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Sexual health education for young tourists

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HIGHLIGHTS

- Recommendations for sexual health education for young tourists are proposed.
- Comprehensive harm reduction and health promotion approaches are advised.
- Uniqueness of tourist experiences should be leveraged in health education messages.
- Targeting, framing, and tailoring can improve sexual health education for tourists.
- Findings bridge across tourism and public health literature and practice.

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ABSTRACT

There is a pressing need for developing effective sexual health education for a high-risk group of young tourists. The purpose of this study was to explore the necessity of sexual health education for young tourists and to identify the characteristics of potentially successful sexual health messages. The data were obtained from three mixed-gender focus groups and 13 individual interviews ($N = 32$) and analyzed using constructivist grounded theory. The findings highlight the necessity for innovative sexual health education methods supporting young adults' decision-making in tourism. Participants' recommendations for sexual health education for tourists included informing decisions about safer sex instead of condemning sex; developing tourism-focused, age-specific, and gender-sensitive messages; varying messages' emphases on risks vs. benefits; and individualizing the messages based on risk perceptions and motivations. These recommendations can be explained and applied using context-specific, harm reduction, and health promotion approaches as well as the methods of targeting, framing, and tailoring.

1. Introduction

Health concerns associated with sexual risk taking in tourism have become a focus of travel medicine research (Bauer, 2009; Cabada et al., 2007). Nevertheless, current sexual health education strategies for tourists seem unsatisfactory and are also severely under-researched and poorly understood (Berdychevsky, 2017; Matteelli & Capone, 2016; Matteelli & Carosi, 2001). It is problematic because some tourist experiences offer opportunities for increased sexual mixing that can be a cause of morbidity (Matteelli et al., 2013; McNulty, Egan, Wand, & Donovan, 2010; Rogstad, 2004). Indeed, research suggests that tourism is associated with the geographical expansion of sexually transmitted infections (STIs) (Brown et al., 2014; Hamlyn, Peer, & Easterbrook, 2007; Marrazzo, 2008; Qvarnström & Oscarsson, 2014), while the odds of contracting such infections during travel are three-fold compared to everyday life (Vivancos, Abubakar, & Hunter, 2010). Young adults are at particularly high risk of STIs and other detrimental sexual health outcomes (Hughes, Downing, Bellis, Dillon, & Copeland, 2009; Richens, 2006; Ward & Plourde, 2006), as substantial numbers of them have (often unprotected) sex with new partners in tourism (Davies, Karagiannis, Headon, Wiig, & Duffy, 2011; Hamlyn et al., 2007; Lewis & de Wildt, 2016; Senn, de Valliere, Berdoz, & Genton, 2011).

A low profile of sexual health education for tourists might be explained by the erroneous perceptions of such prevention efforts as unnecessary, impractical, or unfeasible (Matteelli & Capone, 2016). However, there is a pressing need for including an emphasis on sexual behavior in travel health education (Bauer, 2009; Cabada et al., 2007; Tanton et al., 2016). Likewise, travel clinics should pay more attention to travelers' sexual health and provide advice about safer sex in travel health consultations

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(Matteelli & Capone, 2016; Rice et al., 2012; Richens, 2006). Further research is essential for identifying young tourists' attitudes and preferences regarding tourism-focused sexual health education to cater to them more effectively (Qvarnström & Oscarsson, 2014). New efforts should be put forth with regard to developing efficient primary interventions to improve tourists understanding of the risks and to address the public health issue of sexual risk taking in tourism (Lewis & de Wildt, 2016; Matteelli & Carosi, 2001; Senn et al., 2011; Ward & Plourde, 2006).

