

# SEXUAL BEHAVIOR OF FOREIGN BACKPACKERS IN THE KHAO SAN ROAD AREA, BANGKOK

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**Abstract.** Travelers play a role in the spread of sexually transmitted diseases, including HIV because of having unprotected sex. We studied the incidence of casual sex among foreign backpack tourists in the Khao San Road area of Bangkok, Thailand. We also evaluated their attitudes about sexual health and their actual practices. A cross sectional study was conducted using a self-administered, anonymous questionnaire. The target population was backpackers aged  $\geq 18$  years, from Europe, North America and Australia. In total, 415 questionnaires were filled out and analyzed. Sixty-four percent of participants were male, the overall median age was 27 years and the mean duration of stay was 14.6 days. One hundred seven respondents (25%) had casual sex while staying in Thailand; of these, 55% always used condoms. The selection of sex partner influenced the use of condoms. The highest rate of condom use was among backpackers who had sex with sex workers (63%), while those who had sex with their travel partners had the lowest rate of condom use (35.6%). One-fourth of backpackers in our study had casual sex during their trip. Their attitudes towards safe sex practices were not ideal. Methods to change attitudes and behavior about unprotected sex need to be explored in this population.

**Keywords:** backpackers, sexual behavior, Thailand

## INTRODUCTION

Travelers have a significant risk of contracting sexually transmitted diseases

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(STDs). Travel can remove social taboos that normally restrict sexual behavior, so travelers are more likely to engage in high-risk sexual behavior when abroad than when they are at home (Ansart *et al*, 2009). Five to 51% of short-term travelers have casual sex while traveling; this number may be as high as 60% among Peace Corps volunteers (Matteelli and Carosi, 2001). It is estimated 20-75% of travelers who did have sex did not use condoms (Hawkes *et al*, 1995; Gagneux *et al*, 1996;

Cabada *et al*, 2002; Bellis *et al*, 2004). This is one reason why all types of STDs occur among travelers.

Although several studies had been conducted to assess sexual behavior among travelers, limited data is available for backpackers. This group of travelers is important and unique; many are young, energetic and eager to make friends with other backpackers and locals. These characteristics may put them at higher risk of contracting STDs during their travel.

Takaneka (2004) conducted a study among backpackers in Thailand. In his study, up to 15% of male backpackers in the Khao San Road area had casual sex and up to 30% did not use condoms when having sex. These results show the importance of this problem. More information is needed to understand this problem better, such as who the sexual partners were (travel companions, newly acquaintances or sex workers) and how often they used condoms and with whom.

Therefore, we conducted this study to determine sexual behavior among foreign backpackers in Khao San Road, Thailand. The secondary objective was to assess attitude about sexual health and actual practices.

## MATERIALS AND METHODS

This cross sectional study was carried out in the Khao San Road area, a backpacker center in Bangkok, Thailand. The study population consisted of both female and male backpackers, selected by accidental sampling. Inclusion criteria were backpackers aged  $\geq 18$  years, who were willing to participate in this study, and who came from Europe, the United States, Canada, Australia or New Zealand. Exclusion criteria were backpackers

with a spouse and those not capable of understanding or filling out the English-language questionnaire. The sample size was calculated using the estimated incidence for casual sex from a previous study (Takenake, 2004). In order to achieve 95% confidence level, we required at least 400 samples.

The questionnaire was drafted, tested in the Khao San Road area, and revised before actual data collection. The final version of the questionnaire included questions about: (1) general information about backpackers and their pre-travel preparations, (2) travel characteristics, (3) sexual practices during this trip, including selection of sex partner and condom use. Eligible backpackers who were willing to participate filled out the questionnaires by themselves. The investigating team was available to help if needed. Once the questionnaire was completed, the participant was asked to place it in the envelope provided, and returned it to the investigator. The questionnaire and the data collection processes were entirely anonymous; all data was kept confidential.

The Ethics Committee of the Faculty of Tropical Medicine, Mahidol University, reviewed and approved the study protocol and the questionnaire.

## Statistical analysis

Statistical analysis was performed using SPSS for Windows (IBM, Armonk, NY). Continuous data and central tendencies were reported as either mean with standard deviation (for normally distributed data) or median (for non-normally distributed data). The percentages and the numbers of observations were reported for categorical variables. The distribution of continuous variables was assessed for normality with the Kolmogorov-Smirnov test. Associations between categorical

variables were assessed with the Pearson's chi-square test, or Fisher's exact test, where appropriate. Statistical significance was accepted as a two-tailed 95% confidence level, with a *p*-value of < 0.05.

## RESULTS

This study was conducted in the Khao San Road area of Bangkok during January and February, 2012. Four hundred fifteen questionnaires were completed and analyzed. Sixty-four percent of participants were male; the overall median age of all participants was 27 years (range 18-68). Most participants were European (83.4%), followed by North American (11.8%) and the Australian-New Zealander (4.8%). Only 10.9% of backpackers were married, while 57.8% were single and 31.3% declared themselves "in a relationship". The average duration of stay in Thailand was 14.6 days. The demographic data are shown in Table 1.

