Sex, Tourism and HIV

March 1, 2009 By Tony Valenzuela

I don't consider it paying for sex. It's giving them what I call a 'money donation,'" says Drey, an American moderator of popular website gaytravelbrazil.com, referring to Brazil's "rent boy saunas"—a combination of bathhouse and entertainment complex where tourists and locals go to socialize and hire sex workers. "It's kind of like a gentlemen's club," explains Drey, who speaks Portuguese and travels to Rio several times a year for business—and pleasure. "It's not about going down and getting discounted sex," he says in earnest. "It's really about getting to know the people, their lifestyle, their culture. [I] treat them with respect."

Besides helping gay male tourists book vacations and teaching them the essentials of safely navigating Brazil, Drey's site also hosts online forums where gay men discuss and share photos of the country's most popular sex escorts. "Some of the guys have really tough lives," Drey says. "Some guys take a bus for an hour from the poor sections outside Rio, just to come in to make a little bit of extra money." Drey claims much of the sex is safe and that the saunas' management provide condoms and lube to customers who hire the men by the hour. "I absolutely adhere to condom use," Drey says. "I don't really have an option. That's the only way that [the sauna boys] will do it." He pauses then adds: "The reason they're very careful is that a lot of them have wives and girlfriends. They don't want to bring anything home."

To some people, Drey's rosy depiction of respectful attitudes and safe-sex practices may sound as realistic as a travel agent's sales pitch. But whether its reality is darker than its depiction, sex tourism—defined as travel with the intention of hiring sex workers—is a booming industry especially popular in the warm, tropical nations that also suffer higher prevalence rates of HIV and rampant poverty. The industry is full of tales of pleasure and danger; it juxtaposes the levity of vacationers with the gravity of the existence of those who serve them. The sunny side of sex tourism is clouded over by the risks both parties take if the sex is not safe.

Sex tourism encompasses a complex variety of activities and behaviors that facilitate—for a price—social and sexual interaction between people. Around the world, the names for those looking to get paid for sex are as varied as the locations in which they work; in Brazil, they are "sauna boys"; in Jamaica, "beach boys"; and in the Dominican Republic, "bugarrones" or "sanky pankies."

But though the countries and terminology differ, the risks taken by both client and employee

remain the same—an increased risk of sexually transmitted infections (STIs), including HIV. Because the unprotected sex that often accompanies sex tourism can result in the spread of STIs, including AIDS, the “sex for hire” equation also means that some who engage in it pay other prices, too.

Often confused with the trafficking of women and the sexual abuse and exploitation of children or the poor, sex tourism is not necessarily connected to human trafficking or sex slavery. Most sex workers who service travelers seeking sex are not without self determination; and most men and women looking for intimacy from the flesh trade while on holiday do not set out to prey on the vulnerable and disadvantaged.

Yet, that does not mean that serious issues aren’t attached to sex tourism. There is no question that it has the potential to play a significant role in the spread of disease and despair. The realities of sex tourism raise the questions: Who is ultimately accountable for safeguarding the health of those engaged in private relationships between consenting adults? How do (and should) these countries publicize safe-sex messages (if, indeed, it is a government priority), or should the sex tourists and sex workers themselves shoulder responsibility for being aware and being safe?

To accurately distill the risk factor of the transmission of HIV within the realm of sex tourism requires rejecting the common presumptions held about sex workers, the people who hire them and generalizations about the “world’s oldest profession” that both thrives and suffers from the shroud of secrecy and stigma surrounding it.

Prostitution is legal in Brazil, but profiting from prostitution is against the law in this country—there are no pimps, no brothels—where the average monthly income for a hotel or restaurant worker in 2005 was 421 reais (about $180). At the saunas, the young men, who must be at least 18 years old by law, charge 50 reais ($21) for an hour in a private cabana or four times that if they are invited to a client’s hotel for the night. One night’s work is a week’s earnings; a week’s wages can easily equal one month’s pay. The incentives are palpable. And the starkly different economic realities of tourist and sex worker often put the power in the hands of those with the money.