Sexual risk taking among young tourists was explained in tourism literature by perceived anonymity, subdued influence of sexual double standards, time compression effect into a moment of "here and now," fun-seeking vacation mentality, liminality/liminoid and detachment from everyday norms, and situational disinhibition effect (Andriotis, 2010; Apostolopoulos, Sönmez, & Yu, 2002; Berdychevsky, 2015; Berdychevsky, Gibson, & Poria, 2015; Berdychevsky, Poria, & Uriely, 2013; Eiser & Ford, 1995; Ragsdale, Difranceisco, & Pinkerton, 2006; Ryan & Hall, 2001; Ryan & Kinder, 1996; Ryan & Martin, 2001; Thomas, 2005). The social atmosphere and various liberating characteristics of tourist experiences that make people feel out-of-place, out-of-time and out-of-mind encourage different forms of sexual risk taking and transgressions, particularly among young tourists, that might take people outside their comfort zones and be detrimental to their health and wellbeing (Berdychevsky & Gibson, 2015a; Berdychevsky, 2015; Briggs & Tutenges, 2014; Diken & Laustsen, 2004; Pritchard & Morgan, 2006; Ryan, 2003; Selänniemi, 2003).

Recent studies show that sexual risk taking in tourism is a complex phenomenon, including personal psychological, sociocultural, and situational aspects. For instance, perceived dimensions of risk associated with sexual behavior in tourism include physical, sexual health, mental, emotional, social, and cultural factors (Berdychevsky & Gibson, 2015a, 2015c), while the motivations for sexual risk taking in tourism include anonymity offered by some tourist experiences, "safe" experimentation, thrill seeking, sense of empowerment, fun, and reduced inhibitions (Berdychevsky & Gibson, 2015b; Berdychevsky, 2015). Furthermore, different clusters of sexual risk takers can be identified based on their perceptions of and motivations for sexual risk taking in tourism and profiled on their psychological, behavioral, and demographic characteristics (Berdychevsky, 2017).

Thus, the purpose of this study was threefold: (a) to explore whether young people perceive sexual health education for tourists as necessary, (b) to investigate the reasons for viewing such education as important or unimportant, and (c) to identify the characteristics of potentially successful sexual health promotion messages for young tourists. Considering the diversity of sexual risk takers, the specificity of tourist experiences vis-à-vis everyday life, and the severity of potential consequences of sexual risk taking in tourism, it is essential to explore the necessity and the potentially-effective features of sexual health promotion messages for tourists. To this end, it is crucial to investigate the feasibility of behavior change/elimination vs. harm reduction and/or health promotion approaches (Association of Faculties of Medicine of Canada [AFMC], 2013; Collins et al., 2012; Peake Andrasik & Lostutter, 2012). Likewise, the options of message framing should be examined, distinguishing between loss-framed messages and gain-framed messages (Gallagher & Updegraff, 2012; Gerend & Shepherd, 2016). Lastly, it is important to consider whether generic, personalized, targeted, or tailored forms of health communication are most appropriate (Kreuter, Farrell, Olevitch, & Brennan, 2000; Kreuter, Strecher, & Glassman, 1999; Rakowski, 1999). Identifying the proper mix is essential for boosting the effectiveness of sexual health education for tourists.

2. Methodology

This study was approved by the Institutional Review Board. The information for this study was obtained from three mixed-gender focus groups with 6–7 participants each (lasting 2.5–3 h each; a total of 10 men and 9 women) and in-depth individual interviews with 13 women (lasting 1.5–2.5 h each). As will be discussed in the Findings section, men's perceptions of sexual risk taking in tourism in the focus groups were relatively consistent and often focused on the STIs while women's perspectives were more heterogeneous and involved multiple risk factors. Hence, additional individual interviews were conducted with women to gain more clarity and saturation. The author facilitated focus groups and conducted interviews in her University office and at home.

Participants ranged in age from 19 to 30 years. Among 32 participants, three were married, eight were in a relationship, and the rest were single. None of the participants had children at the time of the data collection. Sixteen participants self-identified as White-Caucasian, six as African American, five as Latin American, three as Asian American, and two as multiracial. Eighteen participants completed high school, 10 had a bachelor's degree, and four participants were enrolled in graduate school.

The inclusion criterion was the participant's perception of having had a personal experience with sexual risk taking in tourism. The repertoire of such experiences was broad, including casual sex, unprotected sex, sex under the influence of substances, or any other sexual activity that made the participants feel uncomfortable after the act. Participants were recruited via flyers posted in the community and on the University campus, and using a combination of availability and snowball sampling strategies. The interview guide included questions about perceptions of and motivations for sexual risk taking in tourism as well as the awareness of, the necessity for, and the characteristics of effective sexual health education for tourists.