### Pre-travel preparation and practices toward casual sex (Table 2)

Of the 415 participants in the study, 257 (61.9%) consulted with a doctor/clinic before traveling to Thailand. Of those, 112 (43.6%) received information about HIV/AIDS prevention. More than half the participants (55.4%) had condoms and of those, 118 (51.3%) intended to use them and 102 (44.3%) were thinking about using them and 10 (4.4%) did not plan to use them. Approximately a fourth (25.8%) of participants had casual sex in Thailand. There was no association between pre-travel consultation and the incidence of casual sex.

### Factors related to casual sex

There was a significant association between age group and casual sex (*p* = 0.012). Backpackers aged 30-39 years

Table 1  
Demographic and travel characteristics  
(*N*=415).

	<i>n</i> (%)
Sex	
Male	267 (64.3)
Female	148 (35.7)
Age (years)	
(median 27 y; range 18-63 y)	
18-29	247 (59.5)
30-39	124 (29.9)
≥40	44 (10.6)
Nationality	
European	346 (83.4)
North American	49 (11.8)
Australian	20 (4.8)
Marital status	
Single	240 (57.8)
In relationship	130 (31.3)
Married	45 (10.9)
Duration of stay in Thailand	
(mean 14.6 days)	
<14 days	320 (77.1)
15-28 days	55 (13.3)
>28 days	40 (9.6)

had the highest incidence of casual sex (34.7%), while backpackers aged < 29 years had the lowest (20.6%).

Gender analysis showed that 89 of 267 male participants (33.3%) reported having casual sex during this trip, but only 18 of 148 female participants (12%) reported having casual sex. This difference was statistically significant (*p* < 0.001). Eleven percent of married backpackers had casual sex during this trip, while 25% and 32.3% who were single and were in a relationship had casual sex, respectively. Previous experiences in Thailand were also found to be related to casual sex. Forty percent of participants who had been to Thailand before had casual sex,

Table 2  
Pre-travel preparations.

	<i>n</i> (%)
Consult a doctor/clinic before traveling to Thailand	
Yes	257 (61.9)
No	158 (38.1)
Received information about HIV/AIDS prevention during counseling ( <i>n</i> =257)	
Yes	112 (43.6)
No	145 (56.4)
Carry condoms ( <i>n</i> =415)	
Yes	230 (55.4)
No	185 (44.6)
Intend to use condoms ( <i>n</i> =230)	
Yes	118 (51.3)
No	10 (4.4)
Maybe	102 (44.3)
Had casual sex while staying in Thailand? ( <i>n</i> =415)	
Yes	107 (25.8)
No	308 (74.2)

but only 14% of those who had never been to Thailand before had casual sex.

Duration of stay was also related to the incidence of casual sex. The longer the backpackers stayed, the higher the probability of casual sex (Table 3).

#### Selection of sex partner and condom use (Table 4)

Of the 107 participants who had casual sex, 45 (42%) had casual sex with their traveling partner, 51 (47.7%) had sex with a "newly met" non-Thai person, 55 (51.2%) had sex with a Thai person and 27 (25.2%) had sex with a Thai sex worker.

Thirty-five point six percent of backpackers always used condoms when having sex with their travelling partner, 63.6% used a condom when having sex with a sex worker, 61.8% used a condom when

having sex with a local Thai, and 60.8% used a condom when having sex with a newly met non-Thai person. Of the 33 backpackers who did not use condoms, 19 (57.5%) consulted a medical doctor afterwards.

Fifty percent of female backpackers and 30% of male backpackers always used condoms with their traveling partners. Seventy-five percent of female backpackers and 58% of male backpackers used condoms when having sex with newly-met non-Thai persons.

There was no significant association between the use of condoms and receiving pre-travel information about HIV/AIDS prevention.

## DISCUSSION

In our study, approximately one-fourth (25.8%) of all participants had casual sex while travelling in Thailand on an average stay of two weeks. Our result was similar to the study of incidence of casual sex among other groups of travelers, which ranged between 20% and 50% (Abdullah *et al*, 1998; Bloor *et al*, 1998; Bellis *et al*, 2004). However, when compared with the results of the study by Takenaka (2004), which also focused on backpackers in Thailand, the incidence was 15%. It was not possible to conclude that the incidence of sexual contact among backpackers in Thailand had been increasing over an 8-year period. In the 2004 study, some important information was not published, and only the abstract was available. Some of the missing parameters, such as the age and duration of stay of the backpackers may have a great impact on the incidence of sexual contact; however, at this point, we could conclude that casual sex among foreign backpackers in Khao San Road was common.

Table 3  
Factors related to casual sex.