Bill is a 52-year-old professional from Orange County, Los Angeles, who works in the medical field and travels to Brazil every three months for a week. When asked if he hires sauna boys on his trips, he doesn’t hesitate to respond: “You bet.”

Brazil, which has an HIV prevalence rate slightly higher than that in the United States, is touted for its HIV prevention efforts—from displaying ubiquitous safer sex ads to handing out tens of thousands of condoms at Carnival. “I would say condom use and AIDS prevention and awareness are very, very high in Brazil as a whole and especially in the saunas,” Bill says. That statement echoes Drey’s recollections that sauna boys always adhered to safe sex. But what about outside the saunas? In those cases, Bill maintains, condoms aren’t mandatory. “On every trip, a boy has offered to bareback,” he says, explaining that, for whatever reasons, in those situations no condoms were available. “I don’t seek it out, nor do I ever ask anybody to do that. Have I done it? Yes,” he acknowledges. Based on his experiences, Bill estimates that about 10 percent of guys

have been willing to forgo safe sex.

International travel in general has grown exponentially since the 1960s, with packaged tours to resort regions in developing nations leading much of this growth. Significantly, the countries most dependent on tourism, such as those in the Caribbean, tend also to have the highest HIV prevalence rates. Research on sex and travel suggests that tourists, especially when single, have more sex while on holiday than they do on average at home. And because tourists are wealthier and more educated than the locals, inequality is a fundamental aspect of sex tourism. Given such disparities, is it possible to be an ethical sex tourist who makes health—for everyone involved—a part of the pleasure equation?

In Jamaica, the beach boys work the pristine coastline and chat up single female tourists from Europe, Britain and North America who flock to the island by the thousands in an annual winter migration from north to south.

Susanne K., a historian who works in a municipal museum in Düsseldorf, Germany, has been vacationing in Jamaica for 20 years. “It’s not my first interest to meet a man,” she says. “That can happen—and it’s okay—but it’s not my intention.” She speaks with a softly elegant German accent and isn’t coy about this subject matter. “I have a certain preference for black men,” she states. “I sit on the beach, and it’s not that I’m looking for somebody, but if a nice man comes along, we get acquainted.”

Susanne, 53, loves the culture and music of Jamaica and the “Rastafarian ideas,” so she spends her two-week holiday on the island every year in the late fall. If she does meet one of the men, she explains, “We spend the day and the evening together on the beach, swimming, shopping. We go to restaurants. Of course it’s me who pays,” she admits with self-conscious humor. “The men are very clever. They are very good at telling you, ‘You are the only one. You are the best I’ve ever seen. You’re beautiful’—even to women much older and not model size.”

Tourists’ narratives like this make for salacious headlines, and news media gleefully recount shocking exposés of middle-aged men and women—in Kenya or Costa Rica, Thailand or Cuba—behaving badly thousands of miles from home.

“I certainly take quite a big box of condoms with me,” Susanne chuckles. “[But the men] are usually quite reluctant. They don’t want to use condoms. When I explain to the man that we have to practice safer sex and he starts to say, ‘No, I’m okay. I don’t have AIDS,’ or something like that, I try to make him understand that maybe I’m infected as well. That he has to think about himself.” Susanne says she is vigilant about safer sex but cautions that she is not so sure that is the case for all female sex tourists she has known. “They have good intentions, but when the passion gets too strong, they forget everything.”

Mark Padilla, PhD, MPH, is a medical anthropologist at the University of Michigan at Ann Arbor who has written the only book-length study to date on sex tourism and HIV: the 2007 ethnography *Caribbean Pleasure Industry: Tourism, Sexuality, and AIDS in the Dominican Republic*. In his report,

Padilla detailed the lives of Dominican male sex workers-—called bugarrones and sanky pankies. Their mostly male clients are primarily foreign tourists, and their economic hardships, family responsibilities, constant run-ins with law enforcement and predominantly heterosexual identity place them in a unique blind spot against prevention efforts. “A lot of the behaviors involved with sex tourism,” Padilla tells *POZ*, “are not the kinds of behaviors that are captured in clinical surveys or public health assessments where people may or may not tell the truth.”