The data collection sessions were audio recorded and transcribed verbatim. The data were de-identified, pseudonymized, and analyzed using constructivist grounded theory. In constructivist grounded theory, data analysis and interpretations are social constructions contextualized in time, place, and cultural values, meaning that the analysis is always conditional, partial, ambiguous, and contingent (Charmaz, 2006). Data analysis progressed through the steps of initial, focused, and theoretical coding, and was supported by the elements of situational analysis (Charmaz, 2006; Clarke, 2005). The analysis was computer assisted, using qualitative data analysis software ATLAS.ti7. First, 216 initial codes were identified and saturated with quotes to map the data. Second, initial codes were organized around the key themes emerging from the data and the relationships between the codes were established to provide a more focused and coherent view of the data. This process was facilitated by the maps of semantic relationships from the situational analysis. Finally, the data and interpretations were analyzed in light of the relevant approaches to sexual health education. The trustworthiness of the analysis was enhanced following the canons of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

3. Findings

The findings point to the importance of developing adequate sexual health education for tourists. Out of 32 participants, 23 believed that such education is necessary, five were unsure, and four were skeptical. Participants who were unsure or skeptical about sexual health education for tourists were not opposed to the idea itself, but they were mainly concerned about feasibility and

message delivery-related issues. In turn, many participants argued that during their tourist experiences they "feel like the ordinary rules, risks, and precautions don't apply" (Cheryl, a 23-year-old). Hence, they believed that "sex-ed for tourists can have far-reaching impacts" (Jordan, a 25-year-old), if "it is developed with an understanding of the fun-seeking vacation mentality" (Tobi, a 30-year old). Participants who were in favor of developing sexual health education for tourists argued that "expecting generic [e.g., school-based] sex-ed to suffice is naïve" (Roxanne, a 22-year-old) because the purpose of many tourist experiences for young adults is "to detach from everyday life and to throw out the window all the restrictions and dull preaching" (Edward, a 30-year-old). Such perceptions of generic sexual health education as 'a preaching to be freed from on vacation' are dangerous as tourist contexts do not necessarily eliminate sexual risks and sometimes even augment them.

Most participants were unaware of any existing sexual health education for tourists besides "some simplistic cards [i.e., health communications] offered at the University health center before spring break" (Jane, a 21-year-old). They were eager, however, to suggest some strategies for potentially effective sexual health promotion messages for tourists. First, participants argued that "it is important not to condemn sex, but to treat it realistically" (Celine, a 21-year-old). They clarified that the goals should be "not to suppress sex, but to make it safer" (Maya, a 20-year-old) and "to inform decisions instead of trying to eliminate sex" (Michael, a 23-year-old) because "tourism is fun and sex is fun [and] you will fail if you try to take fun away, but you can persuade people to be more responsible" (Jack, a 22-year-old). Participants warned that the abstinence-only messages aiming to eliminate sex from tourism would be perceived as intimidating, patronizing, annoying, abrasive, judgmental, regulating, narrow-minded, bullying, evoking antagonism, limiting freedom, and pressuring. They explained that "people will shrug this message off" (Carmela, a 22-yar-old) because "there is a clash between [abstinence-only] intimidation strategy and the fun-focused mood on vacation" (Marius, a 25-year-old), which will render such messages ineffective with young tourists. Alternatively, more comprehensive messages "calling for and informing how to have responsible and mindful fun on vacation" (Vanessa, a 21-year-old) were described by the participants as positive, light-hearted, connecting to people, and projecting concern.

