



## Tourism and HIV/AIDS

### Prevention and Combat

Tourism can contribute to the dissemination of HIV/AIDS and worsen the situation for endangered persons in tourist destination regions. Myths, ignorance, lacking awareness of the problem as well as social stigmas present obstacles for the prevention of HIV/AIDS. Furthermore, the tourism sector tends to experience the topic of HIV/AIDS and sexually transmitted diseases as curbing the business. Tour operators and travel guides want to avoid painting a negative image of a destination.

However, tourism can also contribute to sensitizing towards and combating HIV/AIDS. Since 1999 tour operators in Germany have been obliged to point out dangers, adequate precautions as well as advisory service in travel medicine. Despite this, most travel guides mention the topic HIV/AIDS and measures for protection against possible infection as a side note only. Self-regulatory mechanisms specific to the sector, HIV/AIDS-programmes for the workplace as well as codes of conduct in the tourism sector offer meaningful starting points for prevention and combat. In 1998 the World Tourism Organization (UNWTO), travel businesses and the Children's Rights Organization ECPAT have developed the international Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism. Meanwhile more than 850 businesses and associations in more than 32 countries have committed to it. In Germany, Deutscher Reiseverband (DRV) signed the Code in 2001.

Socially acceptable working conditions and salaries in the tourism sector can assist workers in not having to improve their income through prostitution. Moreover, high-risk groups like e.g. room service staff in hotels, professional sex workers and street children need to be enabled to negotiate safe sexual behaviour. In particular the lack of access to information and counselling institutions, which frequently provides a problem, as well as the specific need for protection of children and adolescents have to be taken into account. At the same time it is essential to sharpen the public awareness with regard to the fact that through an HIV-infection partner and children are also at risk. Sufficient supply of condoms and sterile syringes should be guaranteed in all tourist areas.

### Prosecution

Sexual exploitation of children and trafficking in human beings call for an extra-territorial legislation that makes it possible for criminal offenders to be judged for offences committed abroad according to local legislation. In Germany, for example, this was introduced in 1993. Implementing it though requires functioning prosecution in destination countries as well as co-operation across the borders. The protection of victims takes on an important role too. Their testimonies often represent the only chance of convicting the offenders. Without sufficient protection, however, this can constitute a high risk for the person concerned. Moreover, the people concerned should receive the possibility of gender- and age-based access to extensive rehabilitation measures.

## themes

### Tourism as Economic Factor

Tourism is one of the most dynamic and important global branches of the economy, following the petroleum, chemical and automobile industries in rank. According to the United Nations World Tourism Organization (UNWTO) the daily income of the tourism sector worldwide adds up to around 3 billion US \$. At the same time the yearly growth rate constitutes up to 6 %. While in 1997 613 million international arrivals were registered, by 2007 the figure had already increased to 903 million.

### Tourism in Developing Countries

Even though the most favourite tourist destinations are offered by industrial nations, tourism becomes increasingly more important for the economic development of many developing and transition countries. Often one of the most important or the single most important source of foreign currencies, directly or indirectly the tourism sector creates additional (qualified) jobs in the destination countries.

However, the rapid growth in the tourism sector holds risks too. Developing this sector too fast without discernible strategy can swiftly lead to a reduction in what

originally attracted the tourists. External effects like e.g. environmental pollution, urban sprawl, migration, mono-structures or destruction of familiar social structures can induce economic costs that are considerably higher than the income generated through the tourism trade.

Moreover, tourism offers a favourable environment for child labour, trafficking in human beings and commercial sexual exploitation of children and adolescents. These human rights violations are promoted by the concurrence of economic, social and cultural factors. Poverty, a lack in possibilities for gaining income, discrimination of girls and women as well as the local and international demand for sexual services form the basis for a lucrative trade. Quick and easy access to information via the Internet, assumed anonymity and security, increasingly cheaper flights also to exotic destinations as much as the consistently growing tourist infrastructure contribute to the flourishing business of sex tourism. Rising tourist figures are also mirrored in the sex tourism trade. As a consequence the risk of contracting sexually transmitted diseases including HIV/AIDS increases too. The dissemination of HIV/AIDS illustrates another external factor of tourism.