Among the many bugarrones Padilla interviewed, one, Antonio, from Santo Domingo, declared after several long conversations during early fieldwork, “I know why you’re doing this study. You want to protect the tourists from getting AIDS.” Heartbreaking in its assumptions, Antonio’s statement gets to the heart of this work: Where should health workers—and health reporters—concentrate limited resources in this growing arena of the tourism industry? This young man improves his standard of living through sex work with mostly North American and European tourists; he risks his safety, social status and health for money, favors and gifts. Yet he automatically concludes: It’s the tourist who matters. “This is logical and rational in the Dominican context where people have become accustomed to the neocolonial reality of foreign, mostly U.S., domination at all levels,” Padilla says. “Sex workers have no logical reason to believe or imagine that their own needs would ever be prioritized by anyone in the public health system.”

The bugarron of the Dominican Republic is, by necessity, entrepreneurial and industrious, intelligent and cunning, required to balance a remarkable array of competing pressures and responsibilities. In Santo Domingo he would likely live with his parents or other relatives or he would have a wife and children of his own—all of whom depend on him for financial support, probably unaware of all his sources of income. Because unemployment is high, he creates his own work as a tour guide, as hired help in beach rentals, as a mechanic and, like the sauna boys of Brazil or the beach boys of Jamaica, as an escort; by selling his body, he can bring in many times the average income when tourists descend.

Like other financially depressed countries in the Caribbean, the Dominican Republic shifted away from an economy based on the sugar trade to one primarily dependent on tourism. The loss of agricultural jobs and the development of “free trade” zones that employ mostly women in factories have left the men of the Dominican Republic struggling to find work. Many are forced to move to urban areas where there is stiff competition in the tourism sector and, as such, they’re more than ever confronted with opportunities in the sex trade. “What’s actually more common from their experience is that we should think of them as ‘tourism laborers,’” Padilla explains, “because they don’t just work in sex work; they work in a lot of things, and it’s very fluid in terms of their economic activities.”

There is a risk in drawing sharp comparisons between Antonio from the Dominican Republic and the men hired by Bill or Drey in Brazil and Susanne in Jamaica: Bugarrones and beach boys are as different from sauna boys as sauna boys are from the sex workers in the windows of Amsterdam. The HIV prevention resources and priorities of individual countries matter, as do the relative acceptance of homosexuality, gender norms and the openness of sex in general in the culture. There is overlap, of course, as all sex workers to varying degrees cultivate their skills in marketing

their bodies, stroking their clients' egos and romantic desires, building longer-term lucrative relationships and coping with the heavy weight of stigma branding their profession in every country on earth.

HIV prevention aimed at sex workers is complicated by many factors, not the least of which is the harassment they face in many of the countries in which tourists travel. "Dominican bugarrones and sanky pankies are often persecuted by the police," Padilla writes in his book, "who take advantage of sex workers' stigmatized status and their association with morally deviant sexual behavior in order to extort money from them." In fact, Padilla could not find a single bugarron who had not been a victim of this type of extortion. Bugarrones and sanky pankies shield this part of their lives from family and friends but also fail to find comfort in the openly gay communities of Santo Domingo. Theirs is an acutely isolated experience, the exact opposite of an environment conducive to community-supported health messages.

Concentrating on the Dominican example, or the male sex workers specifically, does not translate easily to all locations where sex tourism is popular, but it does provide some insight into how those of us who would be sex tourists and those of us who work in health might think about how HIV goes unchecked in the international pleasure industry. The HIV services that do exist in the Dominican Republic for men who have sex with men (MSM) are, by and large, rainbow-flagged programs aimed at local men who identify with the global markers of Western gayness—programs that bugarrones such as Antonio would not access. "Given that there is no HIV prevention currently being conducted for Dominican male sex workers," Padilla says, "and that there are no institutional locations, funding or widespread prevention campaigns for this population anywhere, why would [Antonio] ever imagine that his own needs would be considered by anyone conducting HIV/AIDS work?"