Second, participants stated that it is crucial to leverage the uniqueness of tourist contexts instead of ignoring it. Namely, "it has to be obvious that this is for tourists" (Kate, a 24-ear-old) and emphasizing "that this is about tourism will help you to grab [youth's] attention" (Josie, a 27-year-old) and to distinguish it from the generic sex education. They suggested, "Don't ignore the fun of tourist experiences [and] bring up the positives of sex on vacation before you get to the prevention part" (Steve, a 30-year-old). More specific strategies included recommendations to prioritize foreign travel vs. domestic travel (because "as a foreigner, you have no safety network, no language, no familiarity with local culture and healthcare" [Zoe, a 25-year-old]) and to focus on tourist experiences that offer a vibrant party scene, nightlife, and an easy access to drugs and alcohol (particularly, with a focus on underage drinking as "When you are not allowed to drink [in the U.S.] you will get totally plastered when you are abroad! Why? Because you can!" [Eileen, a 19-year-old]).

Third, participants claimed that successful health promotion messages for tourists should take into consideration their age and gender. Many participants believed that adolescents and young adults "are way more sexually adventurous" (Dylan, a 20-year-old) than people of other ages while tourist experiences "after high school and during spring breaks in college are the playgrounds for testing the limits and getting to know yourself" (Selinda, a 21-year-old). Regarding gender, four women were concerned that gender-specific health promotion messages might "reinforce stereotypes and double standards" (Desy, a 21-year-old) while other participants thought that skillfully designed gender-sensitive health promotion messages would be more effective than gender-neutral approaches.

Findings revealed both consistencies and differences across gender in the preferred content of sexual health education messages for tourists. Female tourists were perceived by both men and women in this sample as more vulnerable than male tourists, and "you kinda have to put it out there in your message" (Rudy, a 22-year-old). Also, both genders believed that succinct and catchy slogans used in health messages would be the best way to get attention and boost memorability. However, men recommended using slogans presenting risks and detrimental consequences of sexual risk taking (e.g., "One night of pleasure can shorten your life" [Bill, a 26-year-old]; "Getting the clap is not the best souvenir from vacation" [Jack, a 22-year-old]) while women endorsed slogans emphasizing empowerment, self-respect, and responsibility (e.g., "Your body, your rules, and sex on your terms!" [Celine, a 21-year-old]; "Respect yourself, know your values, stay true to yourself, be-YOU-tiful" [Faith, a 24-year-old]; "Vacation is not a reason to fall without a safety net—it's your responsibility to have mindful fun" [Eve, a 30-year-old]). Additionally, six men proposed presenting deterring statistics and graphic images about sexual risks in tourism, but most women preferred dramatic personal narratives as they believed them to be more emotional and memorable.

Fourth, participants stated that effective sexual health education messages should be informed by tourists' perceptions of and motivations for sexual risk taking and shared a multitude of perspectives on what they perceive as sexual risk taking in tourism and why they would get involved in it. The repertoire of discussed risky sexual behaviors was broad and included activities with and without penetration, which were linked to various risk factors. Participants' risk perceptions encompassed concerns about physical, sexual health, mental, emotional, and socio-cultural consequences of sexual risk taking tourism because tourists need to keep in mind that they can "be abducted, hurt, or raped" (Hannah, a 23-year-old), "get a disease or impregnate [the casual partner]" (Ryan, a 26-year-old), "regret [the risky behavior] eventually or get hurt emotionally" (Melanie, a 24-year-old), "ruin [their] reputation" (Jane, a 21-year-old), and "misjudge the situation because [they are] not familiar with the cultural cues" (Edward, a 30-year-old).

The findings suggested that men tended to focus on the sexual health consequences (although, not exclusively) while women's risk perceptions emerged as more multidimensional. However, participants of both genders estimated physical and sexual health risks as more pressing than other risk dimensions that were described as "uncomfortable and embarrassing, but not life-threatening" (Selinda, a 21-year-old). They suggested that intervention messages focusing on the potentially-fatal physical and sexual health factors could equate risky behaviors to "gambling with your life" (Michael, a 23-year-old) or "flirting with death" (Amy, a 26-year-old). Nevertheless, three men and the majority of women (15 out 22) in this study believed that sexual health messages for tourists should be holistic and address to some extent the mental, emotional, and socio-cultural aspects of sexual risk taking in tourism as well.

