Title: Sex tourism in an era of globalisation, harm reduction and disease migration: a new conceptual model

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Abstract

Purpose: This paper contributes to sex tourism literature by placing it into a contemporary context of globalisation, harm reduction and disease migration.

Design/methodology/approach: The paper takes a public health and social science approach to map sex tourism, drawing on sex worker and tourist situations alongside global forces including technology, human rights, law enforcement and health.

Findings: A new, holistic conceptual model is presented, containing interacting, multi-level associations. Whilst the separate micro, contextual, meso and macro levels are versatile, decision-makers and practitioners will be equipped to understand sex tourism in its entirety.

Originality: The paper's originality is found in the proposed conceptual model.

Keywords: Sex tourism; sexual health; disease migration; model; globalisation; harm reduction

Introduction

Sex tourism research since the 1980s investigated tourist motivations for travel in a bid to define the phenomenon (Graburn, 1983; Hall, 1992; O'Connell Davidson, 1996; Ryan and Kinder, 1996; Oppermann, 1999). Oppermann (1999) departed from traditional definitions of sex tourism as travelling for commercial sex, exploring the relationship between the tourist and sex worker. Ryan *et al.* (1996, p. 507) described the overlapping '*liminality*' of sex work and tourism – separate behaviours that '*operat[e] at social thresholds*', while Bauer and McKercher (2003) and others discussed how sex and tourism are symbiotic (Bender and Furman, 2004; Eaglen and Maccarrone-Eaglen, 2005; Garrick, 2005). Reflective of globalisation expanding at the start of the Millennium, sex tourism interpretations widened to incorporate pragmatic global relationships, with literature turning to the growing production and consumption of sexual services (McMichael and Beaglehole, 2000; Wonders and Michalowski, 2001; Guise, 2015). Once sex tourism was recognised as an intricate and complex phenomenon, research began to tackle it from specific angles, focusing on travel for intentional and planned sexual experiences and emphasising the exploitative nature and economic inequalities (Bauer, 2014; Tolson, 2016; Brooks and Heaslip, 2018; Xu, 2018; Kock, 2020).

By concentrating on commercial sex tourism, and taking a public health and social science approach, the commentary will map global issues such as exploitation, stigma and inequalities (Bauer, 2014; Xu, 2018). Whilst some literature discusses consensual, affirming and non-transactional encounters (Xu, 2018), we define sex tourism similar to that of the Centers for Disease Control and Prevention (2019), as a phenomenon involving tourists, planned or spontaneously purchasing sexual services or experiences.

Framework analysis

To date, five publications have depicted sex tourism (Oppermann, 1999; Ryan, 2001; Ryan and Hall, 2001; Bauer *et al.*, 2003; Eaglen *et al.*, 2005). Oppermann (1999) initiated the conversation, using six parameters to illustrate the tourist and sex worker relationship: the purpose for having sex, monetary exchange, length of time, relationship dynamic, sexual encounter, and identification of who travels.

Building on these foundations, Ryan (2001), Ryan *et al.* (2001) and Bauer *et al.* (2003) constructed their own dimensions. All frameworks discussed the voluntary or exploitative nature of the relationship. Ryan (2001) and Ryan *et al.* (2001) described the commercial or non-commercial transaction, whilst illustrating the impact on self-image and integrity of involved parties. Bauer *et al.* (2003) utilised the work of Oppermann (1999) in demonstrating the motivation for travel, prioritising tourism as a facilitator of sexual activity, as it provides a setting for sexual encounters to take place.

Ryan *et al.* (2001) progressed the narrative by analysing the dimensions through micro and macro perspectives, asserting that they are interdependent and interactive (Ryan *et al.*, 2001). Eaglen *et al.* (2005) employed a similar approach, placing sex tourism into a wider operational system, prescribing to spatial, temporal, and cognitive functionalities, through a dynamic 'butterfly' configuration. They also differentiated by '*Io*' (the self, personality, and perceptions), micro and macro levels; yet the overall description of sex tourism was limited to listing attributes.

