentiality, participant names have been altered and age categories used. Participant age, region where they believed HIV transmission occurred and sexual identity are indicated in brackets.

### ***Demographics***

Fourteen men participated in the study; nine of whom identified as heterosexual and five as gay. Participant ages ranged between 20 and 69 years. Most participants identified as single during their time of travel, and believed they had acquired HIV during sexual intercourse that occurred with a partner they had met while travelling overseas. All participants had travelled overseas multiple times; more than half the men had travelled overseas at least 11 times in past 5 years. Most men believed that HIV transmission had occurred when travelling in Asia. See Table 2 for a detailed overview of the characteristics of participants.

### **<Table 2>**

Initial analysis found the role of social norms and networks to be significant [27] across the sample. Entry into local culture was facilitated by highly influential social networks comprising other foreign travellers and expatriates, guiding new travellers on how to manage the local scene, including where to meet sex partners and find good bars and clubs. Most participants' understanding of context and culture developed through interactions with other foreigners rather than with locals [27].

Further analysis identified four dominant experiences: (1) *a fantasy realised*; (2) *escaping and finding a new self or life*; (3) *living a life less ordinary*; and (4) *living local...but still an outsider..* Categories were based on descriptions of experiences and participants' own perceptions and intentions prior to and during their time in their host country. Participant descriptions of their experiences could largely be grouped within one of these domains, though some men's

experiences spanned two domains, as illustrated in Figure 1. The following description of the four experience domains highlights how risk generally, and sexual risk in particular, did or did not feature in these men's understanding of their experiences.

**<Figure 1>**

***A fantasy realised***

For some men, the host country was seen as a short term fantasyland, an outlet from their life in Australia. These men were not looking for a life change but opportunities to try and do new or different things as an occasional outlet. They could engage in activities they would not normally do or have the opportunity to do in Australia or, from their point of view, anywhere else.

Ronald (30s, heterosexual), whose experiences fell into more than one category (also '*living local...but still an outsider.*') described his initial year of travelling to Thailand, as a world that he had not known existed, later progressing to a stronger connection to local culture and environment. There was a clear distinction between his regimented and safety focused existence while working in the mining industry, "*It's a mindset - working five weeks away and one week off - you do get that sense that you are being a robot... You're sacrificing your life*" and spending care-free time in Thailand "*the minute you get a chance to live your life....you become hedonistic...*". This was reinforced with each successive trip. Time in Thailand was expressly viewed as the opportunity to experience what he could not, or would not, experience in Australia. Whilst the experiences changed over time, 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, the overall experience still represented a fantasy, "*you were there to experience what you wouldn't be able to do back here...it surprises me that I was ever into something like that, you know?*".

Christian (40s, Asia, gay) described another example of feeling immersed in an uplifting and positive fantasy environment compared to the description of his life in Australia, "*you know, I'm not A list, but I'd scrape by as a B list ...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*". For Christian, the experiences were about parties and friendships within

those party networks of locals and expatriates, *“it’s one big aura of ecstasy that permeates the culture”* and a sustained feeling of being *“in demand, knowing that you never have to go home alone. It’s a big attraction”*.

A similar fantasy was described by Benjamin (30s, Asia, heterosexual) when meeting women at local bars who were sex-workers:

*When you have the girlfriend experience... you don’t feel like you are soliciting a prostitute... 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 your mates are around – everyone is dancing and having a good time....*

For men in this category, the fantasy was not exclusively the sexual context, but was also about the adventure of the country, the lack of regulatory or environmental safety limitations compared to those they experienced in Australia, beach culture, time and inclination to try new things, the opportunities, *“to let your defences down with alcohol and the mix”*. It was characterised as being in environments where, *“the fact that you are on holiday”* and the usual home environment responsibilities receded. Experiencing this fantasy became regular and while the risk in many scenarios was acknowledged, it was assessed in the same frame of reference to that which they used when at home, rather than assessed in the context of a setting which lacked the regulatory controls which exist in Australia. As Benjamin commented, *“It is like going to a nightclub [in Australia] and picking up a girl and you get along with her fairly well and condoms will go out the window...over there it is like that too...it’s like a falling in love mindset. It’s something that might go somewhere”*. The same risks taken in the Australian context were also taken overseas, however the setting became more inherently risky. Additionally, the men found themselves, compared to their Australian life, in an environment where taking risks was normalised by both peers and locals and being risk averse was the antithesis of this, *“you don’t want to know that everything is too tough... no matter how sensible or smart you are”*. The experience was more about managing or pursuing a fantasy than reducing risk.