Participants also discussed various motivations for sexual risk taking in tourism, including anonymity, sense of detachment from everyday rules, fewer inhibitions, desire for sexual experimentation, thrill- and fun-seeking, sexual conquest and empowerment, and taking advantage of the opportunities. The motivations varied among the participants, but perceived anonymity seemed to be

more paramount to women because "[they] can finally stop caring about what everybody thinks if nobody knows [them]" (Celine, a 21-year-old). Participants shared that they would be more receptive to sexual health promotion messages that "are in tune with what [they are] seeking for [through] sex on vacation" (Maya, a 20-year-old) because such messages are more likely to be perceived as relevant, empathic, and appropriate for tourism contexts.

4. Discussion

The findings of this study highlight the necessity for innovative sexual health education methods supporting young adults' decision-making in tourism contexts and addressing the public health issue of sexual risk taking in tourism, which echoes recent urgent calls in the literature (Berdychevsky & Gibson, 2015b; Davies et al., 2011; Lewis & de Wildt, 2016; Matteelli & Capone, 2016; Tanton et al., 2016). Similar to previous research (cf., Qvarnström & Oscarsson, 2014), only a few participants in this study had any experience with some basic prevention efforts focused on risky sexual behavior in tourism, but most of them welcomed the idea of developing sophisticated, tourism-focused, and tailored sexual health education campaigns. This study offers recommendations for potentially effective sexual health education strategies for tourists based on the participants' preferences, which are summarized in Fig. 1.

Participants perceived sexual health messages calling to eliminate or discourage sexual behavior in tourism as intimidating and patronizing while the messages informing decisions about safer sex and empowering people to be proactive, assertive, and responsible were received favorably. Apparently, there is a clash between the intimidating abstinence-only strategy and the fun-focused mood on vacation, but there is no conflict between the comprehensive responsibility-focused messages and tourism atmosphere. This distinction is reminiscent of the debate about school-based abstinence-only vs. comprehensive abstinence-plus sexual health education. While the abstinence-only approach presents abstaining from sex as the sole safe option, a comprehensive sexual health education curriculum covers a wide range of topics (including abstinence) with the goals of helping youth to avoid negative health consequences, distinguish between healthy and unhealthy sexual relationships, and realize autonomy over their bodies (Bridges & Hauser, 2014; Johnson, 2014; Taverner & McKee, 2010). To date, there is no methodologically rigorous evidence to support the effectiveness of the abstinence-only programs (Kirby, 2007), an approach that was also rejected by the participants in this study. Some scholars even argue that abstinence-only programs are harmful and can alienate sexually active youth (Collins, Alagiri, Summers, & Morin, 2002), while studies suggest that many young adults are sexually active in tourism (Davies et al., 2011; Lewis & de Wildt, 2016; Senn et al., 2011). Conversely, there is substantial evidence supporting the effectiveness of comprehensive sex education programs in reducing sexual risk taking and improving confidence and decision-making among youth (Elia & Eliason, 2009; Kirby, 2007), which was also the option preferred by the participants in this study.

This finding suggests that trying to eradicate risky sexual behaviors in tourism might be a futile effort, but working on reducing its harmful effects and encouraging people to stay in control is important. This logic is in line with harm reduction and health promotion approaches to health education. Harm reduction focuses on reducing harm stemming from risky behaviors by offering a set of practical strategies regarding safer sexual acts, sexual partners, and intrapersonal and situational antecedents of risky sex, instead of trying to eliminate risky behaviors (Collins et al., 2012; Peake Andrasik & Lostutter, 2012). Previous research, indeed, suggests that safer-sex practices and harm reduction counseling should be emphasized by sexual health education and healthcare professionals who see international travelers (Matteelli & Carosi, 2001;