Undoubtedly, there is a well-developed body of sex tourism literature. However, there are no updated frameworks that conceptualise the multifaceted phenomenon within a contemporary worldview. Whilst existing papers broach elements including choice of destination, gender, sexuality, human rights, and exploitation, these are not incorporated into frameworks, which are predominantly constrained to the relationship between the tourist and sex worker.

New conceptual sex tourism model

The conceptual sex tourism model is presented in Figure 1. Its structure is underpinned by the analysis above and recommendations from Richter and Dragano (2018) and the World Health Organization (WHO, 2002), who reiterate the importance of micro, meso, and macro levels for social science and health-related concept models. Each level of the model builds upon the last. The micro level is the centre of the model, directly influenced by contextual factors (a separate level). The meso level draws on smaller scale social arrangements, and the macro level is comprised of structural, institutional forces, the wider community and governance systems (Richter *et al.*, 2018).

Figure 1: A new conceptual sex tourism model

[Insert Figure 1 here]

Micro

As can be seen in the model, the sexual encounter between the tourist and sex worker constitutes the circles' intersection of the Venn diagram. For brevity, this commentary will concentrate on the relationship dynamics.

Agency and power in the relationship

A dearth of literature draws on radical feminist discourse regarding sex workers, their agency, and the subsequent power dynamics with clients (Gerassi, 2015). Abolitionist or prohibitionist theories view sex work as exploitative, derived from the understanding that society sits on patriarchal foundations (Comte, 2014), leading to violence, drug use, poor health and deprivation (de Graaf *et al.*, 1994; Kinnell, 2008; Sanders *et al.*, 2009; Shokoohi *et al.*, 2019; Zehnder *et al.*, 2019).

The second wave of radical feminism questioned the abolitionist perspective, which refused to acknowledge women's agency and decision-making power (Bell, 1994). Sex positivist feminists believe that sex workers recognise the constraints they face, proactively make conscious decisions, and choose how they use their bodies (Lankenaua *et al.*, 2005; Weitzer, 2005; Sanders *et al.*, 2009). The theoretical underpinnings of sex work have, therefore, become dichotomised into 'exploitation' and 'choice' (Nguyen, 2017). In some societies, sex workers remain, culturally or socially unaccepted, particularly in lower socio-economic contexts. Consequently, risks such as gender-based violence (GBV), rape and murder persist (Kinnell, 2008), stigma prevails (Sanders *et al.*, 2009), and sex workers' circumstantial choices are restricted (Chapkis, 1997). Furthermore, male and transgender sex workers experience similar risks to female sex workers such as psychosocial, physical abuse and substance use (Nguyen, 2017). Men are '*no longer the exclusive consumers of sex*' (Minichiello *et al.*, 2015), and transgender sex workers '*occupy the lowest stratum of the status hierarchy…fac[ing] greater difficulties than female or male prostitutes*' (Weitzer, 2005). Regardless of gender, sex workers obtain agency through knowledge and understanding of their situation, allowing them to assert power into relationships (Grenfell *et al.*, 2018). Taking a more nuanced approach and considering contextual factors (gender, race, class, or sexuality), sex work should be interpreted on a spectrum of choice (Scoular, 2004; Sokoloff and Dupont, 2005; Benoit *et al.*, 2018).

Contextual level

Richter *et al.* (2018) and Sauzet and Leyland (2017) identify the context in which individuals live, directly contributes to health inequalities that lie outside their control. They are reflective of their originating country's historical political, health, socio-economic situation, which contributes to contemporary inequalities and power dynamics (Dorfman, 2011). Gender and tourism literature has begun to contextualise findings based on their geographical location, due to differing social boundaries between originating and destination countries (Bishop and