### ***Escape and finding a new self or life***

The men whose experiences fitted in this category were mostly those who whilst expressing strong desire to be far from home and from their previous life, did not see this as a long-term lifestyle change. Travel, for these men had a clear end point, *“I just wanted to go and travel... just to travel, I wanted to be by myself”*. For other men in this category it was linked to a process of “starting over”.

Experiences were linked to a process of *“reassessing and re-evaluating”* as described by Kim (30s, Asia, gay) travelling soon after the end of a 13-year relationship, *“I really need to go out there and do something for myself”*. The purpose of Kim’s trip was to take a *“break from life as I knew it”* and create distance from relationship, work and family obligations, and be free of restrictions:

*I just wanted to enjoy my freedom, I just wanted to enjoy not having any commitment, just not having to worry ... cause I’ve always had responsible jobs and responsible hours.*

Similarly, Benjamin (30s, Asia, heterosexual) was actively changing directions, *“life’s going by and you are missing out and you might be hit by a bus tomorrow”*, stepping aside from what he felt had been a long period of frustrated romantic aspirations:

*I was a virgin until I was thirty and was intensely romantic .... Then because the romance wasn’t happening it was like I veered more and more towards base pleasures that compensate for that I guess... I felt I deserve a bit of fun.*

For Benjamin, the very nature of condom use was symbolic of being safe *‘you should wear condoms’, ‘you should be sensible’*, which is what he felt he had been for many years without a positive romantic outcome - a situation from which he sought to escape, *“I didn’t care because I had lost a fair bit of self-esteem...I had wasted myself”*. For him, travel was about exploring his *‘human nature’* and *“forbidden’ side”* - sex without condoms was part of that process, *“... It was the aura of doing something that was forbidden and wrong and it was different”*.

Other participants described similar patterns of post-relationship travel to start fresh, with the intention of managing a new or changed life.

This is something Tom (50s, Asia, heterosexual) describes seeing on a regular basis:

*Guys that are single or divorced, come to start a new life and build up a new thing, they'll gamble to create something...I'd say 7 out of 10 guys will eventually bring [a partner] back to Australia.*

In this experience, Tom describes that, “a lot of guys around the 40 to 50 year olds, they're up for a new life... and just blossom mate” the focus of the travel was to seek a separation from their past life. Participants in this category did not avoid risk. In some respects risk was a ‘gamble to create something’, or about engaging in activities that had previously been off limits.

### ***Living a life less ordinary***

Generally, for the men who had this experience it was about choosing to live life as an adventure and actively pursue new and interesting experiences. The difference to the other types of experiences was that these men were not invested in one particular country and its culture or pursuing an escape or a short-term fantasy – but seeking ongoing lifestyle of travel and adventure. These men considered themselves confident, resilient and had experienced many countries and occupations. Travel was frequently work-related and they had little connection with their host country.

Gerald (50s heterosexual) had worked in Indonesia for more than 15 years before taking up an employment opportunity in Thailand. He made a conscious decision about the life he had planned to live, valuing freedom, travel and opportunity. “I went, ‘gee this isn't a bad place for a single male, an Australian’ and had a really good six months”. He often lived ‘on the edge’, undertaking dangerous or opportunistic assignments within his work:

*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 in those countries you know.*

Gerald saw himself as someone pushing the boundaries but not irrationally or irresponsibly, indicating pride in an adventurous life, and an aversion to suburban Australian life.