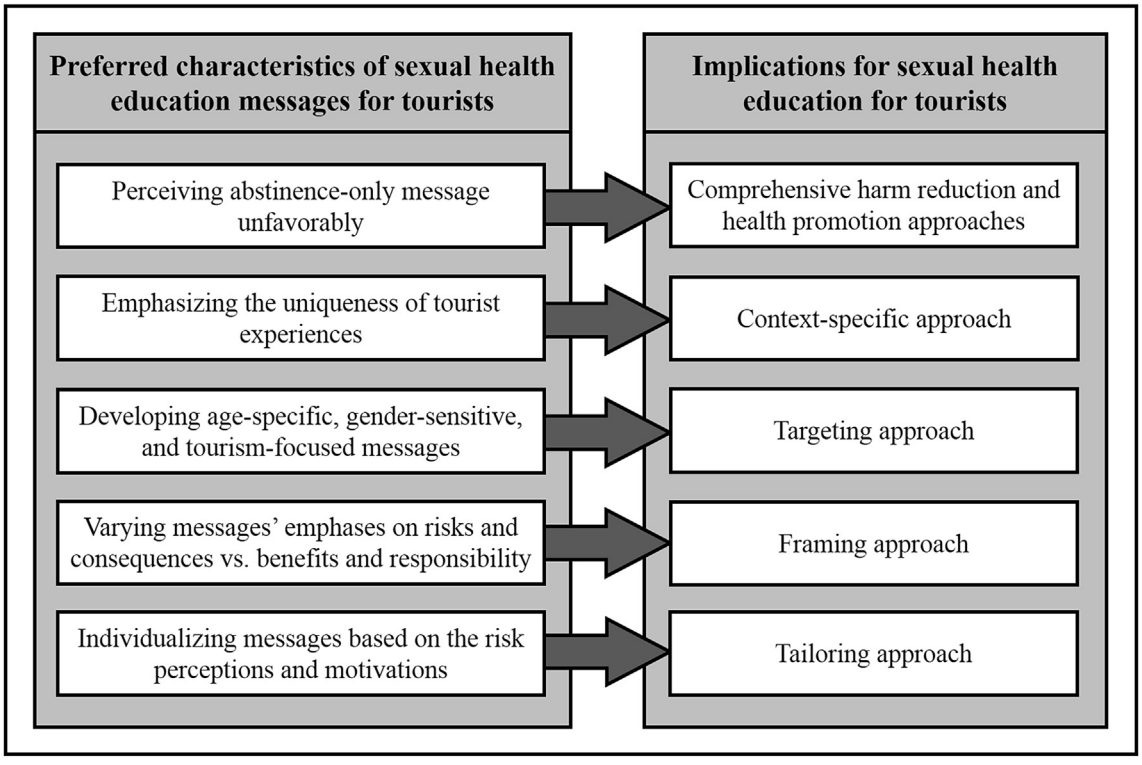

Fig. 1. Preferred characteristics of sexual health promotion messages and implications for sexual health education for tourists.

Rogstad, 2004; Ward & Plourde, 2006). In turn, to prevent the erosion of individual responsibility for health in anonymous and fun-focused tourist environments, harm reduction should be complemented with health promotion approach, which encourages people to take charge of their health and strengthens their skills to resist the adverse environmental influences and to adopt health-promoting practices (AFMC, 2013).

According to the participants, however, adopting comprehensive harm reduction and health promotion approaches is insufficient if health education messages are not situated within the uniqueness of the targeted tourist environments. Namely, the messages have to be tourism-specific and leverage the characteristics of the context to evoke empathy and help youth relate to the message. Earlier research also suggests that tourism-specific or event-specific health interventions are better equipped to yield aspired outcomes than context-independent interventions (Fisher, 2008; Lee et al., 2014; Snyder & Misera, 2008).