Limmer, 2018; Brooks and Heaslip, 2018). There is a propensity to '*conceptualise[s] women from the West as guest and women from the rest as host*', reinforcing female marginalisation and postcolonial sentiments (Jeffrey, 2017, p. 1042). When considering gender tourism, literature typically sets the female tourist, who travels to destinations of lower socio-economic status, against the stereotypical male tourist laden with hegemonic masculinity, white supremacy and fear of sexual inferiority (Weichselbaumer, 2012; Spencer and Bean, 2017). Copious research implies that Euro-American males dominate '*sex tourism*' (Spencer *et al.*, 2017), while female tourists embody '*romance tourism*', providing financial support as opposed to direct monetary exchange (Weichselbaumer, 2012), with

Pruitt and LaFont (1995) were the first to publish in respect to racial myths of Western women and male black bodies. This set the stage for studies investigating female sex tourism and '*beach boys*' in the Caribbean (Kempadoo, 2001; Phillips, 2008; Spencer *et al.*, 2017), The Gambia (Nyanzi *et al.*, 2005), Costa Rica, and the Dominican Republic's '*sanky pankies*' (Bauer, 2014, p. 24). From the East, Bandyopadhyay (2013, p. 2) adds, '*it is important and possibly more interesting to explore Asian tourists' sexual adventures in the West*'. Other studies have also investigated female Asian solo travellers, who were found to be at greater risk of GBV and sexualised attention from their white, male counterparts, due to their ethnicity and the '*erotic representation of Asian women in destinations where sex tourism prevails*' (Yang *et al.*, 2019, p. 1050).

Although men also travel, to and from, different parts of the world to have sex, researchers should stress the intertwining intersectional factors such as race, gendered power relations, and class, to challenge assumptions of sex tourism in the Global South, as the concept of '*otherness*' is '*borne from a history of racism multifaceted exploitation*'(Spencer *et al.*, 2017, p. 15).

Sexuality-based stigma

For this commentary, the authors focus on sexuality-based stigma (homophobia and transphobia) as it crosses multiple levels of the model and has a significant impact on health outcomes and public health responses.

Globalisation, technology, and tourism has enabled the liberation of gender identities and sexual experimentation (Herdt, 2018), with heterosexually identifying people engaging in same-sex relationships when abroad (Minichiello *et al.*, 2015). However, homophobia and transphobia persist, exacerbated by stigma associated with sex work, sexually transmitted infections (STIs) and human immunodeficiency virus (HIV).

Travel for sexual experimentation can incite social stigmatisation (Monterrubio, 2018). Lesbian, gay, bisexual, transgender and queer (LGBTQ+) tourism advocates sexual diversity, and markets based on sexuality '*exemplif[y] contemporary queer theorizations of how the neo-liberal state sustains particular acceptable, non-threatening ideas of gayness – the homonormative*' (Waitt *et al.*, 2008). The West continue to fashion heteronormative acceptances, masking the lived realities of those within the industry, heightening discrimination and persecution experienced by non-binary and transgender individuals in non-Western nations (Waitt *et al.*, 2008). In a study conducted in Bangkok, Thailand, more than half of the transgender participants reported experiencing transphobia, with 70% expressing they did not feel accepted in Thai society (Nemoto *et al.*, 2012). From a health perspective, there is ample research on the stigmatisation of LGBTQ+ people living with HIV (PLWHIV), with sex workers experiencing secondary, '*layered or intersectional*' stigma, which is internalised, self-deprecating stigma combined with enacted stigma from others that question social constructs, such as MSWs LWHIV (Fitzgerald-Husek *et al.*, 2017).

Homophobia and transphobia is disseminated through the criminalisation of same-sex relationships (Fitzgerald-Husek *et al.*, 2017). Advocacy work continues to progress LGBTQ+ equality and legal protection. In international human rights law, the Yogyakarta Principles (2006; 2017), 2b, 6b and 33, declare each individual has the right to be free from criminalisation regarding their sexual orientation, gender identity or expression and sexual characteristics. However, the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) World organisation, published a report stating '*the polarizing trends that are taking place at a global scale mean that while more…of us have seen our rights legally recognized, more LGBTI people are also in greater danger of being discriminated, attacked, persecuted and even murdered*' (ILGA, 2019). It remains illegal to have consensual same-sex sexual acts in 68 (35%) UN member states (ILGA, 2019).