### Excursus: Commercial Sexual Exploitation of Minors

Commercial sexual exploitation of children comprises prostitution, sex tourism, sexual violence, trafficking in human beings for the purpose of sexual exploitation as well as pornography with minors (under 18 years of age). Also common next to sexual abuse, sexual violence and prostitution is the habit of "renting" children and adolescents as "companions".

The HIV/AIDS pandemic is hereby as much cause as effect. On the one hand, HIV/AIDS promotes the demand for even younger children, assuming that these have not yet been infected. Myths like the one that sex with a "virgin" would prevent or even cure a HIV infection also contribute to the rising demand. On the other hand, the dissemination of HIV/AIDS is boosted through the sexual exploitation of children as children and adolescents are especially vulnerable. They often lack access to information and are mostly not able to negotiate the use of condoms. Frequently they are forced to perform sex practices that carry particular risks where they incur injuries. Particularly girls and women are thus exposed to an increased risk of infection. In addition gender-specific discrimination contributes considerably to their endangerment.

Apart from the exploitation in the tourism segment of long-distance travel, children and adolescents are, however, also exploited in the respective neighbouring countries: Perpetrators from Germany or Austria travel to Poland or the Czech Republic; perpetrators from the USA travel to Mexico. The economic divide and insufficient prosecution contribute noticeably to the vulnerability of underage victims.

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[www.gtz.de/nochildabuse](http://www.gtz.de/nochildabuse)

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### HIV/AIDS and Tourism

A risk of HIV-infection exists in practically every region of the world. By the end of 2007 there were between 30.6 to 36.1 million people with HIV in the world, about 2.5 million thereof children under 15 years of age, according to the status report 2007 of UNAIDS and the World Health Organization (WHO). 50 per cent of the HIV positive adults are women; their rate is continually growing. Changing sexual partners and increasing mobility favour the worldwide spreading of HIV/AIDS and other sexually transmitted diseases. Tourists also expose themselves to risks like gamble, drugs or sex. Sexual contacts, commercially as much as non-commercially, can be found in all forms of travel, from package tours to individual tourism.

Travellers buying sex carry a particularly high risk of contracting HIV/AIDS as this is widely spread in many destination countries visited by sex tourists. Female sex workers often have a notably high infection quota: in Africa up to 80 per cent and in some areas of Asia up to 60 per cent.

The strong economic divide between developed and developing countries supports a one-sided exploitation of resources and human beings in tourism. Hotels and other tourist institutions in developing countries often record a very high fluctuation in workforce. Seasonal tourist emergence often entails seasonal migration, also of young women. Unknown environments and non-existent social networks contribute to their increased vulnerability too. Salaries are frequently too low to cover the cost of living. Thus in particular employees in the entertainment sector or room service additionally finance themselves and their families through sex with tourists. If they contract a disease through unprotected sex with infected tourists, the virus is then often also spread within their families. Thus the transmission does not only occur from tourists to locals and other travellers or from locals to guests from abroad but also spreads from tourist regions to other parts of the countries.

### Tourist Destinations and HIV/AIDS

Many regions where HIV/AIDS is particularly widespread constitute at the same time favourite long-distance destinations where sex tourism is also common. In some countries like e.g. Thailand or the Philippines the presence of foreign armed forces had already created an infrastructure that was subsequently taken over by the (sex) tourism. Travellers often pay more than local clients, thus the sex industry increasingly solicits foreign customers. Countries, however, whose tourist infrastructure is only slightly developed, generally attract fewer sex tourists. Exceptions are tourists that are looking for sex with minors. They often prefer countries with unsafe general conditions as they do not have to face many sanctions there.