The attributes that the findings suggest emphasizing in tourism-specific sexual health education messages resonate with available literature on sexual risk taking in tourism and include the possibility of feeling out-of-character, proclivity to reject social norms and suspend personal inhibitions, and the likelihood of taking advantage of the intoxicating cocktail of anonymity, nightlife, alcohol, drugs, and casual sex (Bauer, 2009; Berdychevsky, Poria, & Uriely, 2010; Briggs & Tutenges, 2014; Briggs, Tutenges, Armitage, & Panchev, 2011; Kelly, Hughes, & Bellis, 2014; Lewis, Patrick, Mittmann, & Kaysen, 2014; Sönmez et al., 2006). Indeed, previous research suggests that the situational loss of inhibitions encouraging sexual risk taking in tourism can be pronouncedly enhanced by alcohol and drugs (Eiser & Ford, 1995; Hughes et al., 2009; Marrazzo, 2008; Ward & Plourde, 2006). It is also important to inform tourists that sexual risk taking happens on vacation, even it is not necessarily anticipated, because they are likely to encounter environments conducive to sexually risky behaviors and they might react in unexpected ways (Croughs, Remmen, & Van den Ende, 2014; Gagneux, Blöchliger, Tanner, & Hatz, 1996).

In addition to the above recommendations for sexual health education for tourists, this study suggests that it is important to recognize the variety of tourist experiences (exerting different influences on people's sexual behavior) and the socio-demographic diversity among sexual risk takers (Berdychevsky, 2017; Berdychevsky et al., 2013). Indeed, the efficacy of health interventions for tourists was found to vary by gender, age, and the type of tourist experience (Gagneux et al., 1996). Such a diversity of the target groups might become a barrier for effective sexual health promotion because different groups might need to be addressed separately (Hamlyn et al., 2007). This complexity, however, could be accommodated by adopting a targeted approach to sexual health education for tourists.

Targeted health materials are intended for a specific segment of the general population (Kreuter et al., 1999). High-risk travelers should be identified for targeted interventions. While previous research called for risk-reduction interventions targeting backpackers or spring-breakers (Lee et al., 2014; Lewis & de Wildt, 2016; Matteelli & Capone, 2016), this study identified the markers of high-risk tourist experiences more broadly—i.e., a combination of international resorts with vibrant nightlife and available drugs and alcohol, which translates into a mix of "sex, sun, sea, and STIs" (Rogstad, 2004). This study also suggests targeting based on age due to participants' perceptions of young age as particularly sexually adventurous and risk-prone. To this end, considering life course stage is critical to educating about sexual risks because young adulthood is characterized by thrill seeking, egocentricity, lack of commitments, optimism, and perceived invulnerability (Carpenter, 2010; Guilamo-Ramos et al., 2007; Pedlow & Carey, 2004). This sense of invincibility often makes people forget or deny information about the risks (AFMC, 2013), which gets exacerbated during the tourist experiences that make people feel out-of-time, out-of-place, and out-of-mind (Pritchard & Morgan, 2006; Selänniemi, 2003).

The findings suggest targeting sexual health education for tourists based on gender as well. This proposition resonates with existing knowledge on gender differences in sex-related vulnerabilities. For instance, women are more vulnerable than men to STIs through heterosexual unprotected sex (Broaddus, Morris, & Bryan, 2010). Additionally, young solo female travelers are particularly vulnerable to sexual violence (Kennedy & Flaherty, 2015). Also, sexual double standards are more restrictive, judgmental, and punitive for women (Eaton & Rose, 2011; McCabe, Tanner, & Heiman, 2010), providing another dimension of gender differences in sexual behavior. Many participants in this study believed that these differences should not be ignored by sexual health education for tourists.

The women in this study preferred the emphases on responsibility, self-respect, and empowerment in sexual health education messages. Hence, messages for female travelers should include the foci of responsibility for effective contraception and being in charge through developing negotiation skills (Bauer, 2009; Croughs et al., 2014; Hamlyn et al., 2007). Women's preferences reflect the influence of sexual double standards that often hold women more responsible for the sexual behavior and make them feel judged by linking sex to self-respect (Eaton & Rose, 2011; Hensman Kettrey, 2016). Juxtaposing women's preferences with men's chosen emphasis on the detrimental consequences of sexual risk taking also offers implications for the framing of the health promotion messages. Message framing motivates behavior change through modeling loss-framed messages (e.g., highlighting risks associated with sexual risk taking) and gain-framed messages (e.g., emphasizing benefits of not engaging in sexually risky behaviors) (Gallagher & Updegraff, 2012; Gerend & Shepherd, 2016). Based on this study, it appears that sexual health education messages for male tourists should focus on the risks of irresponsible sexual behavior (i.e., loss-framed messages) while such messages for female tourists should emphasize the benefits of responsible sexual behavior (i.e., gain-framed messages).