Meso level

The meso level of the model identifies the structural elements that support contemporary sex tourism. Since the publication of previous frameworks, three main developments have been identified as influential to sex tourism: the internet, health, and human rights (trafficking and exploitation).

Internet

The internet is a tool for anonymity, expression and sex-seeking, permitting sex workers and their businesses to advertise hyper-sexualised services (Ward and Aral, 2006; Minichiello *et al.*, 2013; Wang *et al.*, 2019). Mimiaga *et al.* (2008) ascertained that sex workers who find clients on the internet have inconsistent condom use, high rates of unprotected sex, low rates of HIV status disclosure and may not have screened for STIs. The internet accentuates the intention for risky behaviour, subsequently increasing the likelihood of HIV/STI transmission,

if it is translated into physical actions (Liau *et al.*, 2006; Mimiaga *et al.*, 2008; Reisner *et al.*, 2008; Minichiello *et al.*, 2013; 2015; Wang *et al.*, 2018).

The migration of communicable and infectious diseases are symptomatic of globalisation and tourism, and exacerbated through the Internet. Notably, the current severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or COVID-19), has escalated risky sexual behaviours by intensifying sexual exploitation, online grooming, and human trafficking (Lewnard and Berrang-Ford, 2014; Hillis *et al.*, 2020). In a statement by the Sex Workers' Rights Advocacy Network, sex workers are moving online. In European countries such as Ukraine, they are facing criminal prosecution as their work-related activities are deemed pornographic; in Russia, they are dealing with blackmail and amplified scapegoating online (SWAN, 2020). Yet, the COVID-19 pandemic is proving to be '*countercyclical*' as sex-related companies, sites and platforms have documented record traffic and sales (Barrica, 2020). Sex workers in the porn industry have gained autonomy and agency as they have been able to make personal connections with their clients, '*something for which ethical and feminist directors have been striving for decades*' (Barrica, 2020).

Health

Sixty two percent of new HIV diagnoses in adults are from key populations (UNAIDS, 2020), including men who have sex with men, who '*may increasingly transmit HIV and other STIs to non-sex work partners*' (Mimiaga *et al.*, 2008, p. 55). Worldwide 1.7 million PLWHIV (UNAIDS, 2020) and sex worker transmission remains as high as 50% (Memish and Osoba, 2006). Condom use by tourists and sex workers can range from low to up to 75% (Bozicevic *et al.*, 2020), which is concerning as tourists are reluctant to access sexual health services before or after travelling (Croughs *et al.*, 2016). Tourists have reported using pre-exposure prophylaxis (PrEP), a biomedical HIV prevention tool, as it reduces the probability of HIV

acquisition (Brooks, Park, *et al.*, 2018). Although risk compensation theory suggests that PrEP use may potentially increase risky sexual behaviours and STI transmission, primary HIV infection has been shown to be the leading STI contracted by tourists (Nouchi *et al.*, 2019).

Other health concerns relating to tourists and sex workers must also be considered, including mental health (Rössler *et al.*, 2010; Krumrei-Mancuso, 2017; Zehnder *et al.*, 2019); drug and alcohol use to lower the inhibitions and negotiation barriers in transactional encounters (Jones *et al.*, 2014; Shokoohi *et al.*, 2019); low self-esteem and depression (Geibel *et al.*, 2008) workplace violence; transgender related healthcare; and social support access (Grenfell *et al.*, 2018). The micro level contains these issues in relation to individuals involved, and they are addressed through organised responses in the meso and macro levels. If dealt with effectively, '*such approaches would recognise sex workers as citizens with a right to health in the same way as other members of the public*' (Grenfell *et al.*, 2018).