During the last decades the proportion of long-distance travel in tourism has risen. Sex tourism has increased as well. Apart from a continuous spreading in South East Asia now African countries, Latin America, South Asia and Eastern and South East Europe are increasingly affected. More and more North American sex tourists travel to Central America. European sex tourists choose African countries like e.g. the Gambia, Kenya, South Africa or Morocco. In Russia sex tourism is on the rise as well; here it is often street children that are affected too. In Eastern Europe there is an increase in sex tourism into the regions close to the borders and the Black Sea.

### Example: Cambodia

With an average per capita gross domestic product of 2,727 US \$ (PPP) Cambodia is one of the poorest countries of Asia. The opening of the country after years of civil war, genocide and dictatorship as well as poverty, lack in education and income possibilities, insufficient prosecution and corruption provides favourable general conditions for prostitution, trafficking in human beings and commercial sexual exploitation of minors. The deployment of peace-keeping troops at the beginning of the 1990s also resulted in a rapid increase in prostitution.

An estimate of about 84,000 people, among them 23,000 women and 5,000 children, has contracted HIV in Cambodia. This corresponds to a rate of 0,9 per cent of all adults (2007). The highest HIV prevalence - 26 per cent - is found with female sex workers (age > 20 years; 2003). Approximately one third of the roughly 100,000 prostitutes in Cambodia are less than 18 years old. Next to locals their customers are also tourists from Thailand, China, Japan, North America, Australia and Europe. Tourism in Cambodia is flourishing. Every year around 2 mio. tourists enter the country.

Sociocultural factors like absolute obedience towards adults, a distinct awareness of hierarchy as well as historic remnants of imperialism contribute to an increased vulnerability in children, in particular towards foreign adults. According to a survey conducted by the Cambodian Ministry of Tourism, the National Council for Children and World Vision 45 per cent of the Cambodian travel agencies declared that they had observed how travel guides had established contact between tourists and children. More than 70 per cent of the children questioned close to the World Heritage Site Angkor Wat stated that tourists had already approached them about sex.

The Cambodian government attempts to counteract sex tourism and HIV/AIDS. In 2007 the Ministry of Tourism with support of the ILO and another organizations presented a plan for combating sexual exploitation of minors in tourism as well as a corresponding training programme. Central non-governmental organizations have joined forces by creating a network. However, after Thailand Cambodia is still the country most affected by the commercial sexual exploitation of minors in the Mekong area.

### Countries of Origin and HIV/AIDS

The Federal Republic of Germany is heading the worldwide list of countries whose inhabitants travel most. Next to further industrial nations it is China, Russia and the Republic of Korea that spend most on tourism. Each year two million Germans travel to Asia, Africa or Latin America. Many tourists have sexual contacts with people they have only met during their journey in the country they travel. Frequently these had contact with several partners.

Sex tourists originate from all social classes and age groups, though a disproportionately high number of them are single. It is frequently "older men travelling alone" that have already planned sex before the journey, in particular sex with young girls. Hereby power, favourable prices, but also stereotype images of women play a role. Heterosexual sex tourists tend to romanticize their sexual relationships. They indulge in the belief that what they get involved in is no prostitution but that they help the (usually) women

and girls. Thus though the risk of contracting HIV is underestimated. Female sex tourists have similar motives; however, they represent only a small proportion of the sex tourism trade, despite this often being overrated because of media interest.

Sex tourists often adopt a negative attitude towards condoms. A UNICEF study about sex tourism and sexual exploitation of minors in Kenya came to the conclusion that 35.5 per cent of all sexual contacts take place without condoms. Homosexual men romanticize their contacts less, are more aware of the prostitution character and use condoms more often.

The group of tourists also include persons living with HIV/AIDS. Thus approximately 20 per cent of the roughly 1,2 million HIV-infected people in North America travel abroad every year. Due to their immigration rules and regulations some countries can refuse entry to HIV-infected people, such as the USA, the Russian Federation, South Korea, Saudi Arabia, Moldavia or China.