	Casual sex (N=107) n (%)	No casual sex (N=308) n (%)	$\chi^2$	p-value
Age in years				
≤29	51 (20.6)	196 (79.4)		
30-39	43 (34.7)	81 (65.3)		
≥40	13 (29.5)	31 (70.5)	8.856	0.012*
Sex				
Male	89 (33.3)	178 (66.7)		
Female	18 (12.2)	130 (87.8)	22.304	<0.001*
Marital Status				
Single	60 (25.0)	180 (75.0)		
In a relationship	42 (32.3)	88 (67.7)		
Married	5 (11.1)	40 (88.9)	8.031	0.018*
First trip to Thailand				
Yes	32 (14.0)	197 (86.0)		
No	75 (40.3)	111 (59.7)	37.2	<0.001*
How long have you already stayed in Thailand?				
Up to 14 days	61 (19.1)	259 (80.9)		
15 to 28 days	21 (38.2)	34 (61.8)		
More than 28 days	25 (62.5)	15 (37.5)	40.153	<0.001*
How long will you stay in Thailand (time left)?				
Up to 14 days	13 (10.3)	113 (89.7)		
15 to 28 days	25 (16.6)	126 (83.4)		
More than 28 days	69 (50.0)	69 (50.0)	64.761	<0.001*

\*Statistical significance

In our study, the incidence of casual sex was strongly associated with older age ( $p=0.012$ ), male gender ( $p<0.001$ ), single marital status ( $p=0.018$ ), longer time spent in Thailand ( $p<0.001$ ), and total time to be spent in Thailand ( $p<0.001$ ). This corresponds to earlier studies found during the literature search (Abdullah *et al*, 1998; Bloor *et al*, 1998; Takenaka, 2004; Bellis *et al*, 2004). The incidence of casual sex seemed to have increased by about 20% for every two weeks staying longer in Thailand. This finding is similar to a study by Cabada *et al* (2002), in which travelers who stayed longer than 30 days were at

5 times higher risk of having sex with a new sex partner.

Our study also indicated a neglectful attitude towards risky sexual behavior among participants. Only 55% of subjects used condoms at all times. This number corresponds with the results of several other studies that reported the overall rate of condom use as somewhere between 25-75% (Gagneux *et al*, 1996; Bellis *et al*, 2004; Takenaka, 2004). On detailed analysis, not surprisingly, the rate of condom use was highest among backpackers who had sexual contact with sex workers (63%). That still means more than one



Table 4  
Practices among travelers who had casual sex.

	<i>n</i> (%)
Among those who had casual sex during this trip ( <i>N</i> =107)	
Had casual sex with travel partner	45 (42.1)
Used condom	16 (35.6)
Did not or sometime used condom	29 (64.4)
Had casual sex with newly met person (non-Thai)	51 (47.7)
Used condom	31 (60.8)
Did not or sometime used condom	20 (39.2)
Had casual sex with a local Thai	55 (51.2)
Used condom	34 (61.8)
Did not or sometime used condom	21 (38.2)
Had casual sex with sex-workers	27 (25.2)
Used condom	17 (63.0)
Did not or sometime used condom	10 (37.0)
Consulted a medical doctor/clinic after casual sex	
Yes	19 (17.8)
No	88 (82.2)

third of participants (37%) were at risk of contracting HIV or STDs. Fortunately, the overall prevalence of HIV infection among sex workers in Thailand has decreased from 18.46% to 2.76% during the period 2000-2009 due to effective HIV control programs (UNAIDS, 2010). However, the HIV risk remains real and should not be neglected.

The lowest rate of condom use was among subjects who had sex with their travel partners (35.6%). This is not surprising, since they knew their sexual partner better they felt they were at lower risk of contracting HIV or other STDs (Jadack *et al*, 1997). This finding is similar to that of Bellis *et al* (2004) who found travelers who had sex with their travel partners had a three times higher likelihood of not using a condom. Gender is also a relevant factor in condom use: men were significantly less likely to use condoms than women.

Sixty-two percent of backpackers in our study received pre-travel counseling from a doctor/clinic before traveling to Thailand; however, only 43.6% of them received information about HIV/AIDS prevention. Even backpackers who did receive HIV/AIDS information before traveling had similar rates of unsafe sex as those who did not. Healthcare professionals should still give HIV/AIDS advice, but methods of encouraging behavior change need to be explored in this group. Our findings are consistent with those of Gagneux *et al* (1996) who found a lack of knowledge was not the problem; travelers needed to be motivated to put their knowledge into practice.

Our study did have certain limitations; first, the category of sex partners we used in our study was sometimes not obvious. The category of sex workers should have included "indirect" sex-workers; those that

may work as waitresses in a pub/bar, hairdressers or massage girls who may sell sex for other types of return instead of money. Our participants might have found it difficult to differentiate newly-met persons from indirect sex workers.

Second, data collection was conducted exclusively in the Khao San Road area. Although it is a well-known backpacker hub in Bangkok, it does not represent backpackers as a whole. There are several backpacker areas in Bangkok that have their own niches, such as upper class backpackers, seniors, specific groups or nationalities, etc. Data from the Khao San Road may not represent these subgroups of backpackers.

In conclusion, our study showed that up to 25% of backpackers in Bangkok had casual sex during their trip, and 45% did not use condoms when having sex. Conventional pre-travel advice regarding STD/HIV prevention had no effect on sexual behavior. New methods to promote sexual health precautions during travel are urgently required.

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