Trafficking and exploitation

Recently there has been a shift in sex research to focus on human trafficking, and more specifically, the commercial and sexual exploitation of women and children (Dewey, Cowhurst and Izugbara, 2018; Majic and Showden, 2018). According to United States law, sex trafficking is when, '*A commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age*' (Human Rights First, 2017). Human trafficking, or forced labour, is a transactional process that has claimed nearly 25 million victims across the world, of which 4.8 million have been sexually exploited (Human Rights First, 2017). Although men are forced into labour for commercial sex, women and girls constitute 71% of victims, and of these, 25% are children (UNODC, 2016b; 2016a; Human Rights First, 2017; 2018). Current domestic abuse and violence activist agendas have led to legislative change (Majic and Showden, 2018). The UN Protocol to Prevent, Suppress and

Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention against Transnational Organized Crime (United Nations Treaty Collection, 2019), enforced in December 2003, was one of the most rapidly endorsed legal instruments in history (UNODC, 2016a).

However, since the COVID-19 pandemic, the number of child sexual abuse material (CSAM) referrals to Europol has increased from below 200,000 per month to over one million in March 2020, with the Internet Watch Foundation reporting nearly nine million attempts in accessing CSAM in April in the United Kingdom (Europol, 2020). The increase in online presence, sharing of CSAM and other abusive materials, is an emerging public health crisis. With desensitisation to content, the exploitation of vulnerable groups is of growing concern alongside mental health and sexual issues with those engaging in the voyeuristic activities (Walker, 2008; Merdian *et al.*, 2013). It is the intersecting perspectives between sex tourism and trafficking that make modern slavery a contemporary global crisis, requiring urgent attention (Brooks and Heaslip, 2018).

Macro level

The macro level consists of institutional international, national and community responses, designed to address the inner levels of the model. The first 'stage' envelopes and responds to the three core elements of the meso level, while the second 'stage' is set aside from the main diagram as it incorporates the flow of responses. Although two distinct entities within the same layer, the 'stages' remain interconnected and should be considered together in the development of interventions, programmes and policies.

Governance and legislation

To ensure the appropriate use of sex tourism models in implementing interventions, governments and international organisations must be aligned with community workers and

frontline practice. Developing countries that experience epidemics have effectively decentralised services and utilised top-down approaches in unison with localised, community-based interventions (Boland *et al.*, 2020). Notably, service providers should be regionalised, as they understand the epidemiology of infectious and sexual diseases within their locality, and consulted on surveillance delivery, testing, and monitoring schemes, particularly for HIV/STI management.

Additionally, there is a need for judicial reformation to support the sex work community. Current state legislations are based on the selling, purchasing and organising of sex work (NSWP, 2020). While selling sex is criminalised in the majority of countries, the purchase of sex is legal in most of African countries, Central and South America, Eastern Europe and Asia. In some Australian states, there are controlled zones with obligatory condom use and HIV/STI testing. Full criminalisation is enacted in parts of the Middle East, South Africa, and Argentina, with complete legalisation observed in Bolivia, Peru, Ecuador and Uruguay, and full decriminalisation practiced in New Zealand (Platt *et al.*, 2018; NSWP, 2020). All countries criminalise coerced behaviour and child prostitution, and most prohibit non-resident migrants to work legally or in a regulated environment (Platt *et al.*, 2018). However, regulation implementation remains controversial. In 17 countries that legalised some aspect of sex work, sex workers had a lower HIV prevalence than in countries that fully criminalise it (Reeves *et al.*, 2017). Conversely, although New Zealand has shown that sex workers feel more protected, many enter into sex work due to financial hardship and are likely to experience abuse and violence working outdoors (Schmidt, 2017). The Nordic Model, also known as the Sex Buyer Law or End Demand, advocates for the decriminalisation of sex work, whilst providing holistic support services such as housing, legal advice, and healthcare (Nordic Model Now, 2020). However, the Model declares that sex work is '*inherently violent*', and criminalises the purchase and advertising of sex online. Decrim Now (2021) a UK coalition of charities, non-

governmental organisations, grass root activists and stakeholders such as Amnesty International UK, has written an open letter to the UK government asking to terminate the legislation's introduction to Parliament as it '*will only exacerbate violence against women, including those who are being exploited*'. They claim, as the COVID-19 pandemic has shown, that when sex workers are unable to sustain income, they are pushed into poverty (Decrim Now, 2021).