For Anthony (40s, gay), working in a post conflict environment in Africa was more opportunistic than other men in this group *“I had to go over there, sort out all their problems and stuff...”* However, he had previously worked in similar environments and was not unfamiliar with challenging circumstances and characters:

*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. You think you can't be shocked and then something like that happens - you think whoa.*

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

### ***Living local....but still an outsider***

This domain was described by men as finding a location they felt more connection with at a social, cultural and experiential level than they did with Australia. Men in this category preferred to, planned to, or had already decided to live permanently in their new country, considering themselves actively engaged in local language and customs. These men described themselves as becoming local, *“You go native a bit, I think, is the expression...”*, but not being a local, with an underlying sense of difference, *“although you're definitely separate, you know?”*. Visits to Thailand by one participant (Ronald, 30s, heterosexual), a fly in fly out<sup>1</sup> worker, became so regular that he purchased a house and based himself there when not working, rather than returning to Australia. He suggests a growing sense of connection with Thailand, *“So it's more like home... I was happier being up there, than down here...”* but also acknowledged an ongoing sense of himself as an outsider, no longer a visitor but not a local either, *“You sort of feel like you're at home or it's getting that way, but you're also an outsider to them, mostly”*.

Participants in this category revealed aspirations to become more connected to the host country, demonstrating the strongest views about respecting local culture, as they understood it, *“Bali’s home now...I had a feeling of belonging there ... I’m buying a house over there”*. Reflecting the role of spirituality and religion, Don (40s, heterosexual) reflected on his close affinity with the host country, *“I’ve always had this attraction to Bali and now I can understand why and it’s because of the Hinduism”*.

For some, the experience of *“going native” or the sense of becoming or living like locals* was linked to the formation of a sexual relationship with a local partner. Sexual risk was not a primary consideration, rather sex assisted to develop a feeling of connectedness in the relationship. Some, but not the majority, of these ongoing relationships were with sex-workers. Most participants described experiences where a level of familiarity and trust had developed with their sexual partner, resulting in a willingness to stop using condoms, *“I think I felt I knew her long enough..... It’s just one of those things that happened really”*.

The length of time or factors that created trust and connection varied. Some men stopped using condoms a few days or weeks into seeing the same partner, including relationships formed with sex workers.

*I went to Thailand because I had a girlfriend in Thailand, who I used to go across and see... And most of the time we used protection. But there were a couple of times when we didn’t.* (Ted, 60s, Asia, heterosexual)

Ted’s experience reflected that *living locally* but not being a local simultaneously developed a level of connection to country and partner. Experiences were not characterised by desire for adventure or excitement, but for belonging and stability. Few men described any clear negotiation or HIV testing in relation to decisions to stop condom use, instead there was an unspoken assumption that they were, in Ted’s words, *“in a relationship so to speak”* and managing sexual risk was less necessary. While this is consistent to a large extent with research conducted with people in their home country, the added impact of a relationship also meaning increased connection with the country (and not just the person) was evident with these men.

## Discussion

HIV transmission and international mobility is complex. Understanding the meanings, experiences and processes attributed to specific contexts can inform appropriate, targeted health promotion. The domains of experience that have been developed in this research provided an understanding of the diversity of the perspectives, meaning and assessment of risk in the lives of men who had acquired HIV in a context different to that of Australia and will assist to make recommendations for policy, practice and further research in to this facet of HIV and mobility. This paper has presented further findings from our study; the first to explore the factors and contexts contributing to acquisition of HIV by Australian men in high HIV prevalence countries. We suggest that there are certainly a number of studies relating to HIV and migration of those from low and middle income countries to high income countries [31, 32] and some studies that have explored issues relating to risk behaviours, sex and travel [3] [11-15], . There are however, few studies have explored the contextual factors that influence these behaviours. Those that do exist [16] support the findings of the current research such as Yokota's [17] study of Japanese male tourists purchasing commercial sexual services in Thailand. Seeking a sense of freedom, having less responsibility, and being free of usual social restrictions acted as enabling factors to purchase sex from locals. Similar to the descriptions of some of the men in our study, the study found that Japanese male tourists compared their host country to a fantasyland and a place of sexual freedom.