Lastly, the findings show that personal perceptions of and motivations for sexual risk taking in tourism serve as the antecedent psychological determinants of this behavior, which should be leveraged in sexual health promotion messages for tourists. Sex-related risk perceptions often become distorted in the permissive tourist environments, and they are more complex and multidimensional than the current STIs-focused literature suggests, including physical, psychological, and socio-cultural aspects (Berdychevsky & Gibson, 2015a, 2015c). Furthermore, research indicates that travelers are becoming knowledgeable about STIs, but this bears little influence on their actual behavior (Rogstad, 2004). Hence, risk perceptions should be considered in their complexity. Also, if the problem is not necessarily a lack of knowledge, then tourists need to be motivated to put their knowledge into practice (Gagneux et al., 1996). Thus, sexual health messages for tourists need to be attuned with their motivations for sexual risk taking (Berdychevsky & Gibson, 2015b; Berdychevsky, 2017).

Considering the variety of people's risk perceptions and motivations, offering the same generic health promotion message to all the tourists is likely to be suboptimal. Conversely, developing a library of polymorphous messages tailored to the individual antecedent determinants of sexual risk taking might be a more effective scenario. Namely, preventative programs need to be tailored because one size does not fit all (AFMC, 2013). Tailored health communications are created to reach a specific recipient,

considering their unique determinants of risk, socio-psychological antecedents of risk behavior change, and the setting of intervention implementation (Kreuter et al., 1999; Rakowski, 1999). Previous studies indeed recommend that health education and counseling for tourists should be individualized and appropriately tailored to their needs (Gagneux et al., 1996; Kennedy & Flaherty, 2015). While tailoring approach approximates interpersonal counseling, it can be delivered to tourists without face-to-face contact using a relatively low-cost computer-tailored health education.

5. Study limitations and strengths

This study employed a qualitative methodology to investigate an under-researched topic of young adults' preferences regarding sexual health education for tourists. While this methodology was appropriate for the exploratory nature of this research, it is not without limitations. First, qualitative approaches provide an in-depth understanding of the research participants' views, but they do not aspire to generalize conclusions to any target population. Hence, the insights from this study should not be generalized until they are tested quantitatively with appropriate samples. Second, considering the sensitive nature of the studied topic, the findings might have been affected by the social desirability effect. Although, participants were guaranteed confidentiality to minimize this issue.

Despite its limitations, this study makes an important contribution to the understanding of the ignored topic of sexual health education in tourism scholarship and practice. It highlights the importance of developing sexual health education for young tourists and analyzes empirical evidence supporting this claim in light of the relevant frameworks in health education literature, including comprehensive harm reduction and health promotion approaches, context-specific approach, as well as the methods of targeting, framing, and tailoring. Furthermore, it offers practical recommendations for designing potentially effective sexual health education messages for tourists and developing relevant programs and policies. Finally, the findings of this study contribute to bridging across the tourism and public health literature and practice.

6. Conclusion

Future studies should explore the suggested directions for tourism-specific sexual health education further, develop the actual targeted, framed, and/or tailored messages, and test their effectiveness. Studies should also focus on identifying the appropriate timing of delivering these messages and the most effective delivery methods. Policy-related research ought to determine the authorities (e.g., healthcare system, tourism industry) that should be in charge of developing and delivering sexual health education to tourists. These projected developments are crucial because research of effective interventions addressing sexual risk taking in tourism is timely and urgent and has the highest potential for being transformational (Matteelli & Capone, 2016). Advice on sexual health must be included in holistic health information for travelers because education and counseling are the key components of risk reduction (Matteelli & Carosi, 2001; Tanton et al., 2016). Thus, this study started addressing an important gap in research and practice by providing meaningful insights into the public health issue of sexual risk taking in tourism and identifying potentially effective strategies for sexual health education for tourists to promote safer sexual behaviors and to motivate the adoption of healthy choices.

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