Education and communication

Industry and national governments appear ambivalent to engage in sexual health education for tourists and sex workers, resulting in lack of support and insufficient, inaccessible prevention services. Structural drivers must be leveraged to remove barriers to health education and care (Platt *et al.*, 2018). Community-based interventions encourage community empowerment (Cowan *et al.*, 2018; Silberzahn *et al.*, 2021), such as peer outreach for sexual health risk reduction and HIV prevention (Cornish and Campbell, 2009), and locally tailored programmes, for instance, the Zimbabwean Adherence Sisters HIV programme (Cowan *et al.*, 2018).

Whilst communication should inform decisions as opposed to eliminate sex (Ward and Plourde, 2006), current messaging only reaches a small percentage of tourists (Berdychevsky, 2017). With hard to reach populations arguably the most vulnerable and in the greatest need of support, innovative communication strategies relating to sexual health risks are required to allow access to appropriate services, before and after travelling (Hillis *et al.*, 2020).

Research

Recently, promotive and preventative public health research has acknowledged the integral role played by public security and law enforcement (van Dijk *et al.*, 2019). There has been minimal progression on the part of law enforcement to promote public health measures in supporting sex workers, with exception of the recent establishment of the Law Enforcement

and HIV Network (LEAHN), a ground-breaking initiative to centralise the role of police forces in public health and HIV responses. Harm reduction strategies should be adopted by law enforcement to create an enabling environment, taking a multi-sectoral approach (van Dijk *et al.*, 2019; LEAHN, 2020).

We must incorporate recent political, social, and economic developments so that decision-makers have sufficient research at their disposal to execute programmes. Suggested research includes monitoring sexual behaviour trends and tourist activities; communicating international sexual health messages in pre- and post-travel settings (Tanton *et al.*, 2016); and conducting studies in collaboration with sex workers and tourists to provide greater representation in findings (Farley and Barkan, 2008). Most pertinent, is the need to test existing models through further empirical research. While this commentary has developed a holistic model, it must be applied in a real-world setting to demonstrate validity and reliability.

Implications and future research

This commentary has taken a holistic approach using multi-level associations to conceptualise sex tourism. Whilst the levels are versatile and not intended to be rigidly interpreted, researchers, decision-makers and practitioners will be equipped to understand sex tourism in its entirety. By considering structural drivers for sexual health and HIV risk, legislation, policies and interventions can be reformed to remove barriers to health care (Platt *et al.*, 2018).

The model contributes to current legal and public health approaches in understanding sex tourism, targeted at multi-stakeholders. The micro level needs to be further deconstructed by gender (to consider female sex tourism, and male and transgender sex workers), race and class. The contextual level should also consider stigma associated with GBV, health morbidities and low socio-economic status. In the meso level, it would be prudent to establish communication channel preferences (social media and websites), particularly for voyeuristic activities.

Trafficking and exploitation were explored but should be considered under the umbrella of human rights as depicted in the model. Within this, further contextual scoping of rights to freedom, law enforcement, child exploitation and legislation is required.

Empirical research proving the validity and reliability of the new model is warranted. In depth process evaluation would be necessary due to the sheer complexity of the phenomenon, particularly the multi-layers of risk, gender- and sexuality-based discrimination (Moore *et al.*, 2014). This is of particular importance as the socio-economic disparities are experienced in varying degrees depending on contextual factors that can disturb the intricate cultural, social and health systems within sex tourism (Hawe *et al.*, 2009; Van Hout *et al.*, 2020).

One of the distinguishing factors that sets apart the model from previous frameworks is how sex worker and tourist situations are a focal point across the different levels. We argue that health should act as a linchpin for the majority of the acting forces discussed, from behaviour in the micro level, to socio-economic status correlating with health outcomes in the contextual factors, and then broader entities found in the meso and macro levels. International and national decision-makers should develop policies and programmes through a healthcare lens to effectively manage the greatest threats facing international sexual health.

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