Other research suggests that travelling itself can lead to increased sexual and less protected behaviour due to similar reasons [33-34]. Consistent in both studies was the motivation amongst some men to engage in sex with locals because of the different attitudes experienced in the host country and their positive impressions of the people they were meeting. While considerable cultural differences exist between Japanese and Australian populations, findings nevertheless suggest that environmental, social and cross-cultural factors of host countries play an important role in how risk is perceived and managed by travellers. Other research by Bianchi and colleagues explored sexual experiences of Latino men who have sex with men who migrated to the US which also highlighted the importance of the cultural factors that influence sexual behaviour and risk [22].

Men in this study did not present themselves as risk-averse. Most suggested that some situations demanded a level of risk and trust. For some of the men, seeking and embracing risk was a response to a significant period of time being risk-averse, such as within employment. For these men, risk was part of both personal and professional domains which is supported by a range of research that demonstrates strong links between employment and risky sexual behaviour. In some instances this may be because of a highly disposable income or because employment may involve periods of monotony combined with stressful elements or situations of peer influence that normalise a culture of risk-taking or risk behaviour [35-37]. For others there was little indication the men were ever particularly risk-averse. The types of experiences described in this article provide an insight as to how the men positioned and engaged risk within their life while travelling, living or working overseas. Themes also show that the relative meaning of risk and pleasure or adventure was pursued, constructed and reinforced by the men and their networks. Separate research has also observed that many gay men make similar assessments about risk and pleasure within this understanding of relative risk, often reflecting their own pre-existing perspectives about desire and risk [38]. This resonates with sentiments from Adam and colleagues of a 'risk society' [39], referring to a set of social, political and cultural conditions within which the men constructed and experienced risk in their daily lives. This includes normalising risk, reviewing what is worthy of being considered a risk, or subsuming thoughts of risk [40]. Theorists of risk argue that 'what we see as a risk is not absolute reality, but instead depends on the kind of lens and the way in which we look through it' [41]. Risk perceptions cannot be objectively observed, but like community and identity, are socially and interactively constructed [39].

Participant narratives invoked a concept of growing physical and emotional distance from Australia, from past relationships and for some from the transactional nature of sex work which was strengthened by a sense of increasing connection to their new environment. There was a powerful sense of place as central to a sense of both losing and finding oneself. This is supported by studies such as those by Howard who examined the experiences of Western retirees in Thailand, but also Lewis who explored migration amongst gay men in North America [42, 43]. There was a sense of transition or 'in-betweenness' in the accounts shared by our participants, for example of being neither tourist nor local. For some, HIV infection may have

resulted because of a change in their usual sexual practices as a result of travelling and being in a different cultural context and may reflect a greater sense of freedom or a change in the way that they thought about themselves or their partners (as raised in the account by Ted). For others, HIV transmission reflects consistency of non-condom use (or occasional non-condom use), established in Australia, but taking place in an environment of greater HIV prevalence (such as in the account by Benjamin). However the meaning and value of non-condom use may be given additional emphasis by being more than associations with forming a relationship [18, 24, 40], but in forming a relationship there was an increased sense of connection with the country. These factors pose significant challenges to engage and reach such men about behaviour that may place themselves and their sexual partners at risk.

This exploratory qualitative study examined the experiences of Australian men who acquired HIV during overseas travel for work or leisure, a very specific context. The study included men who were comfortable to describe their experiences, and so may be subject to recall bias. The research heard and presents the male voice through the lens of the experiences of participating men. Perspectives and experiences provided were as the men interpreted them and may or may not be consistent with experiences of non-participating men. Verifying interviews were not conducted with partners or networks of participants, which may have created some stereotypes that have remained unchallenged particularly about female partners and sex workers which may require further exploration. Some examination of potential or perceived stigmatisation or 'othering' of those in the host countries, particularly within South East Asia may be also valuable. Further interviews with men who have acquired HIV overseas or with those who are frequent travellers may generate additional or adapted experience domains in the future.