In Padilla's study with Dominican male sex workers, fully one third had both male and female clients, more than half stated a preference for sex with women and only 3 percent self-identified as gay. Padilla noted that the designation "men who have sex with men" has really become, in practice, code for "gay."

Research on the initial spread of HIV in the Caribbean suggests that Western tourists introduced the virus to the region in the early 1980s, revealing that sexual contact with tourists or those employed in the tourism industry was a significant marker for HIV risk as the epidemic unfolded. Though the epidemic in the region began with MSM, HIV in the Dominican Republic is now considered a heterosexual epidemic, with only 10 percent of infections attributed to gay and bisexual men. In other words, as Padilla explains, evidence suggests that bisexuality is more pervasive in Latin America.

So if prevention efforts for MSM in regions like the Caribbean are largely gay identified, where would sex workers such as Antonio, who already presumes his marginal status in public health's priorities, get their health information? Currently, nowhere. Padilla offers an innovative intervention idea—a tour guide certification program perhaps run by a nonprofit or nongovernmental organization. Since so many of the bugarrones and sanky pankies identify as

tour guides, but are not formally registered, a certification program would give them a professional ID and a social legitimacy that would also help them economically. Built into the certification program—but not labeled as HIV intervention—would be health education, including the distribution of sexual health supplies.

The question of whether or not it is possible to be an ethical sex tourist is a difficult one. But as long as the industry thrives, there is a pressing need to make it ethical—and ensure the health of all involved. It won't be easy; no country openly supports sex tourism, and most condemn the practice even as they market the sexiness of their cities and people. The answer then may not come from the governments. Instead it may lie in the tourists themselves and, possibly, those like Drey who book their travel.

Why not make the tourists who fuel the multi-billion dollar sex tourism industry more responsive to local realities of HIV and health? What if an ethical sex tourist could book tours through companies that promoted health—of both clients and workers—and could, on an individual level, also help educate sex workers and ensure they had appropriate supplies for all safe-sex options? Additionally, they could boost the awareness of HIV among sex workers by discussing the available health care (or a lack thereof) should they contract HIV. The same information should be, ideally, offered to anyone who books a trip for sex tourism. "Trying to collapse the power dynamics," is how Padilla explains it, "so that the [sex worker] can behave safely if he [or she] wants to behave safely, so that he has access to information to behave safely." Beyond their role as consumers of pleasure, Padilla says, if tourists were willing to become health advocates on behalf of sex workers, it would be a way to "overcome a lot of the vulnerabilities that are faced by this population."

The creation of ethical sex tourism practices clearly depends also on the awareness and active participation of the sex workers themselves. Realistically, their existence and livelihood depend on how they market themselves for the pleasure of others. For many of them, stigma wraps their bodies in a cloak of contempt. For the sauna boys, the beach boys, the bugarrones and sanky pankies—men who choose to work in the pleasure industry because it pulls them up from poverty, supports their families and children and provides them with some of the material conveniences valued everywhere—ethical tourism may also instill in them some measure of self-sufficiency and self-worth in a culture that otherwise devalues them. Indeed, it is too easy to assume that these men are irresponsible and that they deceive their families and themselves. Such judgments reinforce the stigma of their existence and the circumstances that have placed them in deeply compromised positions of economic survival. Clearly, another critical component of fighting the spread of disease among sex workers is helping them escape the stigma inherent in the work they do. The payoff here is an increase in the likelihood that they will be motivated to seek information, condoms or health care and better negotiate their sexual interactions with clients on behalf of everyone's best health.

The bottom line is clear-cut: Sex tourism has built-in risk factors that require our attention because they impact the spread of HIV and other diseases worldwide. Whether or not the idea of sex tourism is palatable to some, no one can deny its existence. And, as long as people are willing to

pay to travel in search of sex, it is in the best interest of global public health that we no longer turn a blind eye to the booming industry. The world must make it a priority to ensure the health and safety of people who voyage to exotic lands for pleasure—and also the health and economic survival of those who service them.

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http://beta.docker.poz.com/article/sex-tourism-hiv-16110-7555