The Australian response to HIV has been characterised by the active participation of communities most affected by HIV. However, it is unclear what 'active participation' means for (often disparate) communities of expatriates and travellers. This research recognises that regular or long term male travelers have a unique culture within which risk generally and sexual risk and safety specifically is enacted and given meaning. Active risk seeking, adventure, escape or connection might be a key element to their desire for travel, and may impact on the way they understand risk, give meaning to relationships, and respond to sexual health promotion strategies and messages. Generalised travel health promotion messaging is likely to

be ineffective with this target group. If travel campaigns are to be used they should be targeted to experiences and most at risk travellers, rather than travellers more broadly and could target travel medicine and other testing sites. Members of the target group could be recruited to discuss possible interventions and approaches with their peers.

Focusing on the role of peer and social influence which have been successful in other areas of HIV may yield better results. There are a number of assets within the social network of those interviewed for this study which should be further explored to better understand how these networks function and flourish and the potential role of key opinion leaders in the networks. Resulting interventions may explore the potential of bars and other local settings or online networks [44]. There is also a role for greater advocacy from Australian regarding access to and quality of HIV testing within neighbouring countries in the region.

Any such different or complementary engagement strategies must avoid undermining country or regional programs by reinforcing stigma or notions of stereotyped risk groups or cultures such as misconceptions about role or use of sex workers both within Australia and overseas. Finally, this research indicates that targeting interventions to men experiencing the domains described in this study as though their aim is to minimise all risk is likely to be ineffective. Appealing to desired experiences such as connection to local culture, maintaining a fantasy, or sustaining a new or adventurous life may have more resonance.

#### **Note**

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 someone else of similar distance for their relaxation. For Western Australia this may mean Thailand or Indonesia instead of returning to Perth.

**Conflicts of Interest**

None

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**Table 1. Interview schedule domains of enquiry**

- *demographic information,*
- *health and travel characteristics*
- *reasons for being overseas*
- *knowledge, attitudes, beliefs, values, context and setting-based constructs related to their experiences overseas*
- *the risk of HIV acquisition given their personal circumstances and behaviours while they were overseas*
- *particular behaviours or events that they thought had led to their HIV acquisition*

**Table 2. Background characteristics of study participants**

	Heterosexual identifying participants (n=9)	Gay identifying participants (n=5)	All participants (n = 14)
<b>Age group</b>			
20 – 29	0	1	1
30 – 39	2	1	3
40 – 49	2	2	4
50 – 59	2	1	3
60 +	3	0	3
<b>Country of birth</b>			
Australia	6	4	10
Europe	3	0	3
Asia	0	1	1
<b>Primary reason overseas</b>			
Work related	4	3	7
Holiday/leisure	5	2	7
<b>HIV Test prior to HIV diagnosis test</b>			
Tested within previous 12 months	1	4	5
Tested 1 to 3 years previously	3	1	4
Tested more than 3 years previously	2	0	2
Not previously tested	3	0	3
<b>Year believed HIV transmission occurred</b>			
2000 - 2004	6	1	7
2005-2009	3	4	7
<b>Year diagnosed with HIV</b>			
2003 - 2006	5	2	7
2007 - 2009	4	3	7
<b>Duration between believed HIV acquisition and initial diagnosis of HIV/AIDS</b>			
Less than 1 year	0	2	2
1 to 2 years	5	3	8
3 to 5 years	4	0	4
<b>Region HIV transmission was believed to have occurred</b>			
Asia	7	4	11
Africa	1	1	2
North America	1	0	1
<b>Identified modes of HIV transmission*</b>			
Male/Female Penile – vaginal	9		9
Male/Male Penile – anal		5	5
<b>HIV status of partner from whom believed to have acquired HIV</b>			
Unknown HIV positive	9	5	14
Known or reason to suspect HIV positive	0	0	0
<b>Times travelled overseas</b>			
2 – 5 times	1	2	3
6 – 10 times	1	1	2
11 or more times	6	3	9
<b>Times travelled to country where HIV infection was believed to have occurred</b>			
1	2	1	3
2-5	2	1	3
6-10	3	2	5
11 or more	3	0	3

*\*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.*

Fig. 1. Categorising participants across the four identified experience domains

